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Introduction

Martha Adams Sullivan, DSW, LCSW
President, NASW-NYC
Executive Director, Gouverneur Health

On October 21, 2012 NASW–NYC Chapter leadership met at the Silberman School of Social Work for a day-long retreat intended to determine the Chapter’s future priorities. The President, having already received the endorsement of the Executive leadership, presented “Conditions: The Lives of Clients in NYC” which contained data on the extent of poverty among New Yorkers. Examples of the data presented included:

- Our City comprises both the wealthiest and poorest communities in the nation.\(^1\)
- One in every three children lives in poverty.\(^2\)
- Each night nearly twenty-three thousand children sleep in shelters and the homeless rate has reached its highest proportions ever.\(^3\)

The leadership endorsed the development of a plan of action to “shine a light” on the conditions of poverty experienced by our clients. We determined, also, to address the economic conditions of social workers in New York City. These two issues became the major arms of the Social Work Equity Project. This Poverty Toolkit represents but one of the Chapter’s efforts to address the problems of poverty and oppression in New York City. The Toolkit is intended to provide accurate information from experts representing a variety of fields and communities, about the extent of poverty in our City and its consequences, and to debunk false notions about its causes. Efforts have been taken to address the intersection of poverty with racism and other forms of oppression, particularly the disproportionate representation of people of color among the poor.

You are encouraged to keep the Toolkit on your desk, not on a shelf. It is designed to place solid information in a highly accessible format at the disposal of those who care to address the problem. Advocates, legislators, students, planners and organizers, program developers, and concerned citizens will find this Toolkit informative and useful. Undoubtedly, even those most knowledgeable will find this Toolkit instructive.

Dr. Manny Gonzalez makes clear in his brief on mental health that poverty is a “multi-dimensional social problem” which can be the source and/or consequence of other social problems.\(^4\) Social work, as a discipline, is uniquely able to elucidate the state of the people of the City because social workers interact with residents in such a great variety of settings—ranging from schools, hospitals and clinics, foster care and adoption agencies, government agencies and programs, and community mental health centers, to universities, shelters, supportive housing, and vocational and employment programs. Moreover, due to the intimate nature of social workers’ interaction with our clients, we may be the first to know of widespread problems. For example, social workers working in schools, child mental health clinics and child welfare programs will be aware of the increase in families “doubling up,” frequently a precursor to homelessness, because they cannot afford rent on their own.
Poverty and its attendant problems are manifest in a variety of ways, for example, homelessness, food insecurity, poor school performance, mental health problems, and poor health. The poor lack basic human needs such as adequate housing and food. Affordable housing becomes more of a scarcity in New York City with each passing day, as New Yorkers pay more than double the national average for rent and the number of apartments considered affordable dropped by 39% in the last several years. Another growing crisis, rising food prices, has resulted in the number of New York City residents considered “food insecure” to be estimated at 1.42 million people (or 1 in 6). Consequently, they are denied the dignity of self-sufficiency. Jared Bernstein, noted social worker and economist, stresses the fact that the poor are also deprived of opportunities which others have, limiting their futures. For example, children from low-income families are much less likely to be screened for gifted and talented programs while children from prosperous neighborhoods routinely are. Furthermore, Bernstein insists that the time for talking about why companies fail to provide living wages is over and instead we must focus on implementing corrective policies.

One may wonder how it is that we have such poverty. Two issues influence our ability to significantly reduce poverty: victim blaming and oppression. To be clear, the poor are not to be blamed for their plight; our policies are. Common misconceptions about why people are poor interfere with attacking the problem. Myths and stereotypes ubiquitously permeate our thinking and assumptions about people who are poor, producing an insidious impact. Hence, Dr. Mimi Abramovitz not only provides the national policy context but directly addresses commonly held myths which impede the development of effective policy and programs.

Oppression, like poverty, must be faced head-on. One year following the initial meeting at Silberman, NASW-NYC Chapter leadership met again at the Lt. Jos. P. Kennedy Memorial Community Center in Harlem to review and renew our commitment. We further explored both intersectionality and disproportionality to deepen our own understanding and appreciation of poverty in our City. We cannot deny that some groups are disproportionately poor. The intersection of racism and poverty is clear. People of color are disproportionately poor and disproportionately experience the negative consequences of poverty. Even as the economy recovers and employment rates improve, the Black employment rate continues to lag behind. Here in New York City, unemployment is at 8.6%, yet it is still 13.8% in the Black community. The problem of homelessness also illustrates the disparity clearly. Blacks and Latinos represent 52.6 percent of the City’s population, yet 88 percent of our City’s homeless are Black and Latino. The numbers become even starker when analyzing the composition of the chronically homeless. African Americans account for 93% of individuals suffering through homelessness lasting 6 months or longer in our City. Our children also fall victim to the consequences of disproportionality. Black and Latino children are almost four times more likely to be placed in schools with the poorest performance than other children.

We can’t continue to teach nutrition to people who can’t afford food; to teach about health and prescribe medical regimens for people who live on the streets or in substandard housing conditions; or to provide vocational skills for jobs that either don’t lead to gainful employment or don’t exist at all.

If you care about health, you need to be concerned about poverty. If you care about children, elders, families, or people of color, you need to be concerned about poverty. If you care about women. Criminal Justice. Housing and homelessness. Employment. Chemical dependency. Mental Health.
This Toolkit does not portend to be all inclusive; this compendium could not possibly address every important manifestation of poverty even briefly. However, consider this ‘volume one.’ The Poverty Toolkit is intended to be a tool for lifting voices to attack poverty and designing policies and programs to reduce the inequity in our City. While our Board committed to address poverty prior to the new City Administration, we are encouraged by its direction and feel the timing of the Toolkit is opportune. Generations to come will understandably ask “why,” if we do nothing to address the poverty that exists in our City in the midst of great affluence and plenty.

The New York City Chapter of NASW welcomes the challenge to eradicate inequality in our City. Please join us in the fight.

Endnotes

2 Rogers, Elizabeth. “NASW-NYC Poverty Focus Brief: Poverty and Children in NYC.” NASW, 2014
5 NY State Comptroller’s Office
6 NYC Coalition Against Hunger
Acknowledgments

NASW-NYC gratefully acknowledges the contributions of the authors and readers who made this report possible. Due to the nature of data available on poverty at city, state, and national levels, as well as in specific neighborhoods and boroughs and across racial and ethnic communities, we also note that there may be discrepancies in some of the numbers. To the best of our ability, we have fact-checked the data and statements contained in these pages; however, the views expressed in each brief are those of the individual authors.
PART I

Myths & Facts

The National Perspective
More than one out of every six people in the United States lives in poverty or near-poverty. As Ronald Reagan once famously said, “We fought a war on poverty and poverty won.” The magnitude of poverty is especially ironic in a country like the United States whose enormous wealth dwarfs that of entire continents. Yet the poverty question has virtually disappeared from the public policy agenda. The vacuum has been filled with a series of myths that the social work profession is obliged to counter with facts such as those provided here.

Why People Are Poor

One in six individuals in the United States lives in or near poverty. “We fought a war on poverty and poverty won,” said Ronald Reagan in 1988. The collective wealth of the United States, which is more than that of entire continents, makes the scope and degree of poverty here especially ironic. Yet the poverty question has virtually disappeared from the public policy agenda. The vacuum has been filled with a series of myths that the social work profession is obliged to counter with facts such as those provided here.

**MYTH:** Poverty is no longer a major problem in the United States.

**FACT:** The U.S. Census Bureau reports that 15% of all Americans or 46.5 million people lived in poverty in 2012—the highest number in the last 53 years. The poverty line in the U.S., set by the U.S. government, defines the point at which someone can no longer afford the goods and services that most people in mainstream society take for granted. It amounted to $23,050 for a family of four in 2012.

**COMMENT:** America is the wealthiest nation in the world, yet it has higher poverty rates than any other western democracy. Our rates exceed Vietnam, Albania and Indonesia as well as Canada, France, and Switzerland. Denmark boasts the lowest poverty rate, an inspiring 5%.

***

**MYTH:** The poor are not really poor—they just fail to appropriately manage their money.

**FACT:** To survive on a low income, a person engages in a constant balancing act of stretching the most limited resources. Small events, such as a car repair or a hospital visit for a sore throat or sprained ankle, can have significant consequences. Statistics show that most impoverished people are extremely careful in how they spend their money, limiting themselves to only those things they need most. This is supported by new research showing that the stress of living in poverty affects the mind and body in ways that can undermine effective decision making—not vice versa.

**COMMENT:** Living in poverty can create stress that can impair judgment and lead to poor decision-making. Poor people—like all people—do not always make perfect choices. However, bad decisions don’t make you poor. Being poor sets you up to make bad decisions.

***

**MYTH:** People are poor because they are lazy and do not work.

**FACT:** Most of the income of people in poverty comes from the work they perform. In 2011, one quarter of these jobs paid below the poverty line for a family of four. A third of the population (104 million people)—earned less than twice the poverty line of $38,000 for a family of three. Of these 20.5 million people earn less than one-half the poverty line of $9,500—up from eight million in 2000. Half the jobs in the nation pay less than $34,000 a year. All these people struggle to make ends meet every month.
COMMENT: Low wages not laziness make people poor. To alleviate poverty we need more jobs that provide a wage on which individuals and families can survive. Today many companies post historic profits, yet pay wages that do not allow employees to support their families. Corrective policies for this kind of “market failure” include more jobs but also wage subsidies, work supports and a higher minimum wage.12

***

MYTH: Failure to marry is the primary cause of poverty among adult women and children.

FACT: Marriage brings many benefits including two incomes that are definitely better than one. However, non-marriage is often a result of poverty and economic insecurity rather than the other way around. Unemployment, low wages, and poverty make the formation and stabilization of a family very difficult, meaning individuals are less likely to marry and more likely to divorce.13

COMMENT: In Canada and France, single mothers and their children are far less likely to be poor which suggests that single motherhood does not cause poverty. Sweden and Denmark have higher rates of children born to single parents, but much lower rates of child poverty and hunger than in the United States. These countries also devote a greater percentage of their resources to assisting families with children than we do.14 Policies such as welfare reform that encourage people to marry without long term support systems may do more harm than good.15

***

MYTH: Public benefits cause people to be poor and/or trap them in poverty and dependency.16 People become and remain poor due to the availability of overly generous social welfare programs that discourage work and marriage and/or encourage people to stay poor to continue receiving payments and other support.17

FACT: The nation’s safety-net programs have lifted 1 out of 7 Americans out of poverty-- more than 40 million people. If the safety net hadn’t existed in 2010 nearly 29% of Americans would have been poor, nearly twice the current rate of 15%.18

COMMENT: Benefits are not nearly enough to motivate people to stay on welfare or not to work or marry.19 Instead, if the U.S. aggressively acted to reduce poverty, the number of people in need of basic assistance would fall. A dramatic shift in national priorities is needed.20

***

MYTH: Poverty in America results from the choices that people make, not our economic system’s shortcomings.21

FACT: The Associated Press (AP) recently reported that the risk of poverty rises in tandem with widening inequality. It identified globalization as the main driver of the growing gap between the rich and the poor. The global search by companies for low wages, minimal regulations, and corporate-friendly tax rates has destroyed the manufacturing base that contributed to the previous, more widely shared prosperity in the U.S.22 Individuals have little or no control over these events.

COMMENT: Poverty doesn’t exist all by itself. It is one end of an overall distribution of income and wealth in wider society. It is both a structural aspect of the system and an ongoing consequence of its organization.23

***

MYTH: The Economic Recovery has lifted all boats.

FACT: Between 2007 and 2011, large numbers of low- and moderate-income households were hit hard. The weak
labor market of the last 12 years erased most of the gains these families made in the strong labor market of the late 1990s. 24

COMMENT: Incomes are much lower than they were before the recession began in late 2007 for all but the top 5% of the population while the poverty rate remained a record high of 15% between 2011 and 2012.25
Endnotes


10 Ibid

11 Economic Policy Institute


14 Ibid


25 Ibid
Hunger in the United States

The United States faces a food security crisis, intensified by the recent economic downturn. Food insecurity has an intensely negative impact on individuals, families, and communities. It has serious consequences for health and educational outcomes, especially for children. The lack of access to food is also very expensive for society. Regardless of the size, scope, and reach of the problem of food insecurity, it has not been a political priority. Instead U.S. legislators seek to significantly cut funding for the nation’s food programs key to the well-being of millions of people.

**MYTH:** Hunger is not an issue in the United States.

**FACT:** In 2012, nearly 50 million people (or 1 in 6 adults and 1 in 5 children) in the United States lived in “food insecure” households, meaning they could not afford to provide adequate food for themselves or their families. More than 25% of African-American households and 26% of Hispanic households suffered from food insecurity in 2010, compared to 10.8% of white non-Hispanic households. Food insecurity has skyrocketed since the economic downturn. Between 2007 and 2011, the number of people who could not afford food grew by 14 million.

**COMMENT:** Food insecurity spiked at the beginning of the recession, and has remained elevated. It is costly to both households and society. Food insecure families must choose between buying food and receiving medical care or paying their bills—choices that no one should have to face. The cost of hunger and food insecurity in the United States—sometimes referred to as “the hunger bill” —amounted to $167.5 billion in 2010. It includes the lost economic productivity, cost of treating illnesses and other medical conditions related to food insecurity, the impact of hunger on educational outcomes and lifetime earning potential, and the costs of running charity-based emergency food programs.

---

**Hunger in NYC**

**1.6 million**
New Yorkers face hunger each year

**1 in 5 children**
live in homes without sufficient food

**½ of food pantries**
are forced to turn people away due to inadequate resources

**1.8 million**
New Yorkers who rely on SNAP had benefits reduced in November 2013

**36%**
of unemployed New Yorkers reported being unable to pay for food at some point in the past 12 months

*Source: NYC Coalition Against Hunger*
MYTH: Anyone in the United States who wants to can find stores with healthy food

FACT: More than 23 million people live in a low-income neighborhood that is more than a mile from a supermarket or a large grocery store. The time and money it takes to reach supermarkets from these so-called “food deserts” make it particularly difficult for low-income households to obtain healthful foods. Purchasing a sufficient amount of healthful food may not be economically possible for lower income families.

COMMENT: Hunger has less to do with the shortage of food than with a shortage of affordable or accessible food and its unequal distribution.

***

MYTH: People go hungry in the U.S due to shortages of food and resources.

FACT: On a per capita basis, food is more plentiful today than at any other time in human history. However, many families suffer food insecurity or the inability to acquire the food necessary to sustain an active and healthy life, in part due to high cost. The U.S. Department of Agriculture (USDA) reported that households can pay 3% to 4% more for groceries in 2013 due to widespread draught that has hurt farms around the country. This followed a food price jump of 3.7% in 2011, and 3.5% in 2012. Due to high prices and a lack of local food availability this food, especially nutritional food, frequently does not reach the people who need it most.

COMMENT: About 95% of households classified as having very low food security reported that they could not afford to eat balanced meals.

***

MYTH: Americans eat too much food and easy access to food stamps causes obesity.

FACT: Food insecurity and obesity can occur in the same individual, family, or community. However the risk of obesity is higher in low-income households due to the lack of economic and physical access to healthy foods, the higher cost of healthier foods, and the effort to stretch food budgets by maximizing calories per dollar. Three dollars today will buy 3,767 calories of processed food such as soda and chips but only 312 calories of fresh fruits and vegetables. International obesity rates range from a low of 4% in Japan and Korea, to a high of 33.3% in the U.S.—the highest obesity rate among all OECD nations.

COMMENT: Hunger and obesity can represent opposite sides of the same coin. Poverty can make poor people vulnerable to both food insecurity and obesity. Food insecure families often purchase cheap, energy-dense foods that are filling to stave off hunger.

***

MYTH: Government food assistance programs discourage work.

FACT: The number of households with employed members who, due to low income, qualify for SNAP has more than tripled—from about 2 million in 2000 to about 6.4 million in 2011. Among SNAP households with at least one working-age adult, more than half work while receiving SNAP; more than 80% worked in the year prior to or the year after receiving SNAP. The rates are also high for families with children — more than 60% worked while receiving SNAP, and almost 90% worked in the prior or subsequent year. The equivalent of $4.50 a day per person, the SNAP monthly benefit barely gets families through the whole month.
COMMENT: The high labor force participation rate among SNAP recipients is not accidental. The program is both a safety net for the elderly and disabled, and a wage supplement for low-income workers and its benefit formula rewards work. It was the most responsive of all means-tested benefit programs during the recent recession and subsequent weak recovery.\textsuperscript{22}
Endnotes


8 Ibid


11 Ibid


15 Ibid

16 Ibid


Immigration in the United States

Nearly all Americans are descended from immigrants. The founding of our nation and its subsequent development has rested on the contributions of those who initially had the courage, strength, and foresight to leave their native countries and come to America in search of a “better life.” Our immigration laws must embrace this truth and counter prevailing misconceptions about the immigrant experience in the U.S.

**MYTH:** There are more immigrants to and in the United States today than ever before.

**FACT:** Immigration peaked in 1900, when nearly 20% of the U.S. population was foreign-born. Today, that number is only at about 12%.¹

**COMMENT:** Since the start of the recession in 2008, the number of undocumented immigrants coming into the country has dropped.²

***

**MYTH:** A “Path to Citizenship” will help immigrants climb out of both the shadow economy and poverty.

**FACT:** Citizenship is not necessarily a route to higher-paying jobs. A 2009 study found that foreign-born legal residents were almost twice as likely as American-born employees to be paid less than the minimum wage.³ Securing legal status removes one threat that employers can hold over their workers. However, even with full citizenship, the current problems will not end without real government enforcement of worker protections.

**COMMENT:** As more large companies rely on temp agencies to fill their ranks, it is possible that, legal or not, more U.S. workers could be treated like day laborers—employed one day and out of a job the next.⁴ Most employers will not voluntarily start paying adequate wages.⁵

***

**MYTH:** Every immigrant added to the U.S. labor force amounts to a job lost by a native-born worker.

**FACT:** States with high unemployment rates do not necessarily have large numbers of recent immigrants, and states with many recent immigrants do not necessarily have high unemployment rates. For example, recent immigrants represent 7.3% of the population in New Jersey, but only 0.8% of the popu-

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Immigration in NYC

**32%**
amount contributed to the annual gross city product by immigrants

**$663 million**
annual state and local taxes paid by immigrants

**38%**
of New Yorkers were born in other countries

**28.9%**
of immigrants who are not citizens live in poverty

**19%**
of naturalized citizens live in poverty

Sources:
NYC Center for Economic Opportunity, NY State Comptroller’s Office, Immigration Policy Center, NYTimes
lation in Maine. Yet both states have almost identical unemployment rates: 8.3% in New Jersey and 8.1% in Maine. Recent immigrants comprise 8.4% of the population in the Pacific region (California, Oregon, Washington, Alaska, and Hawaii), but only 2.8% of the population in the East North Central region (Ohio, Michigan, Indiana, Illinois, and Wisconsin). Yet these two regions have nearly the same unemployment rate: 10.8% in the Pacific region and 10.0% in the East North Central region.

**COMMENT:** Unemployed natives cannot simply be “swapped” for employed immigrants. In many places, immigrants and native-born workers fill different jobs that require different skills, tend to work in different occupations and industries or within the same industry they specialize in different tasks. The grim job market confronting many workers in the US stems from the decline of factory employment, the deindustrialization of inner cities, and racial discrimination more than competition with immigrants.

***

**MYTH:** Immigrants drive down American workers’ wages.

**FACT:** While the real wages of low-skilled workers have gone down overall, the decline is largely unaffected by immigrants. However their undocumented status leaves them vulnerable to exploitation by unscrupulous employers, and that does drive down wages.

**COMMENT:** The specter of masses of immigrants taking American jobs and driving down wages is a powerful one, especially at a time of stagnant incomes and still-high unemployment. However in most cases native-born workers get higher-paying jobs that require more English-language and other skills than possessed by many immigrant workers.

***

**MYTH:** Undocumented immigrants purposely have children (“anchor babies”) in the US so that the whole family can stay here. That is, parents have children immediately to “anchor” themselves in the U.S. in the future.

**FACT:** It is true that a child born on U.S. soil is automatically an American citizen. However immigration judges rarely keep immigrant parents in the United States just because their children are U.S. citizens. Between 1998 and 2007, about 108,000 immigrants were deported whose children had been born here. These children must be 21 before they can petition for their parents to re-enter the United States.

**COMMENT:** Having a baby to secure citizenship for its parents is an extremely long-term, difficult uncertain, process. In reality, “anchor babies” do not exist.

***

**MYTH:** All Latino immigrants are “illegal” aliens.

**FACT:** Many Latinos come to the U.S. as seasonal workers on work visas and go home when their employment ends. Others proceed through the proper channels to live and work here permanently. Many Latinos are naturally born American citizens.

**COMMENT:** Out of over 31 million foreign-born people living in the United States in 2009, about 20 million were here legally. Of those who were not, about 45 percent entered the country legally and stayed on expired papers. Four-fifths of children of immigrants were born in the United States, and are therefore U.S. citizens.
MYTH: Immigrants—especially Latino immigrants—have no desire to learn English.

FACT: Most immigrants believe English language skills are an essential component of success in the United States, and the most use at least some English at work. Like prior immigrant groups, English-language skills increase considerably from one immigrant generation to the next such that the linguistic outcomes for the third generation—the grandchildren of the current wave of immigrants—will differ little from the longstanding pattern in American immigration history.17

COMMENT: Critics of foreign immigration have always accused newcomers of refusing to learn English or otherwise assimilate. The statistics show that charge is no truer today than it was in Colonial America.

MYTH: Immigrants increase U.S. crime rates.

FACT: The U.S. Commission on Immigration Reform reports lower levels of crime among foreign-born persons than for those born in the United States. However, immigrants are forced into virtual hiding by current immigration laws, from where they are reluctant to report crime or provide information to police for fear that they or their loved ones will be deported.

COMMENT: Using local and state police to enforce federal immigration laws weakens public safety.18

***

MYTH: Children of undocumented immigrants should not be helped by government-funded social services.

FACT: Social service organizations are meant to help people in need, and that is just what many children of undocumented workers are. They are more likely to live in lower-income families than children of native-born Americans—54% compared to 36%. Yet these children are unlikely to receive aid—welfare, food stamps, housing assistance, etc.—because their non-citizen parents are either not eligible for help or afraid to seek it for fear of deportation.

COMMENT: Children of undocumented immigrants neither use nor abuse public services.

***

MYTH: Immigrants to the U.S. work only in jobs requiring menial labor.

FACT: Immigrants comprise an estimated 40% of the nation’s PhD scientists and engineers, 27% of new computer-software engineers, and 20% of doctors, among many other highly skilled fields.19

COMMENT: There are approximately 43 million low-wage workers in the U.S., of which fewer than 10% are undocumented immigrants. Of an estimated 7.5 million undocumented workers, less than 2% of them are day laborers.20

***

MYTH: Sending undocumented workers back to their native countries affect the U.S. economy negatively.

FACT: Immigrants – those with and without documents—contribute considerably to the nation’s total economic output, raising it by $21.5 billion per year. Their national buying power is critical to the U.S. economy even when they send money to their home country. For example, Latino/Hispanic buying power soared from $490 billion in 2000, to $736 billion in 2005. It had reached $1.09 trillion in 2010 (which was about 9.2% of all U.S. buying power). Immigrant workers increase consumer demand, fuel new businesses and spur job growth.21
COMMENT: Undocumented immigrants have become an important source of growth for U.S. banks, insurers, credit card providers, and phone carriers. In reality the US economy would grind to a halt without the labor and consumer presence of undocumented immigrants.
Endnotes


2 Ibid


4 Ibid

5 Ibid


8 Ibid


12 Ibid

13 Ibid


18 Ibid


20 Ibid


Access to adequate housing is an essential component to a decent standard of living. In addition to addressing the imperative physical need of shelter, housing fulfills the psychological need for a sense of privacy that comes from having personal space. This personal space serves as a host for family gathering thus nurturing one of the basic societal units. For some societies, the home is a site for income generation through the production of goods. Given the necessity housing plays in the life of the individual, community, and society, the United States has historically intervened in situations where individuals cannot procure housing through the channels of the private market. The U.S. has filled that gap by constructing housing and providing various rental and mortgage subsidies for those in need. However, the changing policy climate places these programs in jeopardy. The following facts help to counter the prevailing myths that fuel these cuts.

MYTH: Affordable rents are readily available to all who need housing.

FACT: Renting is out of reach for many of America’s workers. “Affordable,” defined as keeping your housing costs—including utilities—at no more than 30% of your income is an increasingly scarce commodity. It takes a household income of $37,960 (nationally, on average) to afford rent for a modest, non-luxury, two-bedroom apartment—that means $949 is considered the “average Fair Market Rate.”

COMMENT: A full-time worker must earn $18.25 per hour in order to afford rent and utilities on a modest two-bedroom rental unit without spending more than 30% of household income on housing costs. By contrast, the average American renter earns just $14.15 per hour. Someone earning the current federal minimum wage, working 40 hours a week, earns only $15,080 a year.

***

MYTH: The supply of low-cost rental housing is increasing.

FACT: One out of four renter households is now classified as extremely low-income, but the supply of low-cost rental units is actually shrinking. The number of units renting for $500 a month or less fell by one million between 2007 and 2010. Moreover, federal funding for affordable housing has been slashed. In 2012, on top of decades of prior cuts, the government cut 8% from the Public Housing Capital Funding and 38% of funding for a program that helps states and local governments create low-income housing.

Sources:
National Low-Income Housing Coalition, Community Service Society, NY State Comptroller’s Office
COMMENT: Rents have been rising and wages stagnating such that the gap between the cost of housing and the number of Americans able to afford it continues to grow every year. For every 1000 extremely low-income renters, there are only 30 affordable and available units. These households are at high risk for becoming homeless if their incomes go down or they have unexpected expenses.

***

MYTH: People who need government rental subsidies get them.

FACT: The Department of Housing and Urban Development (HUD) has identified a category of renters that they refer to as “worst case housing needs.” These low-income renters have incomes below 50% of the Area Median Income (AMI), do not receive government housing assistance, pay more than half of their income for rent and/or live in severely inadequate conditions. These households with severe housing needs have grown by 2.57 million since 2007—a striking 43.5% increase. Severe rent burden placed the vast majority of these renters in the “worst housing case needs” group. Inadequate housing accounted for only three percent.

COMMENT: All major racial and ethnic groups appear in the worst case housing needs group. However, Latino and non-Hispanic white households experienced the largest increases in the number of both very low-income renters and worst case housing since 2009. As a result, 48% of new cases of “worst-case housing needs” were found among white, 28% among Latino and 13% among black households.

***

MYTH: Subsidized housing is unnecessary. Left on its own, the market will provide safe, decent and affordable housing for everyone.

FACT: Private markets fail to provide affordable housing for both renters and owners. Between 2002 and 2009, the share of low-income households with children that spent more than 30% of their household income on rent jumped from 67.3 to 74.5%. In 2010, one in four working households spent more than half their income for housing.

COMMENT: Housing is the single largest expenditure for most households. High rent burdens combined with stagnating or falling wages leave poor families with little money for food, doctor’s visits, or other necessities. Needed government subsidies that can fill the gap caused by the failure of the housing market to supply affordable housing to those in greatest need are disappearing. The federal government spends 2.8 times as much on tax subsidies for homeownership—more than half of which benefits households with incomes above $100,000—as on rental assistance.

***

MYTH: Public housing residents don’t pay rent.

FACT: Public housing is not free – it’s subsidized. Residents pay 30% of their income as rent, which includes all their income – even welfare. The minimum rent you can pay is $75 a month, but most residents pay between $300 and $500 a month. This is cheaper than market rate housing, but it’s not free and never has been.

COMMENT: Public housing—one of the nation’s three main rental assistance programs, along with “Section 8” vouchers and project-based rental assistance—provides affordable housing to 2.2 million low-income people in the US who cannot afford market rate costs. Public housing helps families to afford modest housing and avoid homelessness or other housing instability. Federal funding for public housing has declined steadily from $4 billion in 1999 to $1.53 billion in 2012.
MYTH: Public housing residents do not work, mostly by choice.

FACT: About one third of public housing households report earning wages. In 2010, 88% of public housing households were elderly, had disabilities, worked, had recently worked, or were required to work through enrollment in another program. Although most non-elderly non-disabled public housing households include an employed member, the average income for assisted households is less than $13,000 per year.21

COMMENT: Public housing can help families avoid housing instability that could make it difficult to find or keep a job. Public housing leaves families with more resources for work expenses like childcare and transportation (as well as basic needs like food and medicine).

***

MYTH: Many people are homeless by choice.

FACT: As of 2012, about 633,782 people experience homelessness on any given night in the US; 239,403 are people in families, and 394,379 are individuals. Slightly fewer than 16% are chronically homeless and 13% of the adults are veterans.22 Most people become homeless due to social, psychological and economic reasons that are beyond their control such as long term illness, domestic violence, developmental disorders, mental illness, or the lack of preventive services, affordable housing and a living wage.23, 24

COMMENT: Homelessness is rarely a choice. There are many sets of circumstances resulting in homelessness; however, the most common cause is an inability to find affordable housing. Homelessness is more prevalent in urban areas, where there is a dearth of affordable options, and citizens often struggle more to acquire or maintain housing.25

***

MYTH: Affordable housing is not fair; only the very poor benefit.

FACT: Many people are affected by the lack of affordable housing in the United States: employers, seniors, children, poor people, immigrants, entry-level and service sector workers, and public sector professionals like teachers, firefighters, and police officers. Because of the way it affects the general functioning of neighborhoods, towns, and cities—economic development, traffic congestion, air quality, etc.—it is something that affects us all.

COMMENT: Effectively solving the affordable housing crisis does not mean addressing the needs of just the poor; it also means addressing the needs of the business community, working- and middle class families, and the broader population.26, 27
Endnotes


4 Ibid

5 Ibid


9 Ibid

10 Ibid


12 http://www.nccp.org/publications/pub_1043.htm


14 Ibid


18 Ibid


27 Ibid
Health Care in the United States

For years the U.S. was the only industrialized country in the world without a universal health insurance system. The Affordable Health Care Act remedies some of this but much remains to be done before everyone is covered with access to health care.

MYTH: Most Americans can afford to go a doctor when needed.

FACT: The U.S. spends $8,508 per person on health care. That is nearly $3,000 more per person than Norway, the second-highest spender. In 2013 over 80 million people, around 43% of America’s working-age adults, didn’t see a doctor last year because of the cost. That is up from 75 million in 2010 and 63 million in 2003. Moreover 28% of working-age adults with good insurance also had to forgo treatment because of the price. On top of that, the share of Americans with deductibles greater than $1,000 more than tripled between 2003 and 2012, reaching 25%.

COMMENT: Compared with the health systems of other industrialized nations, the U.S. system is an outlier in terms of health care cost, access, and affordability.

***

MYTH: People in the U.S. do better than those in other similar countries.

FACT: Out of 33 nations surveyed by the OECD, the U.S. ranks 26th in life expectancy (lower than Slovenia), 30th in infant mortality (higher than Mexico, Turkey and Chile), and highest in adult obesity. On the bright side, we rank lower than many other nations on smoking and alcohol consumption. The U.S. (2.5) falls below all but 6 other nations including Chile and Turkey for physicians per 1,000 people and below the average for the OECD (3.2).

COMMENT: Cross-national comparisons for health data from 2011/2012 show that on key indicators of health status, the U.S. lags way behind other countries. U.S. residents are less satisfied with the healthcare they receive than rest of other nations.

***

MYTH: Before health care reform, everyone who needed and wanted health insurance could get it.

FACT: In 2012, 47.9 million or 15.7% of all American were uninsured. The uninsured included almost 9% of all children under age eighteen; 29.1% of Latinos, 19% of Blacks, 15.1% of Asians and 14.7% of white persons. Almost 27% of those earning less than $25,000 a year but only 6.6% of these earning over $75,000 lacked health insurance.

Health Care in NYC

4.4 infant deaths per 1000 in NYC

9.9 infant deaths per 1000 in Brownsville, Brooklyn

1 in 8 New Yorkers lives with Diabetes

1/3 of New York’s health insurance market is administered by Medicare and Medicaid

700,000 people Newly eligible for insurance in New York City under ACA

Sources:
NYC Department of Health, NY State Health Foundation, NYTimes
COMMENT The Affordable Care Act does not provide universal coverage. In projections provided in 2012, the 
Congressional Budget Office predicted that around 30 million people will remain uninsured by 2016. The vast majority of 
the uninsured—80 percent—will be U.S. citizens. 11,12

***

MYTH: All taxpayers will pay for Affordable Care Act.

FACT: Affluent people are much more likely than low-income people to have health insurance, and under ACA they 
will essentially help pay for coverage for many lower-income families. To help fund Medicare prior to the imple-
mentation of ACA, employees and employers each paid a tax of 1.45 percent on all wages. The new health care law 
requires workers to pay an additional tax equal to 0.9 percent of any wages over $200,000 for single taxpayers and 
$250,000 for married couples filing jointly.13

COMMENT: About half of all revenue collected under the new health care law will be generated by new wage and 
investment income taxes, which will increase by about $318 billion over ten years.

***

MYTH: The Affordable Care Act cuts Medicare drastically.

FACT: The Affordable Care Act actually adds some benefits to Medicare, such as free preventive care and more 
prescription drug coverage. It also says that guaranteed Medicare benefits can’t be reduced. It promises to reduce 
projected Medicare spending by $575 billion over ten years, primarily by lowering fees to hospitals and other provid-
ers, reducing payments to private Medicare Advantage insurance plans, taxing high-premium plans (beginning in the 
year 2018), and cracking down on fraud and waste.14,15

COMMENT: The new health care law makes Medicare stronger by adding new benefits, fighting fraud, cutting costs, 
and improving care for patients. These changes allow the ACA to extend the life of the Medicare Trust fund to at least 
2029.16

***

MYTH: Taxpayers will fund abortions.

FACT: Abortion coverage is elective under the Affordable Care Act. Individual states and insurance companies have 
the following options: (1) cover all types of abortions; (2) only cover abortion in the cases of rape, incest, and in 
instances when a woman’s life is in danger; (3) do not offer plans that cover abortions, elective or otherwise.17

COMMENT: The right to an abortion is one of the most divisive issues in the U.S. So naturally, the role of pregnancy 
termination in our country’s health care system is contentious. The Affordable Care Act does not provide for tax-pay-
er funded abortions except in cases of rape, incest and danger to mother’s life as is already permitted by the Hyde 
Amendment.

***

MYTH: Health care reform overhaul is the first step to a government takeover of health insurance and socialized 
medicine.

FACT: Historically, the government has handled a great deal of health insurance by way of programs like Medicare, 
Medicaid, and the Children’s Health Insurance Program (CHIP); however the federal government does indeed have 
more control under the new law. The insurance marketplaces are government-run, as well as the oversight boards 
that provide evaluation of efficacy. “Essential benefits” that must be offered by all insurance plans are also stipulated
by the government. Despite these built-in government controls, the health care law does not amount to socialized medicine. Rather, it is based on the private health care system that follows free market principles.

**COMMENT:** The ACA does not provide Medicare-for-all, it is by no means a single-payer system, and there is no public option. The government does not pay for everyone’s health insurance, and they don’t choose or hire our doctors and run our hospitals. In Britain, doctors are employees of the government. Canada covers most medical costs as part of their single-payer system. Under the Affordable Care Act, all customers who sign up for insurance plans through the marketplace are served by private companies. More, not fewer people buy private insurance.

***

**MYTH:** Canadians who are tired of waiting in long lines and having their health care rationed come to the United States for medical care.

**FACT:** A study of 136 ambulatory care facilities near the U.S.-Canada border (in Michigan, New York, and Washington) reported that about 80% saw, on average, fewer than one Canadian per month; about 40% had seen none in the preceding year. Of 18,000 Canadians who participated in the National Population Health Survey, 99.4% did not go to the United States for care, 0.5% went just for elective care and 0.11% for emergency care.

**COMMENT:** Seventy-five percent of Canadian doctors but only 64% of U.S. doctors are satisfied or very satisfied with practicing medicine.
Endnotes


3 Schoen, Cathy et al.


5 Ibid.

6 Ibid.

7 Ibid.

8 Ibid.


17 Trimarchi, Maria &* Molly Edmonds, `10 Myths About Health Care Reform retrieved from: http://people.howstuffworks.com/10-myths-about-health-care-reform5.htm

18 Trimarchi, Maria &* Molly Edmonds, `10 Myths About Health Care Reform retrieved from: http://people.howstuffworks.com/10-myths-about-health-care-reform5.htm


23 Ibid.
Poverty and Race in the US

Stereotypes about low-income people of color have a long historical legacy that influences public policy decisions to this day. These attitudes, which act to justify the status quo, often blame the victim, undermine public support for important programs and help to derail effective antipoverty policies that help all Americans. Meanwhile, the true causes of poverty fail to receive proper or sufficient attention. It’s time to combat the stubbornly persistent myths with facts.¹

MYTH: Most poor people are black or Latino.

FACT: Fifteen percent of the general population is poor. However of all people living below the poverty line, 42% are white (non-Hispanic), 28.6% Latino (any race), 25% black alone or in combination and 4.3% Asian.² The rates also vary within each group. Of all white people in the US less than 10% live in poverty compared to 12% of all Asian people in the U.S., 27% of all black people and 25% of all Hispanic persons.³

COMMENT: Black and Hispanics face nearly twice the risk of living in poverty as the average American, 15% of whom fall below the federal poverty lines.⁴ The elevated risk of poverty reflects past and current institutional practices that have and continue to be shaped by racial bias, race discrimination, and structural racism that places blacks, other person of color and other marginalized groups at a disadvantage.

***

MYTH: Most blacks are poor.

FACT: Almost three-quarters of black incomes are above the federal poverty line.⁵

COMMENT: Collapsing poor and black as if all poor were black and all blacks poor turns the “poverty” problem into a “race” problem rather than a problem of racism and inequality.

***

MYTH: Ongoing efforts to reduce racial health disparities in health have succeeded.

FACT: Blacks die younger, die of heart disease and strokes much more commonly than whites, have double the rate of “preventable hospitalizations,”⁶ and are twice as likely to have high blood pressure.⁷ Two times as many

Race in NYC

29% of Asian New Yorkers live in poverty

25.3% of Latino New Yorkers live in poverty

21.4% of black New Yorkers live in poverty

15.4% of white New Yorkers live in poverty

Source: NYC Center for Economic Opportunity
African American than white men die from prostate cancer and Latino women are more than 1.5 times as likely to be diagnosed with cervical cancer.8 The infant mortality rate of African American babies is three times as high as it is for other babies born in the United States.9

**COMMENT:** The general health of the American population has improved over the past few decades, but all Americans have not shared equally in these improvements that help people rise out of poverty. Among nonelderly adults, for example, 17% of Latino, and 16% of black Americans report they are in only fair or poor health, compared with 10% of white Americans.10

***

**MYTH:** Sixty years after the historic 1954 ruling in *Brown v. the Board of Education*, in which the U.S. Supreme Court established that public education is “a right which must be made available on equal terms,” spending on public education is reasonably similar across racial and ethnic groups.

**FACT:** In 2012, US schools spent $334 more on every white student than on every student of color. Schools that are 90% or more white spent $733 more per student than schools that are 90% non-white, the latter tend to be located in high poverty areas. The US spends $293 less per year on students attending mostly nonwhite schools than on students in all other schools.11

**COMMENT:** Despite a couple of generations of litigation, court action, and legislation, data based on state-by-state analysis of school districts reveals that high-poverty area districts where students of color are concentrated are still often funded less generously than higher income districts with more white students. Eliminating these disparities must be a priority if our goal is to successfully educate this generation of children and to give them a sustainable future.12

***

**MYTH:** Asian American and Pacific Islanders (AAPI) do not have economic worries.

**FACT:** Since the Recession, AAPI are one of the fastest-growing groups among the ranks of the poor. From 2007 to 2011, the number increased by more than 500,000, or by about 37% compared to 27% for the general population. Almost 60% of the net increase in AAPI poverty was among those who had been born in the U.S.13

**COMMENT:** These data challenge the myth of the Asian “model minority.” The commonly held assumption has been that the economic status of the AAPI population is relatively strong in comparison to other immigrant groups; however, the data show it to be far more tenuous. The 50% increase of the number of AAPIs living in poverty has been obscured in the broad picture because of the continued growth of their total population. Therefore, the AAPI poverty rate has changed little from 2000 (12.8% in 2000; 13.1% in 2011). According to the National Coalition of Asian Pacific American Community, the “stability of the overall rate exists because large increases in the numbers of AAPI poor have been obscured by large increases in the overall AAPI population base, including large numbers of highly skilled, highly educated immigrants.”14

***

**MYTH:** Most of our civic institutions are color blind. They do not take race into account.

**FACT:** The experience with civic institutions varies with race. Two to four times as many blacks as white persons say that employers, the police, the courts, the public schools, the health care system, and the voting system treat black persons less fairly than white persons. More specifically 70% of blacks but only 37% of whites said that the police treat blacks unfairly; 48% of blacks but only 13% of whites said that blacks receive less fair treatment when voting.15
**COMMENT:** Racism is a silent code that systematically shuts off opportunity to black Americans and other people of color. Visibly identifiable members of racial and ethnic groups continue to struggle for equal access and opportunity.\(^{16}\)

***

**MYTH:** We live in a post-racist society.

**FACT:** Whites and blacks have different views on the role “race” plays in the US. When public opinion polls asked about various causes of inequality, the following percent of white and black people said yes.\(^{17}\)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Whites</th>
<th>Blacks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blacks have a chance to get a good job:</td>
<td>78%</td>
<td>43%</td>
</tr>
<tr>
<td>Blacks should try harder:</td>
<td>60%</td>
<td>51%</td>
</tr>
<tr>
<td>No chance of education:</td>
<td>46%</td>
<td>58%</td>
</tr>
<tr>
<td>Generations of slavery:</td>
<td>37%</td>
<td>62%</td>
</tr>
<tr>
<td>Discrimination:</td>
<td>30%</td>
<td>61%</td>
</tr>
<tr>
<td>Too little govt spending on blacks:</td>
<td>23%</td>
<td>70%</td>
</tr>
</tbody>
</table>

**COMMENT:** This constellation of beliefs that a focus on cultural differences between racial groups deny existence of race-based discrimination, reflect the sense that blacks violate cherished American values. They comprise a new contemporary racial ideology, at times labeled “colorblind racism,” “symbolic racism,” “modern racism,” “racial resentment,” and “laissez faire racism.”\(^{18}\)

**MYTH:** In the 50 years since Martin Luther King gave his 1963 “I Have A Dream” speech the U.S. has nearly achieved racial equality.

**FACT:** Forty-eight percent of white, 43% of Latino, but only 32% of black say the country has made substantial progress towards racial equity. In contrast 44% of whites, 48% of Latino and 79% of blacks say it’s not nearly enough.\(^{19}\)

**COMMENT:** The economic gulf between blacks and whites that existed 50 years ago remains largely unclosed. While racial gaps in high school completion and life expectancy rates have narrowed, the gaps in poverty and homeownership are roughly the same, while the gaps in household income and household wealth have increased.\(^{20}\)
Endnotes


5 Ibid


7 Ibid


9 Ibid


14 Ibid.


16 Ibid.


Anti-Poverty Programs

The wider public regularly hears that cash assistance programs such as Social Security, Unemployment, Food Stamps and Temporary Aid to Needy Families (TANF) have caused rather than relieved poverty. This view has shaped public policy for decades and supports the current drive to reduce tax revenues and dismantle anti-poverty programs. The facts suggest otherwise.

**MYTH:** The United States is rapidly becoming an “entitlement society” in which social programs are undermining the work ethic and creating a large class of Americans who prefer to depend on government benefits rather than work.

**FACT:** The poorest households no longer receive a majority of government benefits. The share of benefits flowing to the least affluent households (e.g., the bottom fifth) dropped from 54% in 1979 to 32% in 2010. African Americans who made up 22% of the poor received 14% of government benefits. In contrast, white non-Hispanics, who made up 42% of the poor received 69% of the benefits. ¹

**COMMENT:** The government created the safety net to keep Americans from abject poverty. Today “everyone is on welfare.”² In 2009, dozens of benefits programs provided an average of $6,583 for each man, woman and child in the country, a 69% increase from 2000 after adjusting for inflation and regardless of income. In cities nationwide the government now provides almost $1 in benefits for every $4 in other income.³ Maintaining a solid middle class from childhood through retirement was once the secondary mission of the safety net; today, it has become the primary focus. Even so, the middle class remains at risk.

***

**MYTH:** Most people who receive public benefits are “takers” or free loaders.

**FACT:** Most government spending goes for social insurance benefits provided by Social Security, Medicare, and Unemployment Insurance programs that serve the middle class as well as the poor. Through years of work and many tax payments, senior citizens, middle-class families and low-income people contribute to the cost of the services they receive.⁴ In 2010, 39% of Americans paid for the benefits that they received through payroll taxes.⁵ ⁶

**COMMENT:** To cut spending on social welfare programs, we could let more people go without food, housing, and health care. Alternatively, we could reduce the number of people in need of basic assistance by reducing (if not eliminating) poverty, and enacting policies that create more equality.

***

**MYTH:** Welfare Reform succeeded in reducing poverty.

**FACT:** The TANF caseload fell sharply during the late 1990s when the economy boomed. But, as the economy has weakened and poverty deepened, TANF barely responded to the increased need. Between March 1995 (prior to TANF’s implementation) and March 2013 the number of TANF recipients declined by 68.8%.⁷ In 1996, 68 out of 100 poor families received TANF. By 2011 the number had plummeted to 27 out of 100 poor families.⁸ The 2012 poverty rate for female-headed families (33.9%) was only slightly lower than the rate for 1996 (35.8%).⁹
COMMENT: The safety net provided by TANF today is weaker than before welfare reform. It reaches many fewer families and protects substantially fewer people against poverty than its predecessor, Aid to Families with Dependent Children (AFDC).  

***

MYTH: Low-income Americans are the principle beneficiaries of Federal spending on housing.

FACT: Federal housing subsidies for upper-income homeowners greatly exceed spending targeted to the poor. The Mortgage Interest Tax Deduction (a housing subsidy for the middle and upper classes) cost more than $70 billion in foregone tax revenues in 2012. Nearly 77% of this tax break went to households with an income of more than $100,000 a year. In contrast, Federal spending for low-income housing (e.g. Housing Choice Vouchers, public housing, and project-based rental assistance) amounted to $34 billion in 2011.

COMMENT: Low-income women and persons of color are overrepresented among those in need of federal housing supports. The key question is: Who benefits and who loses from U.S. Housing policy?

***

MYTH: Food Stamps, officially called the Supplemental Nutritional Assistance Program (SNAP), is an overfunded program that misallocates funds to people who abuse the system.

FACT: Despite rising caseloads, SNAP overpayment rates are among the lowest in all government programs. In 2011 eligible households received more than 98% of SNAP benefits. Fewer than 2% of SNAP benefits go to ineligible households. In contrast in 2006, the Internal Revenue Service estimated a tax noncompliance rate of 16.9% for all taxpayers. This represents a $450 billion loss to the federal government in one year. In addition under-reporting of business income alone cost the federal government $122 billion in 2006, and small businesses report less than half of their income.

COMMENT: SNAP has one of the most rigorous payment error measurement systems of any public benefit program and states face fiscal penalties if their error rates persistently exceed the national average. The fraud rates for other social welfare programs are similarly low. The big loss of federal dollars due to cheating the system lies more in the lack of corporate and small business tax compliance.

***

MYTH: Unemployment Insurance encourages jobless workers to stay unemployed, rather than to take available jobs.

FACT: The average unemployment benefit amounts to only $289 a week. Few unemployed workers would deliberately choose unemployment, especially long-term unemployment, for such a low cash benefit. Yet the across-the-board spending cuts (known as the sequestration) have reduced the recession-driven temporary extension of benefits from $229 to $155 a month. At the time of this writing, Congress failed to further extend this benefit for the long term unemployed. The cuts will hurt households who do not have enough money to pay for food and shelter, and will hurt the economy due to less consumer demand.

COMMENT: In an increasingly volatile economy, workers need a strong unemployment insurance program—one that is there in hard times to help them pay the bills and find new jobs. Cutting unemployment benefits does not create more jobs. Even if some of those currently unemployed do find work, they will end up taking jobs away from the currently employed. Cutting benefits to the unemployed will also lower overall spending. This risks worsening the economic situation and eliminating more jobs.
MYTH: The Chained Consumer Price Index (CPI), which lowers annual Cost of Living Adjustment (COLA) for Social Security will not harm seniors.

FACT: The change in the COLA may seem simply technical. But it will result in large lifetime benefits losses. For the average Social Security recipient, it will mean an immediate benefit cut. An average earner retiring at age 65 in 2011 would lose over $6,000 over 15 years.19

COMMENT: The Chained-CPI is designed to reduce the deficit by lowering annual Social Security increase so that retirement benefits keep pace with inflation promises to balance the budget on the backs of our nation’s seniors.20 An alternative, The Consumer Price Index for the Elderly (CPI-E) would consider the typical senior’s costs, including medical care and housing costs and ensure that seniors’ Social Security benefits keep pace with inflation.21

***

MYTH: President Johnson’s Great Society programs failed.

FACT: President Reagan famously declared that the United States fought a war on poverty and poverty won. But today, 50 years after Johnson’s War on Poverty, the data show that poverty fell 22% in 1963 to 12.6 % in 1970—the most dramatic decline over such a brief period in this century. Since then the economic slowdown and budget cuts have pushed the poverty rate up to the current to 15%. Yet it remains lower than the 1963 high. Other poverty-related conditions such as infant mortality and child malnutrition have also declined significantly since the Great Society increased access to education, health care, Head Start, and enacted civil rights and women’s rights legislation.22

COMMENT: Nevertheless much work remains. U.S. poverty is high compared to other wealthy nations, largely because our safety net does less to lift people out of poverty than those of other Western countries. Rising income inequality has meant that less of the benefits of economic growth go to those at the bottom. Our challenge is to take what we have learned and strengthen efforts to reduce poverty and hardship and to promote broad economic opportunity.
Endnotes


10. Schott (2012) op.cit.


14. Rosenbaum (2013) op.cit

15. Ibid


18. Ibid


20. Ibid


PART II

Issue *Focus* Briefs
Spotlight on Poverty in New York City
Poverty and Mental Health in NYC

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Silberman School of Social Work at Hunter College, CUNY

Introduction

Close to two decades ago the World Health Organization identified poverty as the world’s most “ruthless killer” and the “greatest cause” of suffering on earth. Scholars from the behavioral and social science disciplines have noted the negative reverberating effects of poverty on the human condition and its impact on the physical and psychosocial well-being of individuals across the life span (Alesina & Glaeser, 2004; Evans & English, 2002; Iceland, 2006). Poverty contributes to—and in many cases is the direct cause of—many individual, community and societal ills. Murali and Oyebode (2004), for example, have observed that poverty is “intrinsically alienating and distressing” and it is correlated with the “development and maintenance of emotional, behavioral and psychiatric problems” (p. 216).

As a multidimensional social problem, poverty aggravates and impedes the achievement of life goals, compromises healthy life transitions, impairs adaptive functioning in individuals, families and communities and taxes psychological mechanisms within the human organism that are vital for optimal well-being. Addressing and managing mental health problems within urban cities that are affected by poverty, homelessness, inadequate housing, unemployment and poor nutrition is a major challenge for political officials, advocates, service and treatment providers and other stakeholders. This brief will highlight the relationship between poverty and mental health and it will draw attention to recommendations that may be adopted at a local level to improve mental health outcomes among poverty-affected individuals in New York City.

Poverty in New York City: A Snapshot

In its report, Concentrated Poverty in New York City: An Analysis of the Changing Geographic Patterns of Poverty, the Citizens’ Committee for Children (see Wolf, 2012), noted that the number of people living below the federal poverty level in New York City grew by more than 120,000 to over 1.6 million in 2010. In 2010, one in three of the City’s children lived in poverty, up from one in four in 2008. The report underscores four important findings that carry implications for understanding the relationship between poverty and mental health. The findings are:

1) citywide, concentrated poverty has declined in the past decade, but a large number of New Yorkers still live in extreme poverty
2) concentrated poverty continues to be a serious problem for many New York City neighborhoods
3) concentrated poverty disproportionately impacts Black and Latino communities
4) the full impact of the most recent recession on the City’s concentrated poverty remains to be seen
In the report, concentrated poverty refers to the prevalence of poor people living in extreme poverty neighborhoods. Extreme poverty neighborhoods were defined as neighborhoods with more than 40 percent of the population living below the federal poverty level. Bedford Stuyvesant was identified as example of an extreme poverty neighborhood in Brooklyn, New York.

**Poverty and Mental Health: A Cyclical Relationship**

Research has shown that the relationship between poverty and mental health is cyclical or bidirectional in nature (see Leon & Walt, 2001; Saraceno & Barbui, 1997). Within this cyclical relationship, poverty increases the risk of mental illness and suffering from mental illness increases the probability that an individual may experience poverty. In describing the nature of this complex relationship, Murali and Oyubode (2004) note: “Money is not a guarantor of mental health, nor does its absence necessarily lead to mental illness. However, it is generally conceded that poverty can be both a determinant and a consequence of poor mental health.”

In addition to the sufficient evidence that exists in support of the cyclical relationship between poverty and mental health, several studies have also demonstrated that poverty is indeed a causal factor leading to mental illness (see Hudson, 2005). Rank (2011) has identified three significant elements of poverty that research has shown to increase susceptibility to mental health problems. The three elements are:

1) lack of resources such as food, clothing and shelter
2) psychosocial stress
3) poor environmental/community conditions within high poverty neighborhoods that may include elevated crime rates and inadequate housing.

The relationship between poverty and mental health is exemplified in the following research-supported associations.

- Low socio-economic status has been linked to the onset of specific mental health disorders including depression and an increased risk for suicide, psychosis, alcohol and substance abuse, schizophrenia and negative emotional outcomes in children as a result of maternal depression (Murali & Oyebode, 2004). Evidence indicates that depression is 1.5 to 2 times more prevalent among low-income groups of a given population (Funk, Drew & Freeman, 2010). Common mental health disorders such as depression and anxiety are twice as frequent among individuals who experience persistent poverty as compared to individuals with significant financial resources (see Patel, 2001).

- Living in high poverty neighborhoods and poor and overcrowded housing conditions are significant risk factors for psychopathology and repeated psychiatric hospitalizations (see Hudson, 2005; Leventhal, 2003). In a study aimed at studying the effects of a housing program in New York City that assisted poor families living in impoverished neighborhoods to relocate to a low poverty neighborhood, Leventhal (2003) found that parents “displayed superior mental health, as evidenced by their reporting of fewer distress and depressive symptoms…” (p. 1580). Children in these families also reported less problems with symptoms of anxiety and depression.

- Unemployment and underemployment increases an individual’s vulnerability for psychological distress and
the acute onset of common mental health disorders (see Fitch, Hamilton, Bassett & Davey, 2011; Wilson, 1997) have shown a connection between poverty and negative mental health outcomes. Economic pressure, personal debt and insufficient financial resources decrease an individual’s sense of self-efficacy and increase susceptibility to mental health disorders.

- From a pediatric perspective, poverty or low socio-economic status has been associated with depression, conduct disorder and attention-deficit hyperactivity in children and adolescents (see González, 2005; Murali and Oyebode, 2004). Duncan and colleagues (1994) have documented the strong association that exists between economic deprivation and deficits in children’s cognitive skills and capacity for educational achievement. Poverty negatively impacts the socio-emotional development of children and impairs parents’ ability to meet their psychosocial needs. In describing the effects of child health inequality, Hernandez, Montana and Clarke (2010) identified poverty as a detrimental factor that may result in pediatric depression and seriously impact the healthy development of the brain. It is important to note that length of exposure to poverty has been linked to children’s symptoms of psychological distress including unhappiness, anxiety and observed inability to master appropriate levels of independence (McLeod & Shanahan, 1993).

**Recommendations**

The relationship between poverty and mental health is complex and multidimensional in nature. Officials at the World Health Organization (see Funk, et al., 2010) have strategically noted that mental health issues cannot be examined in isolation from other critical areas of social living such as education, employment, housing, sustainable communities and neighborhoods, adequate health care and access to life-sustaining services. Individuals who meet diagnostic criteria for either a common mental health diagnosis or severe and persistent mental illness are vulnerable and may face significant barriers in negotiating daily living. Systemic, community-centered interventions aimed at interrupting the poverty-mental health relationship (see Anakwenze & Zuberi, 2013) are needed to increase psychosocial well-being among vulnerable and at-risk populations. The following recommendations drawn from the World Health Organization (see Funk et al., 2010) and mental health scholars (see Anakwenze & Zuberi, 2013; González, 2005; González and González-Ramos, 2005; Strike, Goering & Wasylenki, 2002) may be useful in addressing the devastating effects of the poverty-mental health relationship.

- Cities, communities, systems of care and human service organizations ought to adopt health promotion and population health approaches for identifying and responding to mental health problems in high poverty neighborhoods. For example, universal, selective and indicated mental health prevention initiatives have been found to be effective in reducing the risk for psychopathology (Institute of Medicine, 1994). Informed by a population health approach (see Strike, et al., 2002), mental health prevention initiatives may address the factors that compromise optimal psychological well-being such as insufficient income, lack of employment, poor education and high crime neighborhoods. Within a population health approach these factors ought to be viewed as determinants of health and targets of mental health intervention. The interventions must emerge from the coordinated efforts of treatment facilities and representatives of public and private sector agencies. Psychological treatment of emotionally compromised individuals must occur in tandem with structural and social change.

- Community mental health care coalitions are vital in interrupting the poverty-mental health relation-
ship—and they should be created throughout selected New York City communities. These coalitions ought
to include consumers of services, treatment providers, advocates and representatives from local and state and—if possible—federal agencies that have resources to ameliorate the social conditions that sustain the
cyclical and bidirectional processes of poverty and mental health. The World Health Organization (Funk, et al.,
2010) strongly advocates for coalition initiatives that incorporate mental health into broader health policies,
programs and community/neighborhood partnerships. It is the Organization’s position, for instance, that men-
tal health issues should be taken into account within social services, housing development, employment and
income generating opportunities and education. Mental health professionals—which include a strong cadre
of social work practitioners—should play an active role in providing leadership, training and direction to com-
munity mental health care coalitions.

● Representatives from local and national poverty centers or institutes and mental health organizations
should partner with clergy and religious leaders in creating a common agenda that aids in interrupting the
poverty-mental health relationship. Scholars (see González and González-Ramos, 2005) have noted that the
clergy plays an important role in enhancing the emotional and social well-being of many individuals and
families including marginalized populations in high poverty communities. This type of partnership may be
instrumental in reducing barriers to mental health care access and in assisting impoverished communities and
human service organizations to overcome mistrust and develop care alliances with each other (Anakwenze &
Zuberi, 2013).

● Evidence-based approaches ought to be adopted as empirical guides for addressing the reverberating
effects of poverty and mental health. Evidence-based approaches or evidence-informed strategies that
target both symptoms of psychiatric disorders and the structural components that sustain poverty are equally
important in disrupting the maladaptive processes of poverty and mental health. Strike et al. (2002), for
example, support the use of a community report card as an evidence-informed tool that can help community
leaders, elected officials, directors and providers from mental health care organizations and advocates to sys-
tematically identify problem or population-specific psychosocial issues that require resolution. Homelessness,
suicide and pediatric health are examples of problems and population-specific issues. A community report
card is a document which presents views on how a community is doing. What topics are included varies by
community and can vary over time. Certain issues, or indicators, are included as important measures of a
community’s well-being. Evidence should guide the selection of issues and indicators and the interpretation
of possible relationships between and among indicators. On a clinical level, the family associate engagement
strategy is an evidence-based intervention aimed to provide outreach and support to low-income families
with children in need of mental health care (see Anakwenze & Zuberi, 2013).

Conclusion

Research has demonstrated that poverty has a detrimental effect on psychosocial functioning across the life span.
The reverberating impact of poverty affects both physical and psychological health. Poverty and mental health are
associated, and the nature of the relationship is both cyclical and bidirectional. Researchers and mental health schol-
ars have stressed the importance and value of interrupting the poverty-mental health relationship, given that such
a union produces significant human suffering. This brief has summarized the nature of the poverty-mental health
relationship. It has presented a snapshot of poverty in New York City and it has provided examples of the research-in-
formed associations between poverty and mental health. The noted recommendations are aimed at decreasing the
reinforcing, maladaptive cycle that characterizes poverty and mental health in urban communities.
References


Recommended citation: Gonzalez, M. Poverty and Mental Health in NYC. Worse than you think; The dimensions of poverty in NYC. National Association of Social Workers, New York City Chapter, 2014.
Poverty and Older Adults in NYC

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Myth: The elderly are an especially affluent, wealthy, and privileged group.

“The relative affluence of today’s elderly, in contrast to earlier generations, must not blind us to the existence of poverty among older people today, particularly among very old women and in minority communities.”

Dr. Rose Dobrof, 2003.1

The primary source of income for older persons in New York and throughout the country is Social Security.2 It accounts for half or more of one’s income for about two out of three persons who are 75 and older.3 Without Social Security, it is estimated that, nationally, one in two persons (65 +) as compared to one in ten would live in poverty.4 The current average Social Security benefit for NY retirees is $1,230 per month, or $14,760 a year. 5 However, over 182,000 or one in twelve older New Yorkers are recipients of Supplemental Security Income (SSI) with a monthly maximum income of $797 or $9,564 a year,6 well below the 2013 Poverty Federal Guidelines of $11,490 a year for a single person.7 In NYC, the rising cost of living, health care and weakening of the economy have contributed to an increase of poverty and near-poverty for many older NYC residents.

Fact: Nearly One in Four Older NYC Residents are Living in Poverty

New York City has 1.41 million persons aged 60 and older representing 17.2 percent of the City’s total population8 and according to the NYC Commission on Economic Opportunity (CEO), over 22 percent of those age 65 and older are living in poverty9. Measures using the official U.S. Census Bureau definition of poverty indicate that 17.2 percent of older New Yorkers experience poverty, nearly twice the national average of 9.0 percent.10 While the median household income for older New Yorkers in 2010 was $28,407, 21 percent higher than the 2000 median of $23,388; however, it has stayed under the nation’s median of $32,500.11

Fact: Older Women Have Much Higher Rates of Poverty than Older Men

Women age 60 + are poorer than their male counterparts and are more likely to have incomes below the poverty level. In NYC, the number of older women living below the poverty level is approximately double that of their male counterparts.12 They receive lower Social Security payments, due, in part, to time spent out of the paid workforce, as well as a prevalence of lower paying salaries than their male counterparts during their years of employment.13 Upon reaching retirement age, women typically have smaller pensions and fewer assets than male workers, reducing their chances of a financially secure retirement.14
Women also have a greater life expectancy than men; as of 2010, women continue to outnumber men by nearly 3 to 2 within the 60+ age group. This ratio is nearly 7 to 3 among those 85 and older. This increases their likelihood of living alone for some portion of their retirement years and of exhausting savings and assets. The loss of a spouse or partner may also reduce household income, without a proportionate reduction in household expenses.

**Fact: Minority Elderly are Poorer than their White Counterparts**

One out of every two older NYC residents is a person of color and the number of older people of color living in poverty is significantly higher than it is for their white counterparts. Data on income differences based on race and ethnicity indicates that a large proportion of minority older people live in poverty: 25 percent of Hispanics, 23 percent of Asians, and 20 percent of Blacks as compared to 13 percent for White elderly.

Median income also varies significantly by race. In 2010, the median income of elderly Hispanic households was $22,500, 31 percent less than the elderly White population; and Elderly Asian and Black median household income was $27,500, 15 percent less than the white population, who have a median household income of $32,500. Older people of color were less likely to have income from other sources such as earning, investments, or retirement pensions.

**Fact: Older Immigrants Are at a Higher Risk of Being Poorer than Native-Born Elderly**

New York City has the largest foreign-born population of older adults in the country and older immigrants make up 46 percent of the city’s total 65+ population. Over 24 percent of older immigrants are living in poverty as compared to 15 percent of native-born older adults due to the fact that older immigrants receive fewer benefits from Social Security and may not qualify for other entitlement programs due to lack of citizenship status. While the number of poor older persons from European countries has fallen 10 percent since 2000, poverty rates among Chinese, Indian, Caribbean, Korean and Mexican immigrants show rates ranging from 25 to 50 percent below the federal poverty line.
Endnotes
1 Meeting the challenges of older persons: Combining Practice and Policy. Wurzweiler School of Social Work. 2003
4 Ibid.
6 Ibid.
8 NYC Department for the Aging Annual Plan Summary 2012.
11 NYC Department for the Aging Annual Plan Summary 2012.
12 NYC Department for the Aging Annual Plan Summary 2012.
13 Ibid.
15 NYC Department for the Aging Annual Plan Summary 2012
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18 Ibid.
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Recommended citation: Laureano, E. Poverty and Older Adults in NYC. Worse than you think; The dimensions of poverty in NYC. National Association of Social Workers, New York City Chapter, 2014.
Poverty and Children in NYC

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Children and Poverty in NYC
One in three children (31.4%) in New York City lived below the poverty level in 2012.¹ That is equal to approximately 553,000 children in this city. The number of children living in poverty has been increasing since 2008. In 2008, 27% of NYC children lived below the poverty line, approximately 500,000 children.

Poverty Disparities
Poverty varies across race/ethnicity in NYC as well as across boroughs. According to the NYC Center for Economic Opportunity, the poverty rate in 2011 for Non-Hispanic Whites is 15.4, for Non-Hispanic Blacks is 21.4, for Non-Hispanic Asians is 26.5, and for Hispanics of Any Race is 25.3.² In 2011, the poverty rate in the Bronx was 26.0, 23.9 in Brooklyn, 21.1 in Queens, 15.3 in Staten Island, and 14.7 in Manhattan.³

The use of SNAP (Supplemental Nutrition Assistance Program) has also been on the rise in NYC. Brooklyn and the Bronx have the highest numbers of families/households utilizing food stamps.⁴

Poverty and Early Childhood
Low-income levels for families have been associated with negatively impacting academic performance and health outcomes for young children.⁵ Enrollment in high quality early childhood programs has been documented to result in positive educational and social outcomes for children. Access to such programs remains a concern for low-income families—63% of low-income 3- and 4-year-old children were NOT in a preschool program while 45% of children from higher income families were NOT enrolled in 2011.⁶ In NYC, ACS utilizes a model called Early Learn NYC for its early care and education, including Head Start for eligible children. Slots have decreased from 2010-2013, from close to 50,000 slots in 2010 to approximately 30,000 slots in 2013.⁷

High School Dropout Rates and Poverty
The NY Times reports that the 2012 NYC high school drop-out rate was 11.4%.⁸ According to the NYC Department of Education, the NYC high school drop-out rate in 2011 was 10.1%.⁹ Special education students drop out at a rate of over 13%. Native American, Hispanic, and black students drop out at higher rates than their white and Asian counterparts.¹⁰ According to CEO, people with less than a high school education are more than three times likely to be in poverty (31.8%) than someone who has completed college or higher (9.4%).¹¹
Childhood Mental Health and Poverty

Slightly over five percent of children ages 4 to 17 are reported to have a moderate or severe mental health problem, as reported by their parents.\textsuperscript{12} For teens ages 13 to 18, the rate of severe mental health disorders is slightly 1 in 5 teens.\textsuperscript{13} Among low-income children (less than 200% FPL), the rate is approximately 8%, while for children who live in families over 200% FPL, the rate is slightly over 4%.\textsuperscript{14} Rates have been increasing among low-income children in terms of access to mental health care and are comparable, as of 2008, to higher income children.\textsuperscript{15} Stressors around poverty may impact mental health while mental health symptoms can impact school performance, relationships with family and friends, and self-image.

NYC Children and Family Shelter Census

As of June, 2014, the number of families in the NYC Department of Homeless Services Shelter system is 11,257; within these families, there are 16,093 adults and 23,243 children.\textsuperscript{16} This number has been steadily increasing every year since 2008. In January 2008, the number of families in the shelter system was 7,658.\textsuperscript{17}

Endnotes
2 NYC Center for Economic Opportunity
3 Ibid
4 Ibid
6 The Annie E. Casey Foundation’s The First Eight Years, Giving Kids a Foundation for Lifetime Success Policy Report Kids Court, citing Child Trends’ analysis of the 2011 National Survey of Children’s Health Data
8 http://www.nytimes.com/2013/06/18/nyregion/new-york-city-graduation-rate-remains-steady.html?_r=0
10 Ibid
12 NCCP, written August 2012, data 2008
14 NCCP, written August 2012, data 2008
15 NCCP, written August 2012, data 2008
17 NYC Department of Homeless Services

Recommended citation: Rogers, E. Poverty and Children in NYC. Worse than you think; The dimensions of poverty in NYC. National Association of Social Workers, New York City Chapter, 2014.
The Feminization of Poverty in NYC

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The concept of the feminization of poverty was first introduced by a social worker, Dr. Diana Pearce, in the 1970s. The term is now used nationally and globally to name and discuss the fact that women and girls worldwide are more likely than comparable men and boys to be poor and to suffer ill effects as a consequence of their poverty. From Dr. Pearce’s first work to the present time, it is also understood that women of color are disproportionately affected by poverty in the United States, which is true in New York City as well.

FACT: In every borough of New York City, women are more likely than men to have incomes below the poverty line and lower than is necessary to achieve economic self-sufficiency.²

The poverty rate for women in New York City in 2011 was estimated to be 21.7% among women compared to 18.3% among men; a gender difference was also seen in those living individuals living in extreme poverty (incomes less than 50% of the poverty line)—10.0% were women and 8.3% were men. Of those living at 125% of the poverty level, 27.1% were female and 23.5% were male.⁴ Nationally, 41% of women live in households that are considered economically insecure compared to 36% of men.⁶ However, rates of poverty in general and of female poverty in particular vary greatly across the 5 boroughs, with the Bronx having the highest concentration of women and children living in poverty (33.3%).³,⁴ Despite the fact the Great Recession has officially ended, rates of poverty among women in New York City have not declined and have in fact increased among women nationally.⁶

FACT: Black and Latino women in New York City have higher rates of poverty and lower rates of economic self-sufficiency than non-Hispanic White women.

Overall, Latino women make up 29% of New York’s female population and Blacks 24%. Non-Hispanic white women comprise 34% and Asian women make up 13% of the women in New York City. Black and Latino women in New York City are 25% more likely to live in poverty than white women are.⁵

For a variety of reasons,⁵ employment does not “pay off” as well for women than for men, especially for women of color. Black and Latino women in New York City earn 25% less than White women and 50% less than white men.⁷
FACT: Female-headed households, especially those with children under 18, have lower incomes and lower rates of economic self-sufficiency compared to two-parent households and to households without children.

Combining data from all five boroughs, there are almost 300,000 households in New York City that are headed by women, and there are more than 1 million children living in these households. Almost 33% of these households are living below the poverty line compared to 12.2% of married households.⁴

At 125% of the poverty level, these rates are 39.9% for woman-headed households and 16.8% for married households. In New York, the population of single mothers with children 18 and under is largely composed of Latinas (46%) and Blacks (40%) compared to 11% who are white, non-Latina and 3% who are Asian.

FACT: The consequences of poverty for women in New York City include higher rates of certain health problems.

Nationally and internationally, in government and in social work, much attention is being given to the social determinants of health. These include personal characteristics like race, ethnicity and gender, and social problems like poverty. Numerous health problems of this kind have been identified among women in New York City, including the following:

- Safety is a prerequisite to health and well-being. Official reports of domestic violence in New York City were highest in boroughs that are poorest (Brooklyn, the Bronx, and Queens). Reports of rape and sexual assault follow the same pattern.³⁴ Women are more often the victims of these crimes than men.

- Black and Latino women in New York City have the highest rates of new diagnoses of HIV. They also have higher rates of infant and maternal mortality than other groups of women in New York and higher than the national averages.³

- Rates of teen pregnancy are 21% higher in New York City than in the nation as a whole. In neighborhoods where over 20% of the people are living in poverty, 39% of teen pregnancies end in live births, a rate much higher than that among residents of high income neighborhoods. African American teens and Latina teens in New York City have teen pregnancy rates that are 6 times and 5 times higher respectively than the rate for Asian and non-Hispanic white teens. Young Latino adolescents are the most likely among pregnant teens to give birth (46.7%), followed by non-Latina white teens (38%) and Black teens (27%).³
FACT: We lack data on poverty in New York City among lesbian, bisexual and transgender women, among women living with disabilities, and among women who are incarcerated.\textsuperscript{3}

We also lack data on Native American women and girls in New York City. Nationally, about 1 in 3 Native American women lived in poverty\textsuperscript{6}. Of all New York City residents with a disability, 29.9\% were living in poverty compared to 19.0\% without a disability.\textsuperscript{4}

\textit{“The poverty of women and the poverty of men are different problems requiring different solutions.”}

\textit{Diana Pearce, 1978}

Notes

1 United Nations

2 The organization Wider Opportunities for Women and others are promoting measures other than the poverty line to better measure economic self-sufficiency. Some studies and policies use 125\% or 150\% of the “poverty line” as an indicator of economic insecurity and 50\% of the poverty line to indicate “extreme poverty.”


4 New York City Department of City Planning, Population Division, Table S1701.

5 These factors include lower rates of compensation on the job (currently 72 or 77 cents on the dollar overall depending on how it is calculated), part-time versus fulltime work (often because of child- or elder-care responsibilities), occupational crowding into “pink collar” jobs, the “glass ceiling” that limits promotion and career advancement of the job, and lack of pay equity, such as employment in fields like social work that are not paid as much as “men’s” work requiring similar levels of education and training. Employment patterns are not just gendered, they are “racialized,” increasing these problems for women of color.


LGBTQ Poverty in NYC
Busting the Gay Affluence Myth

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Despite gains in lesbian, gay, bisexual, transgender and queer (LGBTQ) equality locally and nationally, LGBTQ people are still discriminated against in ways that put them at higher risk for poverty. They are harassed in education settings, subject to job and pay discrimination, routinely denied or evicted from housing, and face discrimination in health care. While LGBTQ individuals represent a diverse array of intersecting identities and experiences, and should not be considered as a monolithic group, the impact of stigmatization and discrimination has a profound effect on their collective social and economic well-being.

FACT: One in five LGBT people in New York State report not having enough income to meet their basic needs with 12% reporting they live in poverty. ¹

Nationwide poverty among LGBTQ individuals and couples is higher than among their heterosexual counterparts.² Poverty rates were highest for bisexual women (29%), bisexual men (26%), and lesbians (23%). Gay men (21%) fared worse than heterosexual men (15%) but not heterosexual women (21%).³ Lesbian couples have significantly higher rates of poverty (8%) than heterosexual married couples (6%). Gay male couples broke the mold reporting the lowest rates of poverty (4%). Race plays a significant factor in increasing poverty rates among LGBTQ individuals and couples. African American same sex couples have poverty rates at least double that of heterosexual married African Americans.⁴

FACT: In New York State 8 out of 10 LGBT high school students report being verbally harassed and 1 in 5 report being physically harassed.⁵

The New York State Department of Labor Statistics⁶ indicate that those with a bachelors degree earn $87,900 annually compared to $32,900 for those with a high school diploma, therefore keeping LGBTQ kids safe and in school is a critical step in reducing poverty. LGBTQ students are twice as likely to say they are not planning on completing high school or going on to college to avoid verbal and physical harassment,⁷ with 1/3 of LGBTQ students dropping out (almost 3x the national average).⁸

In New York City, white, black and latino lesbian, gay and bisexual students all had much higher rates of missing school because they did not feel safe than their heterosexual peers (White 19% vs. 3%; Black 12% vs. 7%; Latino 14% vs. 10%). Almost one in five lesbian and bisexual female high school students reported being forced to have sex (19%) compared to 7% for heterosexual females. Higher rates of forced sex were also reported by both gay (15%) and bisexual (18%) male high school students compared to heterosexual male students (5%).⁹ It is important to note that students in schools with anti-bullying policies or LGBT-inclusive curricular resources reported less harassment, lower
absenteeism and higher achievement.\textsuperscript{10} Therefore careful monitoring of the implementation of the 2012 Dignity for All Students Act is vital.

**FACT:** Estimates indicate that between 20\% and 40\% (or 3000-8000) of NYC’s 15,000-20,000 homeless youth identify as LGBTQ.\textsuperscript{11}

Pervasive homophobia and transphobia impact LGBT youth and their ability to thrive within the family setting. This lack of family support results in disproportionate representation of LGBTQ youth among those unstably housed and in poverty. Yet only a very limited number of emergency shelter beds are available and safe for LGBTQ youth. Although accurate data on homelessness in general and LGBTQ homelessness in particular is very difficult to obtain, data suggest that intersecting identities also impact vulnerability to homelessness. In one New York City based study the LGB homeless youth were 44\% Black and 26\% Hispanic, while the transgender homeless youth were 62\% Black and 20\% Hispanic.\textsuperscript{12}

**FACT:** LGB adults in poverty in New York City are far less likely to access care and to have a primary care physician than their heterosexual counterparts (35\% vs. 25\%).\textsuperscript{13}

LGBTQ individuals often delay or avoid health care for fear of discrimination. For example, 25\% of LGB women in poverty in NYC had never had a pap smear compared to 12\% of heterosexual women.\textsuperscript{14} Not only does this lead to documented health disparities but it also increases the severity and cost of illness at treatment. The financial burden of health care is intensified by job discrimination, which decreases the likelihood of LGBT individuals having health insurance. Also, very few health care insurers include transgender health services (hormone therapy, sex reassignment surgery).\textsuperscript{15}

**FACT:** People in poverty and especially LGBTQ people of color in poverty “suffer the largest [HIV/AIDS] disease burden in the country.”\textsuperscript{16}

The gay and transgender communities continue to be disproportionately impacted by HIV/AIDS. This is especially true for transgender women of color who have a prevalence rate of 25\% nationwide.\textsuperscript{17} Men who have sex with men (MSM) account for over half the “56,000 new HIV/AIDS infections annually.”\textsuperscript{18} Increasingly, poverty is becoming the leading determinant of vulnerability to HIV infection. In fact, among queers of color, “poverty; lack of access to healthcare; poor education, homophobia, transphobia and housing instability are the leading social factors driving the epidemic...more than higher rates of unsafe sex practices and drug use.”\textsuperscript{19}

**FACT:** Estimates suggest that there are between 12,000 and 24,000 LGBT elders living in poverty in NYC.\textsuperscript{20}

“The challenges associated with poverty intensify with age – and more so when one is lesbian, gay, bisexual and/or transgender.”\textsuperscript{21} The impact of years of job discrimination and lack of legal protection for their relationships put LGBT older adults at higher risk for poverty. In addition, health disparities among LGBTQ people exacerbate the burden of medical costs.\textsuperscript{22}
FACT: More LGBT couples with children live in poverty and receive public assistance than opposite sex couples.\textsuperscript{23}

LGBT parents have a median income of $46,200 compared to $59,600 for same-sex parents.\textsuperscript{24} Furthermore, children being raised by same sex couples are almost twice as likely to be living in poverty (21\% vs. 12\%).\textsuperscript{25} Despite these increased poverty rates, considerable evidence suggests that children in LGBT families have positive outcomes.\textsuperscript{26} Recent changes in state and federal law regarding same-sex marriage may begin to improve the financial outlook for LGB couples and their children. However, it is likely to take a very long time to offset the years of accumulated discrimination.

FACT: The unemployment rate for transgender individuals is twice the national average and is four times the national average for transgender people of color.\textsuperscript{27}

LGBT individuals experience interrupted education and repeated on the job discrimination that leads to lower salaries and higher unemployment rates.\textsuperscript{28}

FACT: The rate of transgender individuals with an income below $10,000 is 19\% compared to 4\% for the general population.\textsuperscript{29}

In each area the statistics are worse for transgender, gender queer, and gender non-conforming individuals. New York State data from the National Transgender Discrimination Survey indicated that 74\% of respondents had experienced harassment or mistreatment on the job.\textsuperscript{30} In schools, three quarters (75\%) reported being harassed, with very high rates of physical assault (35\%) and sexual violence (12\%). Harassment was severe enough to force 14\% of the respondents to leave their school or higher education setting. Rates of homelessness are increased (18\%), with severely limited access to shelter beds. Transgender and gender non-conforming individuals also experience higher rates of discrimination in housing (19\% were denied a home or apartment) and in the workplace (12\% were unemployed compared to 7\% in the nation at the time of the survey). Access to competent and affirming health care is also diminished. In fact, 17\% were refused medical care due to their gender identity/expression and 29\% had postponed needed medical care due to discrimination.

FACT: A key issue in providing responsive programs and services for LGBT individuals is a lack of data.

Not only does very limited reliable data exist, but one of the leading New York City based agencies dealing with LGBTQ poverty, Queers for Economic Justice, just closed due to lack of funds. While some NYC public forms do collect information regarding sexual orientation they do not yet gather information regarding transgender, gender queer or gender non-conforming identity.\textsuperscript{31} U.S. census data identifies individuals living in same sex households but does not identify specific relationships (e.g. lesbian or gay), sexual orientation, or a transgender/gender non-conforming identity.\textsuperscript{32} In addition, fear of stigmatization and discrimination means that even when collected, data is underreported. For example, 59\% of those who were harassed or assaulted in school never reported it to school staff, and 56\% never told a family member.\textsuperscript{33}
Poverty, Housing Policy and Homelessness in NYC

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Homelessness across the country decreased by 4% from 2012 to 2013. However, in NYC homelessness increased by 13%; a record high, and a level not seen since the great depression. Today over 51,000 people are living in homeless shelters and another three thousand plus are sleeping on the streets or in other places not meant for human habitation. While some of the increase in NYC can be traced to the recession, much of the upsurge can be traced to local housing markets and national housing policy.

In the early 1960s, poverty in the United States was calculated based on the supposition that families typically spent one third of their household budget on food. Therefore determining the cost of food required to provide the minimum nutritional standards for a family of four and multiplying that cost by three resulted in the line below which families were deemed to be living in poverty. Officially, only cash and certain non-cash benefits are counted when calculating household income, thus disregarding other non-cash benefits like food stamps and housing assistance, both of which are important in lifting families out of poverty.

Today estimates are that American households spend less than 14% of their pre-taxed income on food. In NYC as in other part of the United States, housing represents a significantly larger portion of all household budgets but especially for households at the lower end of in economic ladder. The other major shortcoming of the 1963 poverty measure is the fact that it is a national number and therefore does not account for the wide variances in the cost of living in communities across the country. In 1995 the National Academy of Science offered a modified measure of poverty, expanded to include the cost of things required for basic survival, food, clothing, and housing including utilities. In addition, the proposed NAS measure factors in regional cost differences and includes income from in-kind benefits when calculating resources.

Approximately 62% of NYC households lease apartments that are subsidized. Of that number, 8.2% live in public housing, 45.4% live in rent stabilized apartments, and an additional 8.4% live in units benefiting from other local, State or Federal housing subsidies. It is important to note that only 1 in 4 low income households (80% or less of Area Medium) who are eligible for federal housing subsidies (Section 8) receive these subsidies (Henry Cisneros-keynote New York State Housing conference on 12/5/13).

Housing affordability is defined as spending less than thirty percent (30%)

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Total Shelter Census

| Adults | 29,041 |
| Children | 22,041 |
| Total Individuals | 51,082 |

Single adults

| Men | 7,308 |
| Women | 2,703 |

Families with children

10,561

People Living on the Streets

On January 28, 2013, NYC's Hope Count found approximately 3,180 people living on the streets

Source: NYC Department of Homeless Services
of one’s gross household income on housing. Households who spend between 30 and 49% of their income toward housing are consider to be rent burdened; those who spend 50% or more of their income toward housing are severely rent burdened. In 2011 approximately 31% of NYC renters were severely rent burdened an increase of 4% since 2007. (FS page 27) Seventy Eight percent of NYC renter households are rent burdened which represent one of the highest rates in the country. It is estimated that nationally over 21 million households, a record high, are rent burdened.

With housing taking up a larger percentage of household budgets, it’s easy to understand how increased housing costs and decreased household incomes result in higher levels of homelessness. Since the Great Recession, median rents have continued to rise while household incomes have fallen. These trends have had a devastating impact on low income families in urban centers like NYC. Rent has continued to increase at rates significantly faster than household incomes for the poor. In 2011, there were 11.8 million households with incomes less than 30% of the area median income, which qualifies them as an extremely low-income household. However, during that same period, there were only 6.9 million rental units that would be considered affordable to those households, a gap of almost 5 million units. The number of extremely low-income households continues to grow; however the number of units affordable to this population remained unchanged and is beginning to shrink. Today, 47% of low-income New Yorkers have a severe rent burden, spending more than 50% of their household income on housing.

The area median income (AMI) in NYC is $63,000 for a family of four. Nationally, poverty for a family of four stands at income levels at or below $23,492. Based on the AMI for NYC, a family with an income meeting the national poverty standard would be considered very-low income. In New York City, that family living at the national poverty level would be required to spend 75% of their pre-taxed income on housing if they were to rent a two-bedroom apartment at the Fair Market Rent of $1,474 per month.

Our ability to reduce and ultimately prevent homelessness lies in our recognition of the disconnect between the supply of and demand for affordable housing for middle and lower income households. Only 1 in 4 income-eligible households receive access to the single most effective homeless prevention program, Section 8. Absent the political will to fully fund Section 8, alternative models for combating housing affordability must be implemented. We should start by moving to fully fund the National Low Income Housing Trust Fund.

Additional Data:
The number of individuals and families with children in the NYC shelter system has risen steadily since 2008. In November, 2008, there were 7,843 families and 6,771 unaccompanied single adults in shelters; on December 24, 2013, there were 10,578 families and 10,110 unaccompanied single adults in shelters.

For apartments renting at less than $800, the vacancy rate in 2011 was 1.1% (Source: “2013 Income and Affordability Study,” New York City Rent Guidelines Board; April 4, 2013). More general/broad vacancy rates for New York City: Results from the 2011 Housing and Vacancy Survey showed that the vacancy rate for New York City was 3.12%. Rent stabilized units in NYC had a vacancy rate of 2.63%.

As reported in the Wall Street Journal on July 8, 2013, while the national vacancy rate for rental units stood at 4.3%, the vacancy rate in NYC was 2% and the average rent in NYC rose to $3,017 as reflected in the chart below:
Endnotes

2 Ibid., p. 12.
4 Ibid.
8 Furman Center for Real Estate and Urban Policy, New York University (2012). State of New York City’s Housing and Neighborhoods, p. 27

Recommended citation: Shack, F. Poverty, Housing Policy and Homelessness in NYC. Worse than you think; The dimensions of poverty in NYC. National Association of Social Workers, New York City Chapter, 2014.
Poverty and New Yorkers with Disabilities

Nancy D. Miller, LMSW
Executive Director & CEO VISIONS

New Yorkers with disabilities are more likely to live below the poverty line. People with disabilities are significantly more reliant on food stamps than their non-disabled counterparts—the gap in NYC is 16% compared to 13.5% in New York State and 9.4% nationwide. Among the boroughs, the food stamps gap is widest in Manhattan (21.3%) and narrowest in Staten Island (8.7%).

In New York City over 36,000 people with disabilities identify as Hispanic; that is 14.7% of the total Hispanic population. Of the non-Hispanic white population, over 406,000 people have disabilities—11.3%. 228,227 people, or 11.6%, of the African-American population, identifies as having a disability, along with almost 7% of the Asian-American population.

There are 441,598 working-age (18-64) individuals with disabilities in NYC, and 140,752 of these individuals are living below the poverty line. This is a poverty rate of 31.9%, which is substantially higher than the 13.6% poverty rate of their counterparts without disabilities. This gap is substantially larger than those of the United States (14.9%) and New York State (17%). Among the boroughs, the poverty gap is the widest in Manhattan (25.9%) and narrowest in Staten Island (10.1%).

Aging Individuals with Disabilities

Individuals 75 and older are the most likely segment of the population to have disabilities. In New York City, there are 252,273 adults ages 75 and older with disabilities; that is, 59.8% of the population in this age group. Manhattan (61%) has the highest percentage of elderly adults with disabilities of any New York City Borough, with Brooklyn having the highest raw number.
Employment and Disabilities

People with disabilities work, but at a rate lower than the non-disabled population. In the labor force, according to data from ACS, in the NY-NJ-CT Urbanized area, individuals with disabilities constitute 3% of the employed labor force. Of the unemployed labor force, 7% are disabled individuals. Of individuals not in the labor force, disabled individuals account for 18%.

The Income Gap

In New York City, of the 441,598 working-age individuals with disabilities, the median equivalent household income is $30,555, compared to $58,072 for the working-age population without disabilities. There is an income gap of about $28,000. The income gap in NYC is substantially greater than the income gaps of the United States ($20,514) and New York State ($26,288). Among the boroughs, the income gap is the widest in Manhattan ($62,955) and narrowest in the Bronx ($13,718).

Defining Disability Status

Disability status is defined by the Institute of Medicine and the International Classification of Functioning (ICOM), Disability, and Health (ICF) as the product of interactions among individuals’ bodies; their physical, emotional, and mental health; and the physical and social environment in which people with disabilities live, work, or play.

Measuring disability is difficult. Surveys like the American Community Survey (ACS) are limited to capturing disability based on only selected activities. People identified by ACS as having a disability are those who exhibit difficulty in specific functions and may, in the absence of accommodation, have a disability.

ACS, in an attempt to capture a variety of characteristics that encompass definitions of disability, identifies serious difficulty with four basic areas of functioning – hearing, vision, cognition and ambulation. Over all, the ACS attempts to capture six aspects of disability, which can be used together, to create an overall disability measure, or independently to identity populations with specific disability types.

ACS determines disability status from the answers to six types of difficulty (hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty and independent living difficult). For children under 5 years old, hearing and vision difficulty are used to determine disability status. For children between the ages of 5 and 14, disability status is determined from hearing, vision, cognition, ambulatory, and self-care difficulties. For people aged 15 years and older, they are considered to have a disability if they have difficulty with any one of the six difficulty types.

It is critical to note that in 2008, questions on disability asked by ACS changed from prior years. Hence, the Census Bureau does not recommend any comparison of current disability data to 2007 and earlier disability data.

Poverty and Disability

There is substantial statistical association between poverty and disability. The prevalence of impoverishment among the population that is disabled creates a cyclical pattern of poverty often passed on from generation to generation. In particular without adequate coverage for medical care, people with disabilities face difficulty managing the cost of medications, doctor visits, rent and food (and for some home care.)
Five Independent Living Centers address systems change and advocacy for individuals with disabilities: Disabilities Network of New York City offers networking and communications through a list serve, NYC Human Rights Commission and NYS Division of Human Rights assist with negotiating accommodations with private entities; Mayor’s Office for People with Disabilities advocates within city government for recognition of the needs and abilities of people with disabilities. There are many private nonprofit agencies working on the front lines with people with disabilities to ensure they receive benefits they are eligible for and to advocate for their rightful place in NYC community life including employment, education and independence.

**Main Challenges Faced by Individuals with Disabilities**

*Challenge: Lack of housing options*

*Solution: Adequate supply of housing options that are affordable and accessible*

*Challenge: Difficulty navigating the streets and buildings throughout NYC due to physical barriers, poor and inconsistent signage and street design.*

*Solution: Universal design that eliminates barriers and is accessible for all taking into account the diversity of the population with and without disabilities.*

*Challenge: Communication and social barriers*

*Solution: Barriers addressed through alternative formats routinely offered (large print, Braille, CD, narration etc.), language interpreters routinely offered including American Sign Language; people with disabilities welcomed in all programs and settings.*

*Challenge: Low employment rate*

*Solution: Policy and practice that supports full employment for all persons of all ages seeking to work.*

Assistance on this brief provided by:
Kathleen Ebbitt, Columbia University MSW candidate, social work intern at VISIONS
Endnotes


2. Ibid., pg. 51

3. U.S. Census Bureau, 2012 American Community - Survey Employment Status by Disability Status and Type


Recommended citation: Miller, N. Poverty and New Yorkers with Disabilities. Worse than you think; The dimensions of poverty in NYC. National Association of Social Workers, New York City Chapter, 2014.
Poverty in New York City's Communities of African Descent*

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This three-part brief will address poverty and inequity in the Black community as reflected in the life conditions of our elders, the welfare of our children and our access to a good education. The authors have chosen to speak of “Black” families with the intent of being inclusive of the communities of African descent who reflect African diasporic heritage as well as continental Africans residing in New York City.

This brief, then, similar to the Toolkit of which it is a part, cannot tell the full story of poverty and inequity experienced by Black families in New York City. Nor can it tell the full story of Black families’ strengths including cultural value systems which highly value strong family ties, hard work, and education as a means to a meaningful present and future, pride in caring for our children, the protection and respect of elders and faith as integral to all of life. Nevertheless, examining just these three spheres makes clear that despite the above, racism renders Black families disproportionately at risk for poverty which, in turn, has multiple negative impacts on Black families.

Black Elders in NYC

Understanding income inequality as it affects Black elders requires a contextual lens. In later life, they face both contemporary inequities and the consequences of inequities accumulated over a lifetime. They are subject to triple jeopardy: the intersecting impacts of racism, ageism (“rageism”), and sexism or gender oppression. Thus, the disproportionate representation among Black people addressed elsewhere in this volume such as high rates of un/under-employment, health and mental health disparities, hunger, homelessness, etc. impact the economic condition of Black elders.

20% of Black elders live in poverty in NYC

40% of elders in New York State reside in NYC

60% of children in foster care in NYC are black

27% increase in population of Black elders in NYC since 2000

Sources:
NYC Department of Health, NY State Health Foundation, NYTimes, NYC Department for the Aging

*These briefs are a joint contribution of the Black Agency Executives
Myth: There aren’t many Black elders living in New York.

Fact: New York State is home to the largest number of Black elders.

Over nine percent of the nation’s Black elders live in NYS. The greatest number of these elders age 60 and over—294,385—live in New York City. They constitute 21.6% of the City’s 1,360,476 residents who are age 60 and over.

Myth: Black elders don’t require much in the way of income support or social support because the Black extended family and Black churches provide for their needs.

FACT: Unemployment and underemployment within the Black community is twice the national average.

This fact, in addition to workplace discrimination which limits advancement and access to equal salaries for those who are working, means that Black elders, then, tend to reach older adulthood with fewer resources, (e.g. pension and social security) than their white counterparts. Still, it is often Black elders who attempt to support their family members who are continuing to experience high rates of joblessness. While Black church congregations may highly value their elders and offer what support they can, congregations are strained to sufficiently support all elders in need who may comprise a significant portion of the total congregation.

Additionally, there are a significant number of elderly Black men and women who live alone. It is expected that there will be increasingly more elders living alone as the baby boomers age since more of this cohort remained single or chose not to have children.

MYTH: Civil rights gains including affirmative action mean that Black people including elders now belong to the middle income cohort.

FACT: National data indicates that poverty among Black elderly is decreasing: 20% of Black elders were poor in 2008, down from 48% in 1968. However, Black elders are still more than twice as likely to be poor as their white counterparts. In New York City, while 17.5% of all residents age 60 and over live in poverty, 20% of New York City’s Black elders live in poverty.

Additional Facts

• The economic inequalities Black people face in adulthood: high rates of unemployment, underemployment and lack of workers’ benefits render many Black people disproportionately poor as older adults.

• In NYC, 53% of Black adults aged 65 and over have Medicare compared with 61.9% of all adults in this age group who have Medicare.

• Living alone and living in poverty are risk factors for older adults.

• Often, Black elder women find themselves heads of households and caring for adult children and/or grandchildren despite their own failing health.
• Black Elders often continue to work after retirement in order to make ends meet; they consider themselves the "unretired-retired."  

• Living alone and/or living in poverty are considered risk factors for physical and mental health problems. Black elder women living alone are more than twice as likely to be poor as white elder women. 

Black Children in NYC

Dianne Heggie, LMSW, Associate Executive Director
Council of Family and Child Caring Agencies

Despite the encouraging signs of economic recovery, there are many for whom recovery is not a reality. The national picture is disturbing. Poverty rates have increased across the country, but the increase has been more pronounced in New York City, particularly for children.

A September 2011 *New York Times* article indicated that the poverty rate for the city’s children under 18 had risen “2.9 percentage points to 30 percent” between 2007 and 2010. By 2012, that figure had grown to 31.4%—the highest in a decade. Increasing numbers of families—one-third of families citywide—had to rely upon food stamps in order to feed their families.

The family stressors associated with poverty—such as lack of health insurance, unemployment, housing instability, diminished educational achievement—all contribute to a greater likelihood that a poor child will come to the attention of child welfare authorities. Data from the New York City Administrative for Children’s Services (ACS) indicate that neglect allegations comprised approximately two-thirds of all State Central Register (SCR) reports investigated by ACS for the periods of July to September in the years 2012 (65%) and 2013 (66%).

Children of color are disproportionately represented in child welfare systems, nationally and in New York City. The disparities exist in the number of substantiated reports, entries into foster care, and the proportion of children in the overall foster care census. In 2012, for instance, Black children represented 26% of the city’s children; they made up 46% of children in substantiated SCR reports, 55% of all foster care entries, and 60% of children in foster care. In 1987, the representation in those categories was 32% (child population of NYC), 61% (children in substantiated reports), 64% (entries into foster care), and 63% (foster care population).
There is no single, “silver bullet” solution to these challenges. Meaningful change requires the concerted effort of all systems that touch the lives of poor children and their families to build a network of services to address the underlying causes of poverty. Sixty percent of poor Black families with children include at least one working family member.\textsuperscript{5} Most people are not poor because of an unwillingness to work; gainful employment eludes many. The development of programs which enhance the ability of parents to achieve substantive employment and economic stability is essential.

Education and Race in NYC

Danielle Moss Lee, Ed.D.
Chief Executive Officer, YWCA of NYC

Last year, Darren Walker—the newly appointed President of the Ford Foundation—spoke candidly about growing societal inequality in America, the disappearance of “public” as a unifying concept, and the gradual dismantling of social safety net programs that had made someone like him “possible.” It was refreshing and a bit disconcerting to hear someone of Walker’s stature candidly say what those of us in the social sector, who’ve labored toward full-scale solutions to alleviate the impact of poverty in America with increasingly fewer resources and amidst disjointed public policies, have been saying for quite some time.

For generations, many Americans were taught that public education was the most direct and unobstructed pathway to economic self-determination and the idyllic American middle-class. Philosopher John Dewey asserted in his iconic tome, \textit{Democracy and Education}, that education was the engine driving our democratic way of life. But the growing inequality we see in educational outcomes—not only across racial and ethnic groups, but also across socioeconomic groups—coupled with the “edging out” of the public in helping to determine what our kids need to know, ought to know, and deserve to know, seems to undermine Dewey’s vision.

In a 2012 column called “The Opportunity Gap,” New York Times writer David Brooks cited research by Harvard political scientist Robert Putnam indicating that in the face of persistent school failure in the poorest communities, middle class and college educated families are now spending more time with their children and investing more money in extracurricular and academic support – furthering the opportunity gap. And, while there’s nothing wrong with people investing in their children’s futures, it must also be recognized that with growing income inequality, more families find themselves working multiple jobs just to stay at the poverty line. More and more, low-income and working-class families lack the resources to provide their children with support outside the classroom, and declining public and private funding for the social sector means the gateway to self-sufficiency is also shrinking.

A much-celebrated “education reformer” once told an audience that poverty was “no excuse” for poor performing schools. This is an oversimplification. Poor performing schools aren’t stand-alone fortresses of caring and nurturing adults where kids living in pervasive poverty forget their lack of access to adequate food, safe housing, quality
healthcare, or the constant trauma of living in communities where police interactions often contributes to the stress of daily life. Sure, some kids are going to succeed despite inequality, but they won’t do it alone. They will thrive as a result of an often-unintentional web of social and educational interventions that happen to converge at the right time: a caring teacher or counselor who takes a personal interest, a great afterschool program, a church youth group, etc. Until we build educational institutions and implement policies that look at the totality of children’s lives, we can’t expect to eradicate the educational impact of poverty.

Schools don’t exist in a vacuum. Strong communities are a breeding ground for great schools. Let’s look at the whole picture.

Endnotes - Black Elders
1 Sullivan, M.A. The intersection of ageism and racism.

Endnotes - Black Children
3 Monthly Flash Report, October 2013, New York City Administration for Children’s Services
4 Data provided by New York City Administration for Children’s Services
5 “Portrait of Inequality 2012: Black Children in America,” Children’s Defense Fund

Poverty in New York City's Latino Communities

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Latinos are the largest & fastest growing racial ethnic group in the U.S.

According to the 2010 Census, 308.7 million people reside in the U.S. of which 50.5 million or 16% are of Hispanic or Latino origin. More than half of the growth in the total population of the U.S. between 2000 and 2010 was due to the increase in the Hispanic population. The Hispanic population grew by 43% in just 10 years. About one in every five children in the U.S. is of Hispanic origin; however, Hispanic children made up one in every three children living in poverty in the U.S. in 2010.

In New York State, Hispanics account for 17.6% of the state’s population, while in New York City Latinos are 28.6% of the total population. New York City is first in the nation in terms of Hispanic poverty with 27.8% or 634,319 Latinos living in poverty. Los Angeles, California is second with 26.4% of impoverished Hispanics. In 2012, the Bronx was already 54.3% Hispanic, and it is also noted as one of the poorest “counties” in the country with 29.3% of the population below poverty with a per capita income of $18,048. Queens is a close second with 27.9% below poverty.

The breakdown for the top six Latino ethnic groups living in poverty in NYC is as follows:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Poverty %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexicans</td>
<td>32.4%</td>
</tr>
<tr>
<td>Puerto Ricans</td>
<td>31.6%</td>
</tr>
<tr>
<td>Dominicans</td>
<td>30.8%</td>
</tr>
<tr>
<td>Salvadorans</td>
<td>20.8%</td>
</tr>
<tr>
<td>Cubans</td>
<td>19.6%</td>
</tr>
<tr>
<td>Guatemalans</td>
<td>18.4%</td>
</tr>
</tbody>
</table>

This chart shows the tremendous diversity across major Latino groups living in poverty in NYC. Under the broad categories of Hispanic/Latino is a heterogeneous community that is younger than the general U.S. population with 1/3 of Latinos under the age of 18; with a growing older Hispanic population that already comprises 16% of the U.S. population; and Latinos are three times more likely (22.8%) to be poor than non-Hispanic whites (7.7%).
Some of the factors that lead to high poverty levels among Hispanics are:

**Racism & prejudice** – Anti-immigrant laws and policies are primarily directed at Mexicans or other Latino groups. Hispanics can be of any race and most are a blend of indigenous, African and white European races. Some Latinos are of darker skin than other Latinos. Despite this multiracial Hispanic heritage, it is surprising that on the 2010 U.S. Census, the majority of Latinos chose white as their racial identity. This may be due to Latinos recognizing that in the U.S. whiter skin color is better, and their choices may be a way to identify with the dominant race. Needless to say, Latinos experience prejudice and discrimination as much for their skin color as for their ethnic identification.

**Limited English-speaking proficiency** – This is another important factor affecting poverty levels among Hispanics. The Spanish language is a major strength for the Latino community as it maintains the culture and connection to the homeland, and Latinos frequently travel back and forth between the new and old homeland. But Latinos should be encouraged to learn English as a way to advance their economic status in U.S. society otherwise they will only be able to find low paying jobs where English is not required.

**Undocumented status** – Latinos are not the only immigrants that need immigration assistance, but they are identified as the largest undocumented population primarily from Mexico or the Caribbean. Many Latinos overstay their welcome in the U.S. and live in fear of deportation and separation from their families. Many families have been shattered by the deportation of parents while their U.S. born children are placed into foster care. Immigration reform would definitely enhance the quality of life for these families.

**Length of stay in the U.S.** – The longer Latinos are in the U.S., the better they can negotiate the environment that directly impacts their lives. New immigrants or migrants have a very difficult time dealing with strange or hostile environments or facing traumatic situations in their lives. Latinos need to find support systems or friendly ethnic enclaves to sustain them during the transition to a new environment.

**Minimum wage jobs** – Many Hispanics work for minimum wage or lower depending upon their residency status. You can have two or more adults working to support a family of four but with a minimum wage income, the family cannot even rise above poverty levels.

**Larger/extended families** – If they are fortunate to have family with them, then Latinos tend to have more children than the average U.S. household and they live with extended family members. If their family is not with them in the U.S., then Latinos are contributing financially to their families in their country of origin.

**Financial support to country of origin** – It is well-documented that Latinos sustain the economies of many Mexican, Latin or Central American communities through their hard work and earnings in the U.S. Immigrants have always helped their countries of origin, but the levels of poverty in their homelands put Latinos at risk for exploitation and discrimination here in the U.S. Following 911 when the Airbus in route to the Dominican Republic crashed in Queens, the economy of the DR suffered significant losses with the death of hundreds of Dominican breadwinners.

**Youth of the population** – The youth of the population does not give Latinos much power or status as compared with the general U.S. population. Young Latinos or Bi/Bis are struggling with graduating high school, securing jobs and supporting their families, while other youth are in college and looking forward to higher paying job opportunities. Many companies are beginning to market their products to Bi/Bis whose buying power is slowly growing and gaining attention.
**Single-parent households** – This factor still plagues many Latino families especially during a recession when the male can no longer be a macho who can financially support his family. Domestic violence and addiction are serious problems that many Latino families have to contend with on a daily basis. Sustaining healthy families during difficult economic times affects all families, but poor or near poor single parent families are hardest hit.

**Lack of marketable skills** – Latinos often immigrate/migrate to the U.S. with agricultural or manufacturing skills that are not as much in demand as technological skills. Agriculture is seasonal work, and manufacturing jobs are disappearing. To succeed as immigrants, Latinos need a range of new skills to support their lives in the U.S.

**Inner city neighborhoods/Substandard housing/Substandard education** – Latinos tend to concentrate in urban centers where there are ethnic enclaves and hopefully job opportunities. Unfortunately, large cities like New York are also known for overcrowded neighborhoods, crime, poor quality housing, and a less than quality public education. Latinos actually prosper when they can move to better housing, jobs and education outside NYC.

The Asian population is the fastest growing major racial and ethnic group in both the state and the city of New York. The state accounts for almost one in ten of Asian Pacific Americans nationally, ranking the second highest in number behind California. More than 70 percent of Asian Pacific Americans in New York State reside in New York City. At 1.23 million, according to the most recent 2012 census data, Asian Pacific Americans in New York City are now nearly 15 percent of the city’s population.

Diversity

Immigrants comprise a major proportion of Asian Pacific Americans, at 73 percent, compared to the 37 percent of the city’s total population who are foreign-born. All boroughs reflect a growth in the Asian population. Nearly two-thirds of all Asians live in Queens and Brooklyn. Queens remains home to almost half of all Asians in the city.

As a community, Asian Pacific Americans continue to diversify, culturally and linguistically. At least 16 different Asian ethnicities are now represented in the census. Among the eight largest Asian ethnic groups are Chinese, Indians, Koreans, Filipinos, Bangladeshi, Pakistani, Japanese, and Vietnamese, in sequential order. The fastest growing Asian ethnic groups by percentage include the Taiwanese, Bangladeshi, Hmong, Laotians, Sri Lankan, Indonesian, Malaysian, and Nepalese.

Income and Poverty

Asian Pacific Americans differ between and among ethnic groups socioeconomically, based on how and when a family or its ancestors arrive in the United States, English proficiency, financial resources, etc.

Despite the many successful stories of Asian Pacific Americans “making it,” the substantial number within the community who are economically poor and living in poverty are not as recognized. According to the latest report from the Mayor’s Center for Economic Opportunity (CEO 2014), Asians as a major racial group have the City’s highest poverty rate at 29 percent, steadily increased from 26.5 percent in the previous report.

What is noticeable is that near-poor Asians are much more likely than poor Asians and the near-poor population in general to be active in the labor force and employed.

A number of national and local community studies support these poverty findings within Asian Pacific American communities. Poverty has increased notably and is pervasive, whether among the foreign-born or American-born subgroups. And poverty impacts disproportionately the large segments of the immigrant group within the Asian Pacific American community.

Over 18 percent of Asian Pacific American women (18 years and older) live below the poverty line, close behind the citywide rate for women of 22.48 percent. More than half of Asian Pacific American children are born to mothers who are on Medicaid.
Poverty rates among Asian children vary across boroughs and ethnic groups. In Queens, the poverty rate of Asian children is essentially equal to that of black children. In Brooklyn, three in five Bangladeshi children live in poverty, a rate replicated in the Pakistani community. Vietnamese child poverty rates are highest in the Bronx. Manhattan has the highest child poverty rates for the Chinese and Korean communities. Among working families with pre-school-aged children, grandparents are the most commonly used childcare option, more so than for any other major racial group.

Asian married couples families are more likely to be low-income than their counterparts in the general population. Asians also spend a larger percentage of their income towards housing costs than the general population.

Asian seniors (age 65 and over) have the second highest poverty rate of any racial group in New York City. According to the 2011 American Community Survey, over 27 percent of Asian seniors live below the poverty line, with Asian women at 29.5 percent and men at 24.5 percent. The highest incidence of poverty is among seniors in the Cambodian, Chinese, Bangladeshi, Korean, and Indian communities.

As a community, Asian New Yorkers have a higher representation of low-income families and individuals struggling to make ends meet. Multiple wage earners are needed to support a household with low individual incomes. Within the community, Asian ethnic groups with greatest levels of overall poverty are the Bangladeshi, Vietnamese, Pakistani, Chinese, Malaysian, and Korean.

**Disparities**

**Language**

Limited English proficiency (LEP) is a major issue for Asian New Yorkers. 38 percent of Asians indicate “speaking English less than very well,” as compared to 16 percent of the entire NYC population. Only two Asian ethnic groups, Filipinos and Indians, have LEP rates close to the citywide LEP rate.

For the working-age group (18 to 64 years of age), about half face higher rates of LEP than the population in general. Of the top five largest Asian groups, Chinese report a rate of 63 percent, Koreans 54 percent, and Bangladeshi 54 percent. Over 90 percent of Chinese, Korean, and Vietnamese seniors have LEP.

**Education**

Asian adults ages 25 and older have the second highest rates of college or professional degrees, behind that of non-Hispanic whites in the City. On the other end of the spectrum, Asian adults have the second highest rate of not having a high school diploma or equivalent, behind that of Hispanics.

There is also a bimodal distribution of educational levels among Asian ethnic groups, split between those who tend to be highly educated and those who do not. For instance, the drop-out rate for Chinese American youth is higher at 22 percent.

The enrollment rates for Asian children in the City’s public school system for ages 5-17 are similar to black and Hispanic children. 14 percent of public school students (1 in 5) English language learners are Asian children.

Contrary to a perception that Asian children are academically high-achieving, about one-third either failed to graduate on time or dropped out before reaching graduation among ages 16-24. Asian youth have an 18 percent drop-out rate, as compared to the 31 percent citywide.
Health

Community data also underscored disparities in health status, access to quality health care, and insurance coverage. Asian New Yorkers are the only population group in which suicide is one of the ten most frequent causes of death. The ranking is even higher in the top five for death occurring among Asians before age 65. Among the other most common health conditions are hepatitis B, tuberculosis, heart disease, cancer, and diabetes.

Summary

Asian New Yorkers live in poverty on par with the general population. All poor and low-income communities are underserved, and disadvantaged Asian Pacific Americans may be even more so. The Asian community is one already underserved and underresourced, with scarce government funding to meet the growing population. To promote healthier communities, sensible dialogues addressing the poor and low-income communities must consider diverse population groups in the city, and, equally pertinent, must address integrated care for better community health outcomes. A collective effort is one that speaks of inclusiveness and equity at the levels of design, implementation, and evaluation of programs and policies for all.
Notes
1 Asian American/Asian Research Institute @ City University of New York (2013). Asian Pacific New Yorkers Count: Awareness to Action.

Recommended citation: Tran, M. Poverty in New York City's Asian Pacific American Communities. Worse than you think; The dimensions of poverty in NYC. National Association of Social Workers, New York City Chapter, 2014.
APPENDIX

Community Loss: A New Social Indicator

Mimi Abramovitz, Silberman School of Social Work at Hunter College
Jochen Albrecht, Department of Geography, Hunter College

Social workers increasingly recognize that “place matters,” e.g., differences in neighborhood conditions can powerfully affect the well-being of local residents. The Community Loss Index (CLI), a new social indicator, focuses on the understudied role of place as a source of stress and an aggregator of individual experiences. It is comprised of six losses, closely associated with stress: incarceration, foster care placement, sudden death, long-term hospitalization, job loss and foreclosure.

These losses regularly occur in poor neighborhoods where large numbers of people living in close proximity routinely suffer multiple losses. Yet they are rarely recognized or measured collectively as a place-based stressor that has a community-wide impact. Building on the relationship between loss and stress, the CLI attempts to capture collective loss, defined as the chronic exposure by neighborhood residents to multiple resource losses at the same time. It is part of larger study that “unpacks poverty” by exploring the hypothesis that stress operates as a pathway between a variety of neighborhood conditions (including community loss) and the clustering of health and social problems in some but not other neighborhoods. When applied, CLI divides New York City into high, medium, and low loss areas with children and persons of color concentrated in the former. The CLI provides a place-based context for investigating neighborhood-based collective loss and allows community members and public officials to fine-tune interventions based on actual community needs.
RESOURCES

The organizations listed below all have recommendations on dealing with the aspects of poverty addressed in this report. NASW-NYC recognizes their significant contributions in their respective fields.

AGING
Asian American Federation
Institute for the Puerto Rican/Hispanic Elderly, Inc.
Council of Senior Centers & Services of New York City, Inc.
Federation of Protestant Welfare Agencies
UJA Federation

ANTI-POVERTY PROGRAMS
Asian American Federation
Federation of Protestant Welfare Agencies
UJA Federation
Citizens’ Committee for Children

CHILD WELFARE
Federation of Protestant Welfare Agencies
UJA Federation
Asian American Federation
Citizens’ Committee for Children
Good Shepherd
The Committee for Hispanic Children and Families

AFRICAN DESCENT
New York Urban League
YWCA

DISABILITIES
FEGS
Inter Agency Council of Disabilities Agencies
Lighthouse International
UJA Federation

HEALTH
Citizens’ Committee for Children
Lighthouse International
Metropolitan Health Care for All
The Coalition of Behavioral Health Agencies, Inc.

HOUSING
Citizens’ Committee for Children
Coalition for the Homeless
United to End Homelessness Coalition
The Network: Housing of NY

HUNGER
Citizens’ Committee for Children
Food Bank for New York City
New York City Coalition Against Hunger
UJA Federation

IMENTAL HEALTH
Citizens’ Committee for Children
The Coalition of Behavioral Health Agencies Inc.
Metropolitan Health Care for All
Lighthouse International
FEGS
UJA Federation

LGBTQ
Citizens’ Committee for Children
Hetrick-Martin Institute
The Lesbian, Gay, Bisexual & Transgender Community Center

WOMEN
Asian American Federation of NY
NYCLU
YWCA of NYC

VISIONS
Endorsements

Social workers work in every community in New York City and know firsthand the dimensions of poverty. NASW-NYC welcomes the heightened concern about poverty and inequality that has emerged since the election of Mayor Bill de Blasio; at the same time, we recognize that the magnitude of poverty and its impact on people’s lives will need sustained attention.

NASW-NYC’s publication, “Worse Than You Think – The Dimensions of Poverty in New York City: What Social Workers See,” shines a light on 17 dimensions of poverty. It is intended to help all of us begin to comprehend who is affected by poverty. This understanding is essential if we are going to maintain the long-term commitment that will be necessary to ameliorate the impact of these adverse economic and social conditions.

“NASW-NYC has created an important and educational toolkit to help fight poverty in New York City. It dispels so many of the myths about low-income people and their fight to survive. The information about individuals, families, and children who live in poverty is compelling and based on the latest data in the field. The toolkit provides a guide that social workers, advocates, policy-makers, and educators can use to make sense of the complex social and economic struggles that low-income people face.”

~ Robert Hawkins, PhD, McSilver Associate Professor, NYU Silver School of Social Work

“This toolkit will undoubtedly provide a space for service providers to address the multilayered issues facing the most vulnerable populations with whom we work—those communities impacted by poverty. We cannot silo our work in any one critical need area without looking at its relationship to poverty. Paying heed to this intersection is the first step toward making a meaningful impact as a profession.”

~ Dr. Mary M. McKay, Director, McSilver Institute for Poverty Policy and Research
NYU Silver School of Social Work

“This publication documents the depth, pervasiveness, wide-ranging and devastating consequences of poverty in our city. These poverty briefs by leading researchers and practitioners should serve as a call to action for social workers to advocate for comprehensive policy changes that will truly make a difference in the lives of our clients and communities.”

~ Jacqueline Mondros, DSW, Dean, Silberman School of Social Work at Hunter College

“The Great Recession of the past few years has hit everyone hard. It has exacerbated inequality in America. The top earning 1% have increased their income by 275% from 1979 to 2007. The rest have fallen behind. But what do we do? NASW-NYC has laid out the facts. This is a must-read for government leaders, elected officials, and human service professionals. If you want the facts in an understandable format and are looking for ways to fix inequality, you need to read this volume.”

~ Steven Huberman, PhD, Dean, Touro College Graduate School of Social Work
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