

University of Minnesota child care research finds urban-rural divide, including in Northland ^[1]

Local experts agree that there is a child care access divide between the region's urban and rural communities.

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EXCERPTS

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A new research project from the University of Minnesota is showing, in greater detail than ever before, the extent of the nation's child care shortage.

The project's map shows community-level child care access. A divide between urban and rural communities is apparent on the map in the Northland, which local child care experts say they're aware of and are working to fix.

"It's not unique to northern Minnesota, as you see on the map ... the more rural you are, the harder this issue becomes," said Tony Sertich, president of the Northland Foundation, a nonprofit that has studied and funded child care initiatives.

Sertich compared the region's child care crisis to "trying to fill up a bucket with water that has holes in the bottom," he said.

Providers are closing facilities faster than people can open new ones. People close their centers for a wide range of reasons, like retirement or inability to turn a profit with a business model that is "fundamentally broken," Sertich said.

"For many people in the child care business (and the people who work for them), they could make more money ... at some of the service jobs in our community, with potentially better hours and less stress," Sertich said.

Urban child care facilities, like those in Duluth, Virginia, Grand Rapids and Hibbing, tend to be more successful because there are more children in their communities who can attend, Sertich said.

There are also barriers facing those who want to open a child care facility in a rural area.

Providers need a certain number of children attending to earn back costs related to opening a facility — and there's typically not enough children in rural areas to make up that cost, said Shawn Herhusky, CareerForce workforce strategy consultant and organizer of the Duluth Partnership on Child Care.

Even though the map shows better access to child care in urban communities, the region as a whole still doesn't have adequate child care, Sertich and Herhusky both said.

U of M Professor Elizabeth Davis, associate professor Aaron Sojourner and doctoral candidate Won Fy Lee worked with the Center for American Progress to compile and analyze data, which they then used to create an interactive map and related reports. The Center for American Progress also made its own map using the data.

Typically, child care access is measured by the number of available child care "slots." But Davis and her team wanted to look at families and the distance they have to travel to reach child care, as well as the cost and affordability of an area's child care, she said.

"Our measures and our mapping tool will give you the ability to look not just at the number of slots per child in an area, but also the cost and how that compares to the average, and the percentage of service capacity that's highly rated," Davis said.

The research team initially released just a map of Minnesota, but wanted to encourage and help policy makers address child care shortages in communities across the nation.

Although most of Duluth is shaded blue (representing above-average child care access), Davis noted a handful of orange dots located in the city, which represent families who have poor child care access when compared to their counterparts.

"To me, the most striking thing was how variable ... access ... is within communities," she said.

When communities don't have adequate child care, the rest of the economy can suffer, Herhusky said. If nearby child care isn't adequate, people will choose to remain at home and care for children instead of joining the workforce.

"If you're making \$12 an hour (or) \$13 an hour and you're spending \$7 to put two kids in the day care, you're barely making anything," he said.

The COVID-19 pandemic has also exacerbated an already challenging situation, experts said.

Many essential workers left their providers because they could receive care through their schools, resulting in facilities temporarily and permanently shutting down, Herhusky said.

Many families are opting to keep children at home, making it difficult for facilities to earn a profit. And centers have additional pressure to keep a high level of sanitation, Sertich said.

"It's a bad situation," Sertich said. "We've been seeing the slow and steady decline ... with the family providers for some time. I think this whole thing is just going to accelerate that."

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