

WORKING DRAFT
PLEASE DO NOT CITE WITHOUT PERMISSION OF AUTHOR

“Getting There or Losing Out: Place, Race, and Access to the Safety Net”

Scott W. Allard
Assistant Professor of Political Science and Public Policy
Taubman Center for Public Policy
Brown University
67 George St.
Providence, RI 02912
(401) 863-9490 – voice
(401) 863-7018 – fax
Scott_Allard@brown.edu

December 2007

Introduction¹

Discussion of race and poverty in America lays clear the connections between place, racial segregation, and concentrated poverty in urban and rural communities. Chapters from this volume show that place matters. Where a person lives has a strong impact on her education, employment, and health outcomes. Often overlooked, perhaps, is the relationship between place and public policies intended to alleviate poverty and inequality. Most obviously, the characteristics of communities or places are shaped by governmental housing and redevelopment policies directly. Concentration of poverty in specific neighborhoods or communities also means that antipoverty program resources may be most heavily targeted in places with the most need. Less obvious, however, is relationship between place and the manner in which the safety net delivers antipoverty assistance to those in need. While it is important to recognize how policy shapes place, this chapter explores how the changing nature of safety net assistance in recent years has led to striking community-level and neighborhood-level variation in the nature of antipoverty assistance. Of most concern for discussions of race and poverty, I examine disparities in access to antipoverty assistance across race groups.

Before thinking about spatial or place-based variation in the safety net, however, consider how public policy has shaped patterns of racial segregation and lies at the roots of racial discrimination in housing markets. Specifically, consider the Federal Housing Administration (FHA) and Home Owners Loan Corporation (HOLC), two prominent New Deal housing programs established in the mid-1930s to expand homeownership in the wake of the Great Depression. Both the FHA and HOLC targeted government loan programs and mortgage insurance in homogenous white neighborhoods, making such valuable government homeowner assistance less available to residents of racially or ethnically mixed neighborhoods. Not only did bias in the administration of FHA and HOLC exacerbate race and class segregation in many communities, but it effectively sanctioned similar discriminatory practices in private lending markets (Jackson 1985; Massey and Denton 1993). Federal anti-discrimination and fair housing laws emerged in the post-war era to prevent realtors, private lenders, local governments, and neighborhood associations from overtly opposing racial integration of neighborhoods through

discriminatory market practices, mortgage covenants, and intimidation (Sugrue 1996, Hirsch 1983). Enforcement of court decisions and fair housing laws prohibiting discriminatory real estate practices, however, have been criticized as being inconsistent, lackluster, or simply ineffective in reducing segregation (Jargowsky 1997; Massey and Denton 1993).

To address deficits in the supply of affordable housing options, federal housing policy in the post-war era provided subsidized public housing developments for low-income households. Many large-scale public housing developments were built during the middle part of the 20th Century, however, were located in high poverty inner city neighborhoods (von Hoffman 1996; Newman and Schnare 1997). These high-density housing developments concentrated and isolated poor families, often poor minorities, into deteriorating buildings located in unsafe neighborhoods distant from labor market opportunities. In response, federal housing policy began to devote more resources to housing vouchers and rent certificates in the 1970s. By 2000, vouchers or rent certificates assisted about 4 million persons in 1.8 million households, compared to 2.4 million persons assisted through 1.3 million public housing units. Because voucher recipients can seek housing in a community of their choice, voucher recipients on average live in neighborhoods with lower poverty rates than the typical public housing unit resident (20 percent versus 29 percent respectively, see Department of Housing and Urban Development 2000). Similarly, Newman and Schnare (1997) find that roughly 5 percent of voucher recipients live in neighborhoods where the poverty rate exceeds 40 percent, compared to 37 percent of public housing residents.

Concentrated black urban poverty is one the most recognizable products of housing discrimination and housing policy. Increased racial segregation throughout the latter part of the 20th Century meant that blacks were much more likely to live in high poverty neighborhoods isolated from opportunity than other race groups (Wilson 1987). For example, Massey and Denton (1993) concluded that in 1980, one-third of all blacks lived in communities characterized by “intense racial segregation.” The poverty rate among blacks in metropolitan areas varied little from 1970 to 1990, reaching 28.1 percent in 1970 and falling slightly to 26.4 percent in 1990. Similarly, from 1970 to 1990, roughly half of all blacks lived in high poverty areas – neighborhoods where the poverty rate exceeded 40 percent – and

blacks composed 50 percent of all persons living in high poverty tracts (Jargowsky 1997). In his chapter on race and poverty, Michael Stoll finds that 27 percent of blacks in central city areas lived below the poverty level in 2000 and that blacks continue to compose the vast majority of poor persons living in cities.

Hispanic or Latino populations experience high rates of poverty comparable to those observed among blacks. In this volume, Stoll shows that the poverty rate among central city Hispanics was nearly 25 percent in 2000, almost as high as among central city blacks. Yet, despite high rates of poverty among Hispanics, there is evidence that Hispanic populations are less likely to live in neighborhoods that are highly segregated by race (Massey and Denton 1993; Frey and Farley 1996; Briggs 2005). Hispanic immigrant groups arriving in the last third of the 20th Century, however, clustered in a few destination states (California, New York, Florida, Illinois, and Texas) so that a majority of Hispanic immigrants in the 1980s and 90s resided in Chicago, Los Angeles, Miami, or New York City (Bartel 1989; Frey and Farley 1996). Although poor Hispanics may not experience residential segregation the same extent as poor blacks, almost fifty percent of the nation's Hispanic population today live within just a handful of major metropolitan areas (Frey 2006).

Poverty is a rural problem, as well as an urban problem. Despite being home to a decreasing share of the total population, rural places experience poverty rates that approach those found in central cities. Michael Stoll's chapter shows that roughly 18 percent of rural Americans live below the poverty line, compared to 22 percent of central city residents and almost 10 percent of suburban residents. The rural poor account for nearly one quarter of the total poor population. While poverty rates among racial minorities have declined substantially since 1960 across urban, rural, or suburban places, Stoll finds poverty rates remain quite high among racial minorities living in rural areas and are much higher than the poverty rate for rural whites. For instance, 42 percent of rural blacks and almost 32 percent of rural Hispanics or Latinos lived below the poverty line in 2000, compared to less than 16 percent of whites living in rural places.

Generally two types of safety net policies are seen as responses to racial segregation and the geographic concentration of poor persons in neighborhoods with few opportunities: place-based antipoverty programs and mobility-based antipoverty programs. Place-based programs of antipoverty assistance seek to strengthen high poverty communities, creating job opportunities, improving local housing or schools, or cultivating institutions that may address the results of segregation and concentrated poverty. Model Cities was one of the first place-based programs antipoverty assistance, emerging early from Lyndon Johnson's Great Society efforts to address joblessness and poverty in America's inner cities. The Model Cities program provided supplemental federal grants to cities that could be targeted to revitalize particularly depressed urban neighborhoods. Unfortunately, participant cities found the Model Cities process unwieldy, poorly funded, complex, and riddled with delay, which led to very modest progress at best and further deteriorating conditions at worst.

Despite the lack of success with early place-based programs of assistance like Model Cities, many other such programs continued to emerge in the decades that followed. Two prominent examples are enterprise zones (EZs) and Hope VI housing developments. Enterprise zones are impoverished urban and rural areas designated by federal or state government as targets for economic revitalization through tax incentives to businesses. Private firms located within an EZ are able to access a mix of tax credits and refunds if they choose to maintain or expand operations within the designated zone. Hope VI replaces existing public housing developments, often those in poor physical condition and with large concentrations of low-income families, with low-density, mixed-income housing developments that would attract a range of residents and revitalize impoverished urban neighborhoods. The program also provides some low-income residents displaced by redevelopment of the existing public housing project with rent vouchers and support services to help them relocate in a better neighborhood. While there remains optimism that HOPE VI projects can provide successful models for replacing high density housing developments with mixed-income housing developments that strengthen distressed areas (Popkin et al. 2004), EZs have not been found to be successful in generating greater economic opportunity for targeted high poverty neighborhoods (Greenbaum and Engberg 1998; Peters and Fisher 2002).

Mobility-based antipoverty programs seek to increase access to opportunity and reduce racial segregation by facilitating movement to communities with lower poverty rates and greater opportunity. Housing vouchers or rent certificates, often provided through the Housing Choice Voucher or Section 8 program, are among the most commonly cited forms of mobility-based assistance. Another example of mobility-based assistance can be found in an experimental housing voucher program called Moving to Opportunity (MTO) that sought to improve the economic outcomes and well-being of poor families by helping them move to lower poverty neighborhoods. Although the program succeeded in encouraging many families to relocate to better neighborhoods, many moved to neighborhoods nearby their initial residence and many others moved back to their original neighborhood over time. Evaluation of MTO has found that those voucher recipients moving to lower poverty neighborhoods did not experience better work outcomes than those that did not move better neighborhoods, although there were some discernible physical and mental health gains among those households that moved to lower poverty neighborhoods (Kling, Liebman, and Katz 2006).

While place-based and mobility-based antipoverty programs recognize the importance of place in understanding the causes of poverty, albeit with mixed results, person-based antipoverty programs typically do not address issues of place. Person-based programs are generally those that seek to increase household income or resources and/or address individual-level barriers to greater economic self-sufficiency. Income maintenance programs such as welfare cash assistance, food stamps, and the Earned Income Tax Credit (EITC) are particularly salient programs of person-based assistance. Less salient than cash assistance programs, but no less important, are human or social service programs that provide employment-related, adult education, child care, emergency assistance, mental health, domestic violence, and substance abuse services to low-income populations. Although not typically thought of as substantial components of the safety net, social service programs have expanded dramatically in the last few decades and are now among the single biggest components of the contemporary safety net. Far outpacing spending on welfare cash assistance, food stamps, or even Medicaid expenditures for able-bodied working age adults, we spend over \$150 billion annually on social service programs.

As is the case with other types of person-based assistance, however, the connection between place and social service provision is rarely discussed. Yet, place is more relevant to the delivery and receipt of social service programs than to cash assistance programs. For example, while one can receive a welfare check in the mail or have a food stamp allocation placed on an electronic benefit transfer (EBT) card, job training services or domestic violence counseling cannot be delivered to one's home typically. To receive a service or participate in a social service program, a person in need often must make repeated visits to an agency. Living in a community where relevant social service agencies are located is essential, therefore, to receiving assistance. Applying the spatial mismatch hypothesis for labor markets Stoll describes in his chapter to the area of social service delivery, we should expect greater proximity to service providers to increase the likelihood that a person in need is able to receive help. Mismatches or inadequate access to social service programs can be viewed as tantamount to being denied aid from this central component of the safety net.

Linking place to the delivery of social service programs is particularly relevant to discussions of race and poverty. First, the safety net has a historical legacy of treating racial minorities differently than other population groups. Well into the middle part of the 20th Century, communities were able to deny poor blacks access to a range of safety net programs. There is evidence that states and communities with high percentages of blacks offer less generous social welfare programs and offer assistance at differential rates to poor blacks than to poor whites (Lieberman 1998; Schram, Soss, and Fording 2003; Soss et al. 2001). To the extent that access to social service programs likewise varies by race and place, there may be powerful disparities in access for poor minority populations compared to whites and those living outside of central city areas.

Shifts in the geography of poverty over the past decade also should affect social service accessibility. Since 1990, central cities have experienced decreases in concentrated poverty and significant increases in the number of low-income families living in suburbs. Jargowsky (2003) finds the share of the population living high poverty tracts declined precipitously in cities and rural areas between 1990 and 2000, although the share of suburban Americans living in high poverty areas remained

relatively unchanged. Moreover, Berube and Kneebone (2006) find that while poverty rates in larger cities remained twice as high as in suburbs in 2005 (18.8 percent versus 9.4 percent), the number of poor people grew much faster in suburbs than in central cities between 1999 and 2005. The authors find there to be about 1 million more poor people living in suburbs by 2005, than in central cities.

Although poor minorities, particularly poor blacks, remain highly concentrated in central cities, there is evidence that segregation of racial minorities in high poverty areas has decreased somewhat in recent years (Briggs 2005). Jargowsky (2003) finds that the percentage of poor persons living in high poverty neighborhoods declined by 24 percent nationally from 1990 to 2000 and substantial declines in concentrated poverty occurred across all race and ethnic groups. Reductions in concentrated poverty, however, were particularly large among poor blacks, where the percentage living in high poverty neighborhoods declined from 30 percent in 1990 to 19 percent in 2000. While the author finds the share of Hispanics in high poverty neighborhoods declined between 1990 and 2000, the percentage of poor persons living in high poverty neighborhoods did increase in the West, a reflection in part of growth in the number of Hispanic barrios in California and other western states. Census data also indicates that Hispanic populations are moving to new metropolitan areas and regions. Frey (2006) finds Hispanic population growth since 1990 to be particularly high in metropolitan areas of the Southeast like Charlotte, NC and Atlanta, GA, or western metros like Riverside, CA. Moreover, immigrant populations are more likely to live in suburbs today, with suburbs serving as new emerging immigrant gateway communities (Singer 2004) and increases in the Hispanic population driving expansion of some of the fastest growing suburbs (Frey 2006).

Service agencies, often less mobile than poor populations, may find it challenging to adequately respond to these shifts in the geography of poverty. Many providers own their buildings or are locked into long-term leases. It is not easy for service agencies to simply pick up and leave one neighborhood to move to another. Agencies may find it difficult to maintain funding or client caseloads amidst the decentralization of poverty. Yet, low-income families moving away from central city neighborhoods still may continue to struggle with barriers to employment or with finding good paying jobs. Social service

agencies will be critical resources for these families, particularly as they move away from traditional social support networks. The problem for these “destination” communities is that many commit few public or private resources to programs addressing the needs of the working poor. Shifts in the geography of poverty, therefore, may lead to changing or growing mismatches between those seeking help and those capable of providing help.

In this chapter, I compare spatial variation in access to social services across different race and ethnic groups. Such comparisons are critical to understanding race and poverty today, but have not been adequately explored by the literature on race, poverty, and social policy. After reviewing the scope and dimensions of the social service components of the safety net, I present evidence of access to social services in several urban and rural communities, comparing the accessibility of different types of service providers to race groups. I find there to be substantial gaps and inequalities in access to social services between white, blacks, and Hispanics in a range of settings. Mismatches in the location of safety net assistance have important implications for the study of race and poverty, as well as for antipoverty policy and program administration in the future.

The Growing Centrality of Social Services to the Safety Net

Although scholars and policymakers frequently discuss place-based, mobility-based, and person-based types of antipoverty assistance, even the most knowledgeable policy expert or community leader may not realize that the manner in which society and communities help low-income populations has changed dramatically in recent years. Even though welfare cash assistance, public housing, or Medicaid may be among the most visible safety net programs, it is social or human service programs that address personal well-being, basic material needs, and barriers to employment that compose a much larger share of public and private safety net expenditures.

To begin to understand how the safety net has changed, consider changes in welfare cash assistance. Due in part to welfare reform and robust economic growth in the 1990s, welfare caseloads have fallen from a historical high of 14 million persons in 1993 to less than 5 million in 2005, a decline of

almost 70 percent. Welfare cash assistance expenditures (in \$2006) similarly have decreased from about \$32 billion in 1993 to approximately \$12 billion in 2004 (House Committee on Ways and Means 1998; Department of Health and Human Services 2001, 2005, 2006). Despite popular perceptions of this salient program, welfare cash assistance today is a much smaller component of the safety net than it was even ten years ago.

By comparison, funding for means-tested social service programs providing substance abuse or mental health services, food pantries, emergency assistance, child care assistance, employment services, adult education, housing assistance, or transportation assistance to poor persons have steadily expanded since 1970. Such programs began to grow after the War on Poverty through the different public titles of the Social Security Act (SSA), social service programs now receive funding through a wide range of public sources (Smith and Lipsky 1993). One example is the federal Social Services Block Grant (SSBG) program, which originated as Title XX of the SSA, but today provides billions of dollars to local agencies for services that promote economic self-sufficiency, well-being, and child welfare. Other examples of federal programs include the Community Services Block Grant (CSBG) and the Community Development Block Grant (CDBG), which provide grants to local agencies that provide employment and support services to impoverished communities, and the Child Care and Development Block Grant (CCDBG) that seeks to improve the affordability and availability of child care assistance to low-income families. Beyond federal programs and expenditures, there are thousands of state, county, and locally-funded social service programs that likewise seek to address employment, health, and well-being needs of low-income populations.²

Congressional Research Services (CRS) has tracked federal, state, and local expenditures in a small number of social service program areas (job training, child care programs, and the SSBG) over the past thirty years to provide a conservative estimate of trends in social service spending and to compare those expenditures to more salient cash assistance programs. These CRS data are the best available data on annual social service spending, but are substantial underestimates of the public social service sector

financed through thousands of programs and administered across thousands of governmental agencies. Nevertheless, these data provide useful insights into the character of the contemporary safety net.

According to CRS data, federal, state, and local government spent \$18.5 billion (in \$2006) on social services in 1975, roughly half that spent on welfare cash assistance (\$31.5 billion in \$2006). Public expenditures for this narrow definition of social services almost doubled in real dollars between 1975 and 2002, reaching approximately \$34 billion (in \$2006). In contrast, federal and state welfare cash assistance expenditures have declined by two-thirds during the same period, hovering near \$11 or \$12 billion (in \$2006) for the last several years. Perhaps surprisingly, the Earned Income Tax Credit (EITC) has expanded to become the largest means-tested program providing cash assistance to low-income households in America. Yet, at \$40 billion in credits in 2002 (in \$2006), the EITC still lags far behind public investments in social services (House Committee on Ways and Means 2004). Moreover, individuals can only receive the EITC if they are working. Social service programs that alleviate barriers to work are critical to many low-income households if they are to find a job and take advantage of the assistance available through the EITC. When looking at Figure 1, it is important to keep in mind that the CRS estimates capture only a fraction of publicly funded social services. More accurate estimates of public expenditures for the broader array of social or human services available to low-income populations would certainly exceed \$100 billion annually.

(Figure 1 about here)

Publicly funded social service programs typically are delivered through local nonprofit organizations. In fact, government agencies in many communities are highly dependent on nonprofit agency partners or contracting organizations to deliver publicly-funded social service programs to the poor. Government offices simply do not have the capacity or infrastructure to do so on their own. As public expenditures for social service programming has increased in the past four decades, therefore, it comes as no surprise that both the number of nonprofit service agencies and the total revenues of the nonprofit service sector have increased as well. The number of nonprofit human service organizations filing as tax-exempt with the IRS increased by 115 percent between 1977 and 1997. More recent data

from the National Center for Charitable Statistics (NCCS) suggest that the number of nonprofit human service and job training service providers increased by 60 percent between 1990 and 2003. According to NCCS data, total revenues for nonprofit human service organizations doubled in real dollars from \$51 billion to \$101 billion between 1990 and 2003 (in \$2006 dollars), with revenue from government sources increasing by 200 percent.

It is reasonable to estimate that governmental and nonprofit agencies combine to spend anywhere from \$150 to \$200 billion for social services targeted at disadvantaged populations each year. Contrary to popular impressions about antipoverty assistance, the American safety net spends nearly twenty times as much on social services for poor people as it does on welfare cash assistance and likely four to five times as much as it does on the EITC. This transformation of the safety net has occurred without much public attention or significant policy debate, but has a number of implications for how the American welfare state delivers assistance to low-income populations.

Even though social services are categorized as person-based assistance, they have a distinct spatial or place component. Promoting economic self-sufficiency and greater well-being through a service-based safety net hinges on how accessible services are to those in need. Place matters more in a service-based safety net reliant upon local governmental and nonprofit agencies than a system that primarily provides assistance through cash assistance of income maintenance programs. Unlike welfare cash assistance, the EITC, or food stamps, social services cannot be mailed or electronically transferred to an individual. Social service programs often require clients or participants to make regular visits to a social service agency or office to receive help, complete a class, or attend sessions. Where one lives determines what programs are accessible and which programs are likely to be utilized. Poor persons are more likely to have information about agencies operating in their immediate community or neighborhood and caseworkers are more likely refer clients to programs and agencies located nearby their homes. Individuals seeking help may trust agencies from the immediate community more than agencies located further away. Proximity also matters because many low-income adults fit visits to service agencies within

already daily commutes to work and child care that are already complicated by inadequate access to reliable automobile or efficient public transportation.

Ensuring that low-income populations have adequate spatial access to social service providers is critical, therefore, as inadequate availability or accessibility of social services is tantamount to being denied aid in a service-based welfare system or safety net.

Although we proceed as if social service provision is equitable from place to place, community to community, access to social service agencies varies widely both across and within communities. In part this is because there is not the entitlement to provide social services compared to other safety net programs like Medicaid or food stamps, meaning that communities are not obligated to provide most services that low-income populations may need. Some communities offer many services through a range of agencies, others provide access to few. Lack of entitlement status means that funding for social service programs will be more susceptible to cuts in government spending than other types of social welfare programs. Spatial variation in access to social service programs also is a product of the complex decisions of providers to locate in areas where they will be able to access potential clients, program grants or contracts, private donors, affordable office space, and partnering service organizations. At times, concerns over funding or office space may lead service agencies to locate distant from communities with most need.

Issues of social service accessibility may be most critical in high poverty predominately minority communities, where poor persons face considerable structural, household, and individual-level obstacles to self-sufficiency. It is in these neighborhoods and communities, where the assistance provided by social service agencies may be most crucial. A safety net mismatched from those in need, however, would not be expected to alleviate the social problems created by persistent poverty and segregation of racial minorities in areas of concentrated poverty. Yet, there is relatively little data or research to indicate what services are available, who provides these services, and who is being served. We are left with little understanding of how resources from arguably the largest component of the safety net are allocated across our neighborhoods and communities.

Access to Social Services across Race Groups in Urban and Rural America

To assess the accessibility of social service providers to poor minorities in both urban and rural communities, I analyze data from two recent surveys of social service providers: the Multi-City Survey of Social Service Providers (MSSSP) and the Rural Survey of Social Service Providers (RSSSP). The MSSSP conducted telephone survey interviews with executives and managers from 1,487 social service providers in three cities (Chicago, Los Angeles, Washington, D.C.); the RSSSP interviewed administrators from 724 agencies in southeastern Kentucky, south-central Georgia, southeastern New Mexico, and the mountainous forested border counties of Oregon-California. Each survey collected detailed information about service delivery, clients, funding, and geographic location from administrators of governmental and nongovernmental agencies operating in a broad array of service areas (i.e., welfare-to-work, job training, mental health, substance abuse, adult education, emergency assistance). With response rates that exceed 60 percent in each site, these surveys contain the most unique, comprehensive, and geographically sensitive data about social service provision currently available.³

Upon first thought, simply examining the characteristics of Census tract where service providers locate should convey an impression of access to the safety net. For example, what percentage of providers is located in tracts with large percentages of poor persons, or high percentages of poor blacks versus poor Hispanics? Although intuitive, such tract descriptions would not convey much about the actual accessibility of those services as they do not capture any information about supply of services or demand for services. Moreover, tract descriptions would not provide any indication of the population characteristics in surrounding tracts or neighborhoods.

A more accurate understanding of service accessibility should take into account the range of providers within a reasonable commuting distance, not just those located in a particular Census tract or neighborhood. Measures of service access also should control for both the supply of assistance available and demand for that assistance. A provider that serves 100 clients in a neighborhood where 200 persons are in need of help should be more accessible than a provider serving 100 clients in a neighborhood where

1,000 persons are in need of help. All things being equal, it is assumed that services are more readily accessible if a person seeking help is nearby an agency that offers relevant services, has resources available, and that is not overwhelmed by demand for assistance from the surrounding community.

To account for both reasonable commuting distance, supply of assistance, and demand for assistance, Table 1 presents measures of social service accessibility for residential Census tracts in Chicago, Los Angeles, and Washington, D.C. that capacity by summing the number of clients served within three miles of a given residential tract and dividing by the number of poor persons within three miles of that tract. Scores are divided by the metropolitan mean access score to allow for comparisons across Census tracts. Three separate access scores are presented in Table 1, one score reflecting accessibility to employment services (e.g., job training, job placement, adult education), one score capturing access to basic needs assistance (e.g., emergency cash or food assistance), and one that portrays access to services promoting broader well-being (e.g., outpatient mental health and substance abuse).

Service accessibility scores can be interpreted as follows: Tract A with an access score of 1.2 for employment services is located within 3 miles 20 percent more employment service opportunities than the metropolitan mean tract; Tract B with an access score of 0.8 is located near 20 percent fewer employment service opportunities than the metropolitan mean tract. Tract A also has access to 50 percent more opportunities than Tract B ($1.2 \div 0.8 = 1.5$). If providers are equitably located or distributed by race and class, then service accessibility scores should be close to 1 and will be comparable across neighborhoods with different racial compositions. Mismatches in service accessibility or availability will exist when areas with large percentages of minorities or high poverty rates are proximate to fewer providers than predominately white or low poverty areas.

As before, there is evidence that safety net agencies are not equitably distributed across urban communities with respect to race and class. In fact, the differences that emerge when comparing service access in tracts with large percentages of blacks or Hispanics to those with few are startling. The top panel of Table 1 contains access scores for Census tracts according to race composition. Looking at access to employment-related services in column 1, residents of Census tracts that are predominately

black – those where the percentage of blacks exceeds 75 percent - have access to 38 percent fewer employment-related service opportunities than the average tract (column 1, access score of 0.62). Similarly, but to a lesser degree, predominately Hispanic tracts are proximate to 20 percent fewer employment service providers than the average tract (access score of 0.80). Moreover, neighborhoods that are predominately white have access far above the mean levels in their communities. Tracts where whites compose at least 75 percent of the population have access to 21 percent more employment service opportunities than the metropolitan mean tract (access score of 1.21).

Contrasting black and Hispanic tracts to mostly white tracts yields stunning race differences in access to employment-related services. Tracts where more than 75 percent of the residents are black have half as much access to employment services as tracts where more than 75 percent are white (0.62 versus 1.21 respectively). Similarly, tracts where more than three-quarters of residents identify as Hispanic have access to fifty percent fewer employment service opportunities than tracts that are mostly white (0.80 versus 1.21 respectively).

(Table 1 about here)

Differences in service accessibility across race groups persist when examining other types of services as well. Basic needs assistance, typically the emergency cash, clothing, utility, and food assistance provided to the most disadvantaged populations, is much more accessible in neighborhoods that contain smaller shares of racial minorities and higher shares of whites (see column 2). For instance, Census tracts that are at least 75 percent black have access to roughly 40 percent fewer basic assistance service opportunities than the average Census tract (0.63 versus 1.00) and access to half as many basic needs assistance providers than predominately white tracts (0.63 versus 1.28). Slightly smaller gaps in access to basic needs assistance exist between predominately Hispanic and white neighborhoods. Further, column 3 shows that there are even larger race differences in access to mental health or substance abuse programs that promote personal well-being.

The bottom panel of Table 1 examines service accessibility across majority black, Hispanic and white tracts across different levels of poverty. Even when controlling for the poverty rate in a

community, predominately black and Hispanic areas have far less access to social service agencies than predominately white areas. For instance, when looking at tracts where the poverty rate ranges from 21 percent to 40 percent, majority black and Hispanic areas have access to 32 percent and 22 percent fewer employment service opportunities than the metropolitan mean tract (scores of 0.68 and 0.78 respectively). Majority white tracts in these same types of high poverty areas have access to nearly as many service opportunities as the average tract (score of 0.87). Consistent with findings from the top portion of the table, majority white tracts in low poverty areas have the greatest levels of access to social services, access that far exceeds that experienced in the average neighborhood or in high poverty majority minority neighborhoods.

There is not one explanation for racial disparities and inequalities in access to social services. Mismatches in employment-related services and those that address more personal matters of well-being could be a function of several factors. For instance, agencies providing employment assistance, mental health, or substance abuse services may depend upon fees for services that low-income populations may not be able to pay. Fee-for-service clients may not be willing to travel long distances or to high poverty areas to receive help or participate in programs. To be successful, employment service agencies may also need to locate near employers, who are located increasingly further outside of central city areas. Thus, mismatches in the labor market may be driving similar mismatches in access to work-related support services. Further, just like the residents of high poverty areas, service agencies may struggle to find affordable quality office space. Disparities in access to emergency assistance providers are a bit more puzzling, but likely reflect the overwhelming need for such assistance and the relatively modest resources that emergency assistance providers have to address such need.

Because Table 1 aggregates across the three MSSSP study sites, the access scores reported mask some of the extremely low levels of service access experienced in many high poverty and racially segregated areas. To view service accessibility in a different manner, Figures 2 and 3 map access to employment-related services in the central city areas of Chicago and Los Angeles respectively. Darker areas reflect places with greater levels of access, lighter areas are places with lower levels of access.

Since access to employment service agencies is comparable to other types of services, Figures 2 and 3 capture the spatial distribution of safety net assistance in urban communities.

Consistent with some of the possible explanations for mismatches in social service provision, Figures 2 and 3 show that employment service providers tend to be located in areas outside the core central city. With the exception of the downtown Loop area of Chicago along the eastern edge of the city, the central city areas of Chicago and Los Angeles have very low levels of access to service providers. Access is much greater in the communities outside of Chicago in the western portion of Cook County and in the communities south and east of the City of Los Angeles.

(Figures 2 and 3 about here)

Predominately black neighborhoods like Washington Park on the south side of Chicago or in South Los Angeles have particularly low levels of access. Although each of these areas are labeled as having “low” levels of access, the actual access scores for those communities are far below the metropolitan mean. For example, the historically black neighborhoods of Crenshaw, Watts, and Compton in South Los Angeles have access scores of 0.25 to 0.4 typically, 60 to 75 percent fewer service providers than the average neighborhood. The same is true for the black neighborhoods south of the downtown Loop in Chicago, where a typical Census tract has an access to 75 percent fewer services than the mean tract.

Although Hispanic populations appear to have better access to social services than blacks, there is wide variation across different Hispanic neighborhoods. In Chicago, neighborhoods to the northwest of the downtown Loop like Irving Park and to the southwest like Gage Park contain large concentrations of Hispanic or Latino residents. Access to social services, in this case employment services, is much higher in the Irving Park area and in the mixed-race Rogers Park neighborhood than in the southwest corner of the city. Communities in the northwest approach, and in some instances exceed, metropolitan mean levels of service accessibility; neighborhoods in the southwest have access to even fewer service providers than predominately black neighborhoods south of downtown. Several miles from service-rich neighborhoods to the west, predominately Hispanic communities like Gage Park in Southwest Chicago

typically post service access scores of 0.25 or lower. Likewise, Southeast Los Angeles and East Los Angeles are predominately Hispanic communities straddling the Los Angeles city limits. Although these two communities are located somewhat proximate to each other, Hispanic populations in Southeast Los Angeles have access to about one-fifth to one-quarter as many employment services as Hispanics living in East Los Angeles.

Data from the MSSSP strongly indicate that if you are poor and black, you are nearly certain to have far less access to social service programs than poor and whites or Hispanics. While poor whites have the highest levels of access to social service agencies, many poor Hispanics living in mixed-race communities have greater access to service providers than poor blacks. Despite living in less segregated neighborhoods than blacks, however, many predominately Hispanic or Latino communities also demonstrate extremely low levels of access to safety net resources.

Given evidence of mismatches in access to service providers across different types of urban areas, should we expect to see similar disparities in access to the safety net within high poverty rural areas? Service agencies operating in rural areas often have fewer resources, operate across a much wider geographic area, and confront declining economic opportunity, making it easy to assume that mismatches in service access will be very similar across rural and urban places. Yet, service accessibility has a different meaning in rural areas and measures of accessibility are more difficult to calculate. Most suitable space for social service agencies is located in or near town centers. Remote rural places contain few poor people numerically, making it difficult for providers to support operations even if they were to locate in less densely populated outlying areas. Given that rural populations travel longer distances than urban populations to get to work, or even to go shopping, the commuting distance expected of the rural poor are also different – even though access to automobiles is no different among rural versus urban poor populations.

Nevertheless, the RSSSP offers an opportunity to consider how race segregation shapes access to social services in rural areas.⁴ In Southeast New Mexico, predominately cattle and oil country, 20 percent of the region's population (approximately 230,000 persons total) are poor, and the population of the

region is composed primarily of whites and Hispanics. When speaking with service providers throughout this part of New Mexico, it is common for program managers to identify the “barrios” where poor Hispanics live. Although low density, these rural barrios have the same features as more familiar segregated urban ghettos: poor quality housing; low quality public infrastructure; few commercial stores or shops; high rates of crime; low rates of literacy and low levels of educational achievement. Even in a region of New Mexico that is not particularly affluent, these racially segregated rural barrios feel a world away from the chain stores and nicer homes located in other areas of the community. With a regional economy based in the service industry, manufacturing, agriculture, and timber, Southcentral Georgia has a poverty rate of about 20 percent across the eight-county area. This region of Georgia is more sparsely populated (about 150,000 persons) than Southeast New Mexico site and about one-quarter of the total population in this region is black. Poor blacks in this region are primarily concentrated in Ben Hill County, and in the cities of Douglas and Waycross.

Figures 4 and 5 map social service agencies weighted by average monthly caseload in Southeastern New Mexico and Southcentral Georgia. Immediately apparent is the clustering of service agencies around town centers, with street locations on the primary commercial street or near the county government centers.⁵ Providers tend to locate near population centers for several reasons. Agencies have difficulty maintaining client caseloads sufficient for operation if they are not in town centers and have even more difficulty finding qualified staff if offices are not centrally located in communities. Also, to a greater extent than in urban places, social service agencies in rural places struggle to find quality affordable office space.

(Figures 4 and 5 about here)

Most low-income persons in need of assistance, particularly poor minorities, however, do not live along these main thoroughfares. In many smaller cities and towns in these two rural areas, the typical social service agency is located more than three miles away from neighborhoods containing large percentages of blacks or Hispanics. Lack of immediate access to service providers can be a formidable barrier to service utilization, particularly given that eighty percent of providers in rural New Mexico and

Georgia report inadequate transportation resources as a frequent or occasional barrier to service receipt. Often without access to reliable automobile transportation and with few or no public transportation resources, poor persons in these segregated communities may have to walk up to 5 miles one way in some places to reach a social service agency.

A snapshot of service provision in one New Mexico community highlights the challenges of accessing services in rural areas. A large county agency had just relocated to new office space in the more affluent neighborhood on the opposite end of town from its previous location near one of the poorest barrios in the part of the state. Suitable space was hard to find in other parts of town and the new location provided staff with more accommodating offices. Echoing comments that providers often made in each rural region, an administrator from a nonprofit community agency in the barrio that formerly housed the county agency commented on the three to five mile one way walk that many of his clients now make to keep appointments,

“A lot of people don’t have a vehicle, for example, to come down [to receive assistance].

The fact that we have our offices in the barrio, for me that is a very positive thing.

However the [county agency] used to be located closer, and has now moved to another part of town. It’s a problem for people because they have to walk a long ways . . . Most of the people on human services are from this area and they have to walk up there now. We don’t have any public transportation.”

At the same time that this county agency left this barrio, demand for assistance from nonprofits remaining in the barrio had risen due to increased housing and energy costs in the community. Highlighting the challenges families who could not make it to the county agency might face in seeking help from local nonprofits, the administrator noted that agencies in that particular barrio were not able to accommodate additional demand and resources for emergency or food assistance were depleted early each month. Later he commented that his office would try to coordinate volunteers or staff with cars to help clients get to the county agency.

The maps in Figures 4 and 5 also show that the remote communities outside of main population centers and away from clusters of service providers often contain large percentages of racial minorities. Moreover, the poverty rates in these predominately minority areas exceed 20 percent and are higher than the remote areas that contain few minorities. Poor blacks and Hispanics living in these remote rural areas face many barriers to receiving assistance, yet these populations may need the most help and may have access to the fewest labor market opportunities. For poor persons living even on the edge of a rural town or city limit, there may be no public transportation and walking into town is prohibitively time consuming. Even for those with access to automobiles, commutes to service providers from remote rural areas may be anywhere from 15 minutes to more than one half hour. Further complicating already complex commutes, three-quarters of all service providers in the RSSSP indicated that inadequate access to child care was an occasional or frequent barrier to clients making appointments and completing programs. In many of these poor remote rural communities, there may be no certified or licensed child care providers nearby to watch children while parents keep appointments.

With few transportation resources to offer poor clients, rural service agencies often rely on such client resourcefulness in order to deliver program to those in distant or remote areas. Recognizing that many of his clients did not have access to a car or public transportation, but still manage to travel from outside the town limits to his office, one program administrator said, “They just get here. I don’t know how they do it. But they do it.” Another program manager operating in a rural New Mexico barrio repeated a conversation he has frequently with clients that do not have a car, “Don’t worry [program manager], I’ll get there somehow, I’ll get there. . . I’ll find a way, I’ll walk, I’ll ride my bike, I’ll take the bus.”

On the other hand, the great distances that many must travel in rural areas to visit a social service agency may be too difficult even when clients are motivated. It is challenging to keep appointments when access to transportation is dependent on a combination of ingenuity, luck, and the reliability of others. Compounding transportation barriers to service receipt and lack of accessible child care, one quarter of providers in New Mexico and Georgia also mentioned physical health problems or domestic violence as

frequent barriers to service receipt or keeping appointments. The same program manager that discussed how clients promise to get to his office by any means noted that, “Maybe 75 percent of the time they do make it. The other 25 percent - they lose out.”

Navigating the geography of the safety net and social service providers is an everyday challenge. For low-income individuals in both urban and rural areas that cannot easily access social services, “losing out” when trying visit a social service agency can translate into being sanctioned by a welfare-to-work office, falling behind in an adult education course that is already demanding, missing the one day a month that a church hands out emergency food boxes, or failing to get needed treatment for a health problem. In the end, the price of living in a segregated and isolated community is not just difficulty accessing economic opportunities, it is also having difficulty accessing the safety net resources that are supposed to set people on better economic trajectories.

Conclusion

Expansion of social service programs in the last forty years has transformed the manner in which communities and the safety net help low-income populations. In contrast to popular impressions, expenditures for social service programs that address barriers to employment and obstacles to personal well-being far exceed expenditures for more commonly identified place-base, mobility-based, or person-based forms of antipoverty assistance. Delivered by thousands of local governmental and nonprofit agencies, social service programs have become a primary vehicle for antipoverty assistance in America today.

This shift in the character of safety net and antipoverty assistance has a number of implications for scholarship into race, place, and poverty, as well as for practice and policy. Of primary importance is ensuring that poor persons have adequate access to social service programs and providers. Unlike other forms of person-based assistance, service provision varies by place. Not all neighborhoods are home to the same bundle of service agencies and low-income populations have no entitlement to most social services.

When considering the impact of racial segregation in America, scholars and policymakers should also think about how access to social services varies across race groups and neighborhoods. As shown here, living in a neighborhood highly segregated by race significantly diminishes one's access to the social service agencies that are the foundation of the contemporary safety net. In this chapter, I find that a poor person living in a predominately black or Hispanic neighborhood will have access to roughly half as many social service opportunities as poor persons living in predominately white neighborhoods. For many poor minorities living the most highly segregated communities, disparities in access to social services are even larger.

Mismatches in the location of social service providers amplify other observed costs or inequities promoted by race segregation. Racial disparities in access to support services offered by the safety net layer upon existing mismatches and discrimination in the labor market to create more formidable obstacles to finding and keeping a job. Inadequate access to job training and adult education programs reinforce the poor quality of public schools in many low-income areas to further increase the barriers to self-sufficiency and economic advancement. Despite the prevalence of mental health and substance abuse problems in poor rural and urban areas, most poor communities and poor minorities have access to few program resources to address such problems. It is not surprising, therefore, that poverty, inequality, and joblessness persist in high poverty and highly segregated communities. Policy tools and safety net programs developed to alleviate social problems are not readily accessible to the populations most in need. A mismatched safety net may actually work to reinforce some of the structural and individual-level barriers that poor persons, particularly poor minorities, experience.

Beyond these important issues of race and inequality, scholars and policymakers should have an accurate view of the safety net and the manner in which communities help poor persons today in America. The persistent focus of scholarship and policy rhetoric upon welfare cash assistance as a primary antipoverty tool leads to popular perceptions of the safety net strikingly distant from reality. Social services have emerged to be a primary component of the safety net and compose a much larger share of public expenditures than cash assistance. Social service programs, however, receive only modest attention

from scholars and policymakers. A host of important research and policy questions relating to the challenges communities and agencies face when delivering social service programs go unanswered. For instance, much of the poverty literature is relatively silent on the increasingly critical role played by private nonprofit service organizations within the public safety net. Scholars should think about better ways to capture the opportunity structures that more accurately capture the environment in which low-income households live, work, raise their children, and attach to community organizations. We lack detailed understanding of social service funding streams and trends, the degree to which the social service sector offers stable and consistent aid, factors shaping service utilization, or how to determine whether communities offer adequate service delivery. Program effectiveness and efficiency likely suffer because we devote so little attention to the context of social service program implementation.

The changing geography of poverty in America also has implications for the safety net. In an era when geographic mobility among poor and non-poor households has steadily increased, government funding for a wide range of social service and antipoverty programs remains siloed within municipal or county jurisdictions. Assistance is often limited to those who reside within those boundaries, despite the fact that poor persons are living, working, and commuting across many different jurisdictions in a given day. In effect, the safety net remains predicated on limited mobility of poor persons and the concentration of poverty within municipal boundaries. Further, as greater numbers of poor persons move away from high poverty neighborhoods and the central city, it will not take long before the demand for social assistance in lower poverty and suburban areas exceeds the ability of those communities to provide. Working poor families moving to lower poverty areas will still need assistance finding work, keeping work, making it through temporary losses of work, and advancing into better jobs. Suburban communities currently provide assistance that is reasonably well-matched to need, but there are few public or private resources for additional programming.

Even the movement of a small percentage of poor persons from central cities to suburban areas will lower service accessibility in suburban communities substantially. Moreover, agencies that remain in central cities may find it difficult to stay in operation given the changes in their surrounding communities.

In an ironic twist, therefore, poor minorities remaining in high poverty central city neighborhoods may have access to even fewer service opportunities, as a result of the decentralization of poverty. Unless communities begin to address the connections between the safety net and the geography of poverty, it is likely that safety net programs will become less able to address the future needs of low-income populations regardless of where they live.

Access to services appears to be slightly less problematic in rural areas, particularly those areas where poor persons generally live within or nearby town centers or county seats. Nevertheless, surveys and interviews with service agencies in rural New Mexico and Georgia reveal spatial barriers to accessing the safety net that often are compounded by transportation and child care barriers to service receipt. Coming up with adequate resources to help working poor families was as pressing problem in the four sites of the RSSSP. Even when accessible, large percentages of agencies reported decreases in funding and inability to meet demand for assistance. Most rural communities in the RSSSP had less well-developed nonprofit sectors, secular or faith-based, than urban communities in the MSSSP and instead were heavily dependent upon government service providers. Fewer nonprofit organizations translate into fewer private dollars for antipoverty programs and fewer partners for government programs looking to contract out services or seek grants. Moreover, many rural communities do not provide the child care, transportation, mental health, or substance abuse services necessary to help poor persons who are seeking work. As a result, rural places require greater investment in nonprofit organizations that can enhance the service delivery capacity of rural safety nets, reach poor minority populations, and possibly extend to more remote areas.

Finally, it should be noted that disparities and inequalities I find in access to the social service components of the safety net would be unthinkable in most other contemporary social welfare programs. While states are allowed to vary program eligibility and administration in many antipoverty programs, there are few instances where states implement programs that treat residents of the same community so differently from each other. Imagine the controversy that would exist if poor black or Hispanic families in one city received 75 percent less in food stamp assistance or a 75 percent lower Medicaid

reimbursement rate than a comparable poor white family in the same city, only because the white family lived in a different neighborhood. The negative impact of such disparities on the health of poor black and Hispanic families would be striking. Yet, such disparities exist in other critical service areas. For policymakers, advocates, community leaders, and scholars to ensure that people seeking help “get there”, rather than “lose out”, greater attention should be paid to mismatches in safety net assistance and to the impact of those mismatches on the outcomes of poor families.

References

Bartel, Ann P. 1989. “Where Do the New U.S. Immigrants Live?” *Journal of Labor Economics*, 7(4): 371-91.

Berube, Alan and Elizabeth Kneebone. 2006. “Two steps back: City and suburban poverty trends, 1999-2005.” Washington, D.C.: The Brookings Institution, Metropolitan Policy Program, The Living Census Series.

Briggs, Xavier de Souza. 2005. “More Pluribus, Less Unum? The Changing Geography of Race and Opportunity.” in *The Geography of Opportunity*. Ed. Xavier de Souza Briggs. Washington, D.C.: The Brookings Institution.

Congressional Research Services. 2003. Cash and Noncash Benefits for Persons with Limited Income: Eligibility Rules, Recipient and Expenditure Data, FY2000-FY2002. Report # RL32233.

Department of Health and Human Services. 2001. Average Monthly Families and Recipients for Calendar Years 1936 – 2001. <http://www.acf.hhs.gov/news/stats/3697.htm>.

Department of Health and Human Services. 2005. Characteristics and Financial Circumstances of TANF Recipients Fiscal Year 2005. <http://www.acf.hhs.gov//programs/ofa/character/FY2005/indexfy05.htm>

Department of Health and Human Services. 2006. TANF Financial Data. <http://www.acf.hhs.gov/programs/ofs/data>.

Department of Housing and Urban Development. 2000. Picture of Subsidized Housing in 2000. <http://www.huduser.org/picture2000/index.html>.

Frey, William H. 2006 "Diversity Spreads Out: Metropolitan Shifts in Hispanic, Asian, and Black Populations Since 2000." Washington, DC: The Brookings Institution, Center on Urban and Metropolitan Policy.

Frey, William H. and Reynolds Farley. 1996. "Latino, Asian, and Black Segregation in U.S. Metropolitan Areas: Are Multi-ethnic Metros Different?" *Demography*, 33(1): 35-50.

Greenbaum, Robert T. and John B. Engberg. 1998. "The Impact of State Urban Enterprise Zones on Business Outcomes." U.S Census Bureau Center for Economic Studies Working Paper, CES-WP-98-20.

Hirsch, Arnold R. 1983. *Making the Second Ghetto*. Cambridge: Cambridge University Press.

House Committee on Ways and Means, U.S. House of Representatives. *1998 Green Book*.

_____. *2004 Green Book*.

Jackson, Kenneth T. 1985. *Crabgrass Frontier*. Oxford: Oxford University Press.

Jargowsky, Paul A. 1997. *Poverty and Place*. New York: Russell Sage Foundation.

Jargowsky, Paul A. 2003. "Stunning progress, hidden problems: The dramatic decline of concentrated poverty in the 1990s." Washington, D.C.: The Brookings Institution, Metropolitan Policy Program, The Living Census Series.

Kling, Jeffrey R., Jeffrey B. Liebman, and Lawrence F. Katz. 2006. "Experimental Analysis of Neighborhood Effects." *Econometrica*. 75(1): 83-119.

Lieberman, Robert C. 1998. *Shifting the Color Line: Race and the American Welfare State*. Cambridge, MA: Harvard University Press.

Massey, Douglas S. and Nancy A. Denton. 1993. *American Apartheid*. Cambridge: Harvard University Press.

National Governors Association. 2005. "Medicaid Reform A Preliminary Report." <http://www.nga.org/cda/files/0506medicaid.pdf>.

Newman, Sandra J. and Ann B. Schnare. 1997. "'... And a Suitable Living Environment': The Failure of Housing Programs to Deliver on Neighborhood Quality." *Housing Policy Debate*. 8(4): 703-41.

Peters, Alan H. and Peter S. Fisher. 2002. *State Enterprise Programs: Have They Worked?* Kalamazoo: W. E. Upjohn Institute for Employment Research.

Popkin, Susan J., Bruce Katz, Mary K. Cunningham, Karen D. Brown, Jeremy Gustafson, and Margery A. Turner. 2004. "A Decade of Hope VI: Research Findings and Policy Challenges." The Urban Institute. http://www.urban.org/UploadedPDF/411002_HOPEVI.pdf.

Schram, Sanford F., Joe Soss, and Richard C. Fording, eds. 2003. *Race and the Politics of Welfare Reform*. University of Michigan Press: Ann Arbor.

Singer, Audrey. 2004. "The Rise of New Immigrant Gateways." Washington, DC: The Brookings Institution, Center on Urban and Metropolitan Policy.

Smith, Steven Rathgeb and Michael Lipsky. 1993. *Nonprofits for Hire*. Cambridge (MA): Harvard University Press.

Soss, Joe, Sanford Schram, Tom Vartanian, and Erin O'Brien. 2001. "Setting the Terms of Relief: Explaining State Policy Choices in the Devolution Revolution." *American Journal of Political Science*. 45(2): 378-95.

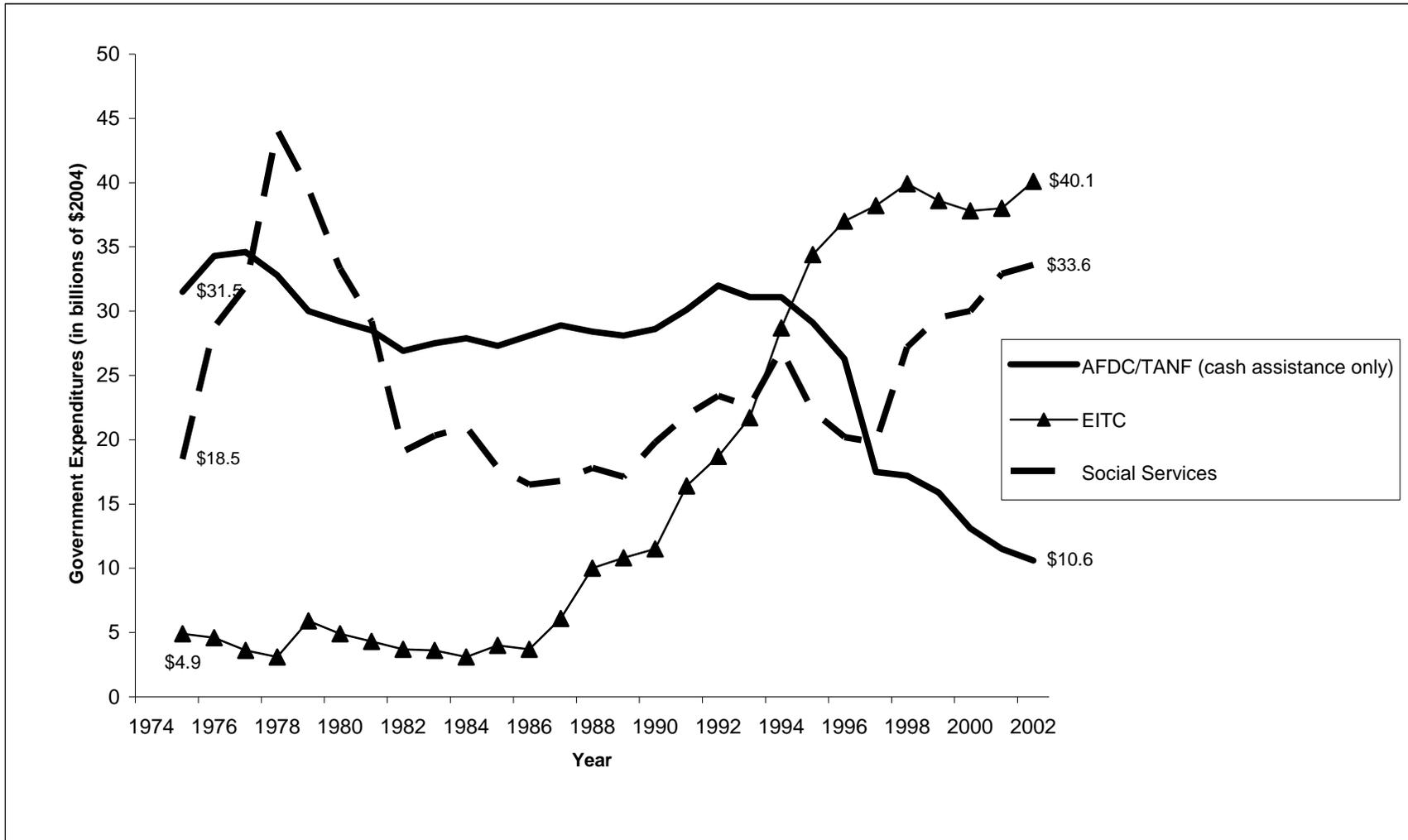
Sugrue, Thomas J. 1996. *The Origins of the Urban Crisis*. Princeton: Princeton University Press.

von Hoffman, Alexander. 1996. "High Ambitions: The Past and Future of American Low-Income Housing Policy." *Housing Policy Debate*, 7(3): 423-46.

Wilson, William Julius. 1987. *The Truly Disadvantaged: The Inner City, The Underclass, and Public Policy*. Chicago: University of Chicago Press.

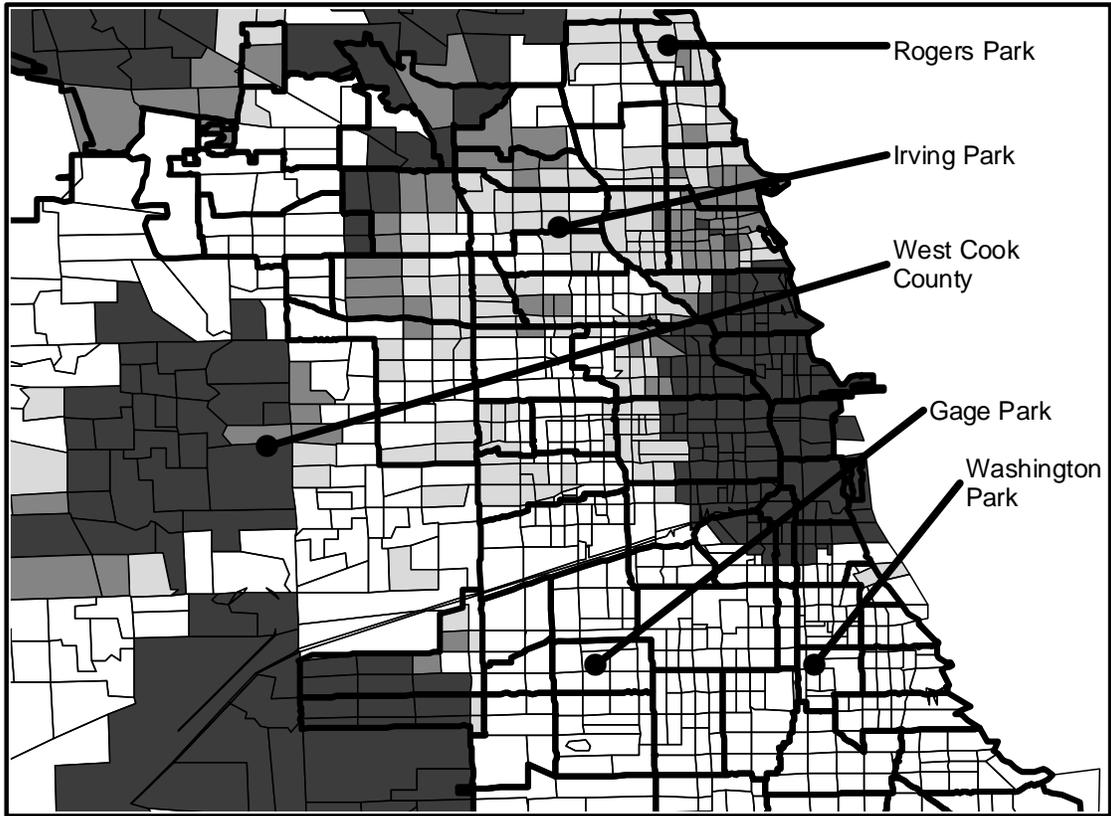
Yinger, John. 1995. *Closed Doors, Opportunities Lost*. New York: Russell Sage Foundation.

Figure 1: Federal, State, and Local Cash Assistance, Social Service, and Earned Income Tax Credit Expenditures, 1975-2002 (in \$2006 billions)



Sources: Congressional Research Services 2003; U.S. House of Representatives, 1998 Green Book; U.S. House of Representatives, 2004 Green Book; Department of Health and Human Services 2006.

Figure 2: Access to Employment-related Services in Chicago



0 7 Miles

Access to Employment-related Services

-  Low level of access (<.75)
-  Below average level of access (.75 to 1)
-  Above average level of access (1 - 1.25)
-  High level of access (>1.25)

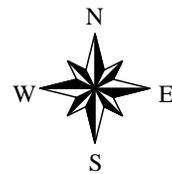
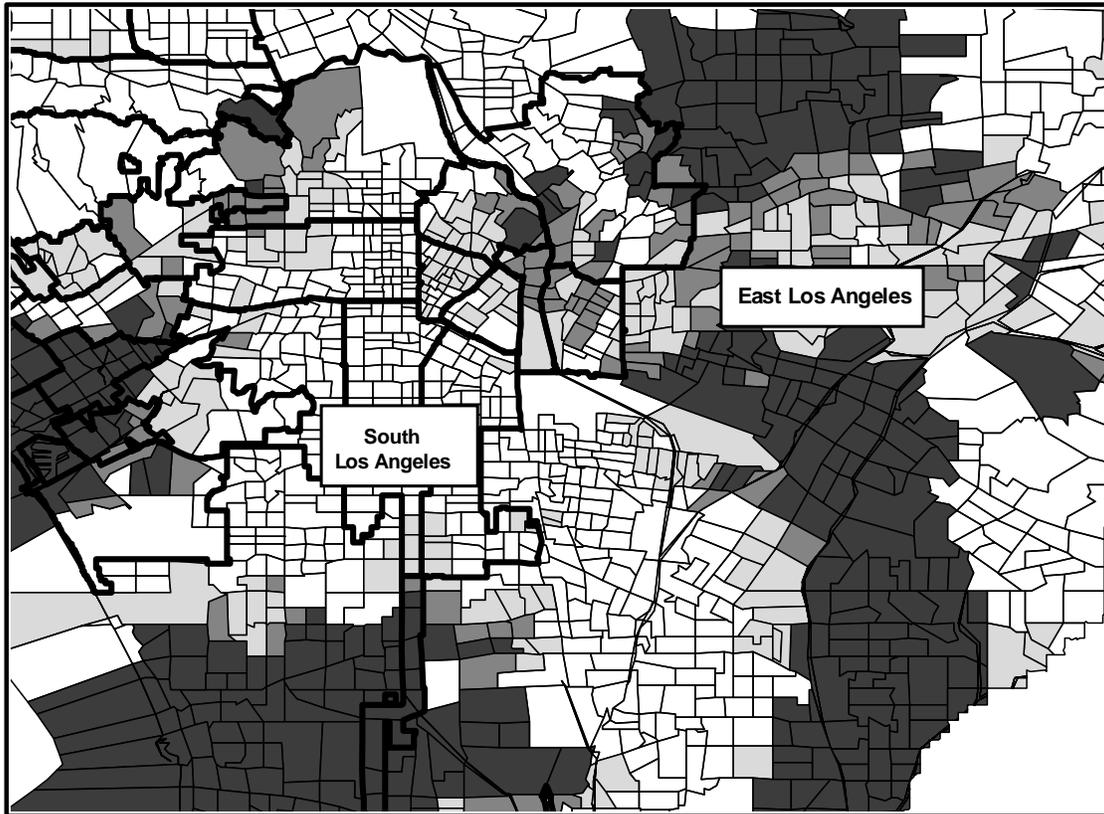


Figure 3: Access to Employment-related Services in Los Angeles



0 8 Miles

Access to Employment-related Services

-  Low level of access (<.75)
-  Below average level of access (.75 to 1)
-  Above average level of access (1 - 1.25)
-  High level of access (+1.25)

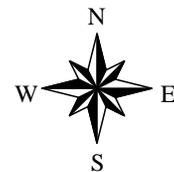
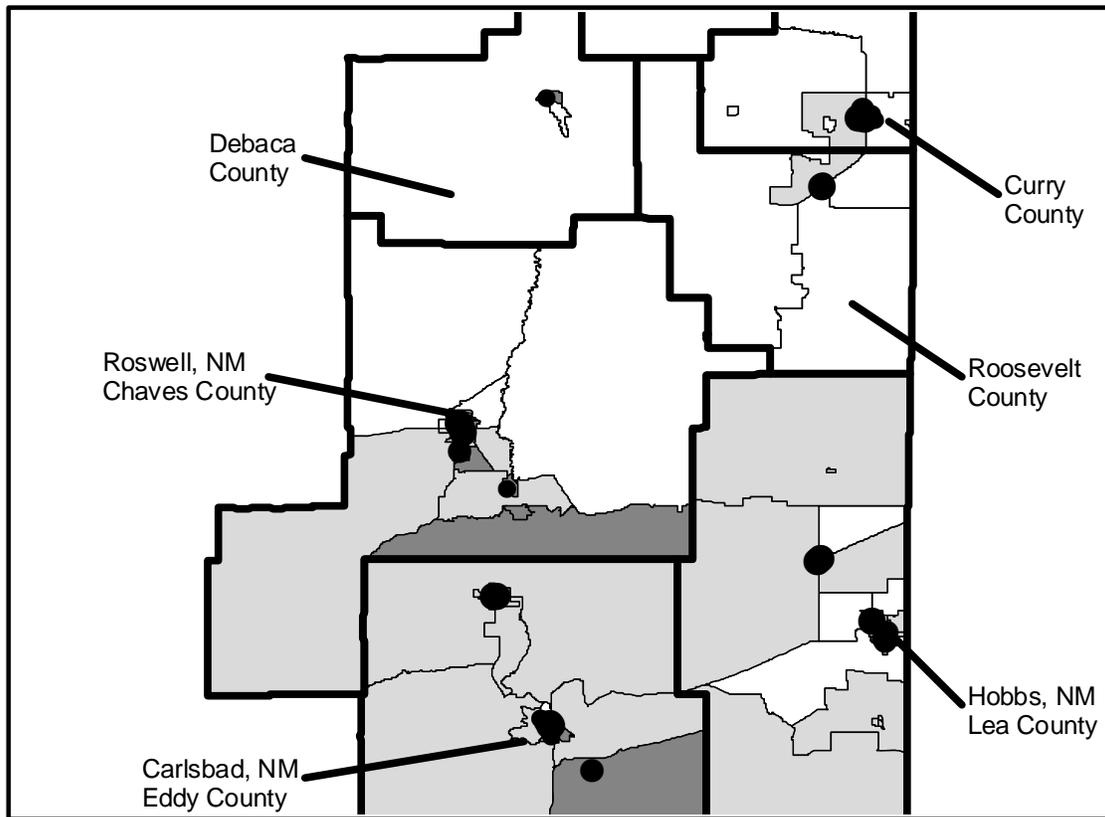


Figure 4: Access to Social Service Providers in Southeast New Mexico



0 30 Miles

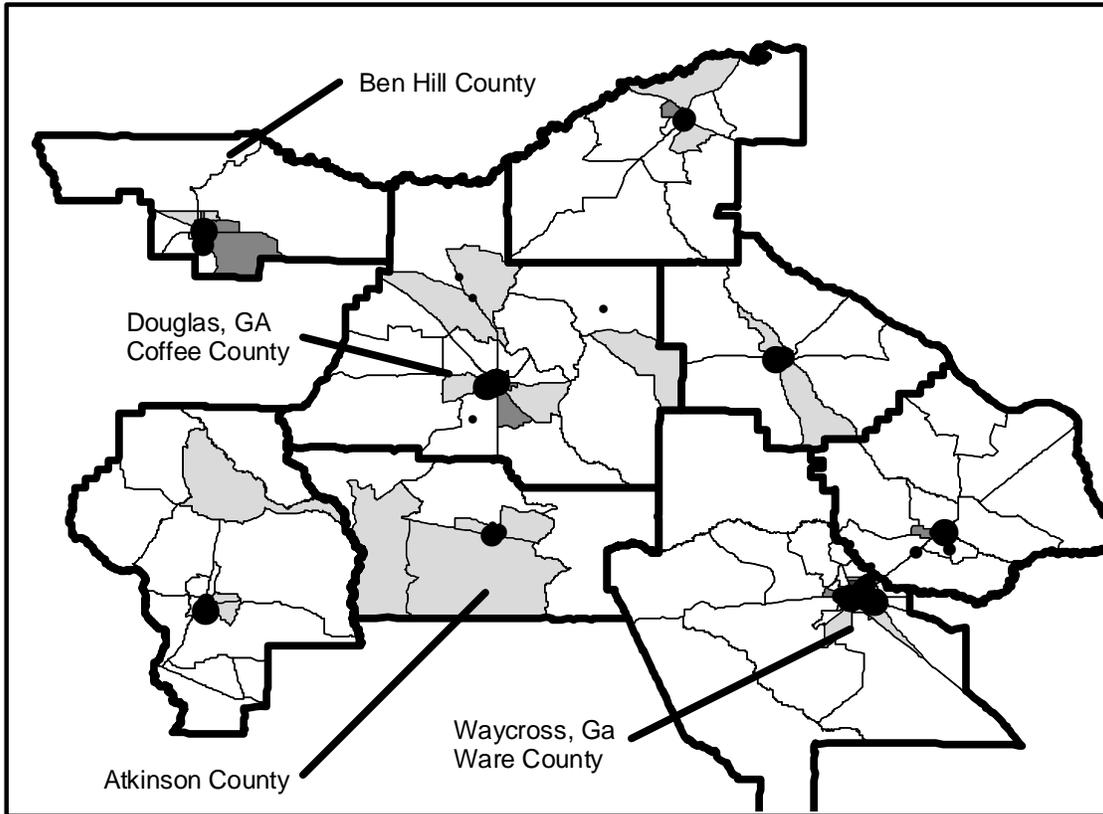
Percentage Hispanic or Latino

- 0 to 25%
- 26% to 50%
- 50% to 75%
- +75%

Average Number of Clients Served Per Month

- 1 - 25
- 26 - 125
- 126 - 300
- 301 - 570
- +570

Figure 5: Access to Social Service Providers in Southcentral Georgia



0 30 Miles

Percentage Black

- 0 to 25%
- 26% to 50%
- 50% to 75%
- +75%

Average Number of Clients Served Per Month

- 1 - 25
- 25 - 125
- 125 - 300
- 300 - 570
- 570 - 3300

Table 1: Access to Social Services by Race in Chicago, Los Angeles, and Washington, DC

	Mean Access to Employment- related Services (1)	Mean Access to Basic Needs Services (2)	Mean Access to Services Addressing Personal Well- being (3)
Percentage of Tract Population Black			
0 to 25%	1.11	1.09	1.11
26 to 50%	0.82	0.93	0.82
51 to 75%	0.63	0.81	0.67
+75%	0.62	0.63	0.60
Percentage of Tract Population Hispanic			
0 to 25%	1.08	1.10	1.12
26 to 50%	0.98	0.89	1.06
51 to 75%	0.82	0.80	0.79
+75%	0.80	0.85	0.56
Percentage of Tract Population White			
0 to 25%	0.68	0.68	0.62
26 to 50%	1.11	0.87	0.71
51 to 75%	1.01	1.07	1.10
+75%	1.21	1.28	1.43
Poverty Rate 0 to 20%			
Poverty Rate 0 to 20%	1.09	1.05	1.10
Poverty Rate 21 to 40%			
Poverty Rate 21 to 40%	0.81	0.88	0.76
Poverty Rate +40%			
Poverty Rate +40%	0.74	0.85	0.78
Majority Black Census Tracts with . . .			
Poverty Rate 0 to 20%	0.52	0.63	0.59
Poverty Rate 21 to 40%	0.68	0.68	0.62
Poverty Rate +40%	0.81	0.81	0.68
Majority Hispanic Census Tracts with . . .			
Poverty Rate 0 to 20%	0.98	0.85	0.57
Poverty Rate 21 to 40%	0.78	0.85	0.69
Poverty Rate +40%	0.59	0.82	0.76
Majority White Census Tracts with . . .			
Poverty Rate 0 to 20%	1.14	1.18	1.30
Poverty Rate 21 to 40%	0.87	1.17	0.99
Poverty Rate +40%	0.97	1.15	1.44

Sources: Multi-City Survey of Social Service Providers; 2000 Census.

¹This project was supported by research grants from the Brookings Institution, Brown University, Department of Housing and Urban Development (HUD), University of Kentucky Center for Poverty Research, the West Coast Poverty Center at the University of Washington, and the RUPRI Rural Poverty Research Center at Oregon State University, as well as support from the Institute for Policy Research at Northwestern University.

²Social services received initial support from Title IV-A of the Social Security Act (SSA) in the late 1960s. Eventually these funds were transferred to Title XX and then consolidated into the SSBG in 1981. Later, programs such as the Comprehensive Employment and Training Act (CETA), Job Training Partnership Act (JTPA), and Workforce Investment Act (WIA) would fund tens of billions of dollars in employment services to low-income youth and adults. The CSBG, CDBG, and the Substance Abuse and Mental Health Services Administration (SAMHSA) have administered billions of dollars in grants and contracts social service agencies. Medicaid also has provided states and communities with several billion dollars in fees and reimbursements for substance abuse and mental health programs in recent years.

³Respondents were drawn from databases of governmental and nongovernmental service agencies constructed for each city or rural region from community directories, social service directories, county agency referral lists, phonebooks, and internet searches. Providers included in the survey operated in a number of service areas (welfare-to-work, job training, mental health, substance abuse, adult education, emergency assistance). Agencies that provided services on site to low-income populations broadly defined were contacted to complete a longer telephone survey.

⁴Among the four rural sites in the RSSSP, only the Georgia and New Mexico sites had meaningful numbers of poor minorities. The Southcentral Georgia site is composed of 8 rural counties: Atkinson; Bacon; Ben Hill; Berrien; Coffee; Jeff Davis; Pierce; and, Ware. The site in Southeast New Mexico is composed of a six-county region: Chaves; Curry; DeBaca; Eddy; Lea; and Roosevelt.

⁵Although not shown here, service agencies locate similarly in the Kentucky and Oregon-California sites.