

# The Colors of Poverty

## Why Racial and Ethnic Disparities Persist

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Ann Chih Lin and David R. Harris, Editors

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# Place, Race, and Access to the Safety Net

Scott W. Allard

This volume and other research show the clear connections between place, racial segregation, and concentrated poverty in urban and rural communities. Living in impoverished neighborhoods isolated from job opportunities, good schools, and quality housing is associated with negative education, employment, and health outcomes, particularly for racial minorities. To reduce segregation and the isolation of poor populations from opportunity, government housing and redevelopment programs often seek to expand affordable housing options, increase the mobility of poor families to better neighborhoods, and generate job growth within high-poverty communities.

Typically overlooked, however, is the relationship between place, race, and the agencies that administer programs intended to alleviate poverty among nondisabled working-age populations. We assume that the delivery of other antipoverty or safety net programs is targeted, like housing and community development policies, at high-poverty neighborhoods or communities. This is due in part to the poverty literature's focus on public cash assistance programs such as food stamps, Temporary Assistance for Needy Families (TANF) welfare cash assistance, and the Earned Income Tax Credit (EITC) that are perceived to be available regardless of where one lives. Because cash assistance can be delivered directly to recipients through the mail or electronic benefits transfer (EBT) cards, we expect that type of assistance to be well matched to neighborhoods where needs are greatest.

If we broaden our view of antipoverty assistance to include social service programs that seek to promote work activity and greater personal well being among working-age adults through job training, adult education, child care, emergency material assistance, and substance abuse or mental health treatment, these assumptions do not necessarily hold. These types of social services have become central components of safety net assistance for low-income families over the past

four decades. But where each year welfare cash assistance, food stamps, and the EITC receive about \$80 billion in funding, we likely allocate at least \$150 billion in public and private funding to social service programs broadly defined. Unlike cash assistance programs, many social services cannot be delivered directly to an individual at home. Instead, clients typically visit a service agency, quite possibly several times. As a result, social service programs are fundamentally local and vary more widely by place than we tend to realize. Poor persons who do not live nearby relevant providers may either not know about available services or find it difficult to access programs because of the commutes between home, child care, work, and providers' offices. For the poor living far from social service programs, inadequate access to providers is tantamount to receiving no aid.

We should be particularly concerned about whether different race groups in urban and rural areas have spatial access to social service programs. In part this is because racial minorities are more likely to live in impoverished neighborhoods isolated from other types of opportunity and have faced historical discrimination in accessing safety net programs. Evidence that areas with large proportions of racial minorities have little access to services would indicate that programs intended to reduce poverty may in fact reinforce racial disparities in access to economic opportunity. Moreover, recent trends in immigration and shifts in the geography of poverty suggest that poor minorities, particularly Hispanic and Asian populations, are not settling primarily in central city areas as they may have done in the past (see Stoll, chapter 8, this volume). As a result, we should consider whether there are race group differences in access to service agencies across both urban and rural communities.

Yet few studies of race, poverty, and social policy examine the spatial context of social service provision in our communities today. To address this gap in the literature, I review how place matters to safety net programs and compare spatial variation in access to social services in urban and rural communities by neighborhood racial composition. Specifically, I use information about the location of social service providers contained in the Multi-City Survey of Social Service Providers (MSSSP) and the Rural Survey of Social Service Providers (RSSSP) to examine the spatial distribution of service providers in several different communities with large concentrations of poor minorities (Allard 2006a, 2006b). I find evidence of less access to social service providers across predominately poor and minority neighborhoods than across less poor or predominately white ones. Such findings should both inform future research exploring race, place, and poverty, and generate policy implications for a safety net that emphasizes social service programs at least as much as cash assistance.

## PLACE, POVERTY, AND GOVERNMENT POLICY

Concentrated, racially segregated urban poverty is one of the most recognizable products of housing discrimination and housing policy in America (Wilson 1987; Massey and Denton 1993). In 1990, roughly 17 percent of all blacks lived in high-

poverty areas—census tracts where the poverty rate exceeded 40 percent—and blacks comprised about 50 percent of high-poverty tracts (Jargowsky 1997). By 2000, 27 percent of blacks in central city areas lived below the poverty level, and blacks continued to make up the vast majority of the urban poor (Stoll, chapter 8, this volume). Hispanics are less likely to live in neighborhoods that are highly segregated by race (Massey and Denton 1993; Frey and Farley 1996; Briggs 2005). But almost 50 percent of the nation's Hispanics live in a handful of major metropolitan areas (Frey 2006), and the poverty rate among central city Hispanics was nearly 25 percent in 2000, almost as high as among central city blacks (Stoll, chapter 8, this volume).

Many scholars link persistent race and class segregation to spatial mismatches in the labor market, where job opportunities are in suburban and outer-urban areas so far from low-skill job-seekers in the central city that it is difficult for them to find or keep jobs (Kain 1992; Raphael and Stoll 2002; Stoll, chapter 8, this volume). Distance between jobs and job seekers affects employment outcomes by making commutes to work difficult for central city residents without access to reliable automobile transportation (Coulton, Leete, and Bania 1999; Holzer and Ihlanfeldt 1996; Holzer and Stoll 2001). Distance also is thought to be inversely related to the information job-seekers have about potential job opportunities (Holzer, Ihlanfeldt, and Sjoquist 1994; Rogers 1997; Stoll 1999). Several studies have found low levels of access to labor market opportunities to be related to weaker work outcomes among low-skill workers (Allard and Danziger 2003; Holzer and Stoll 2001; Ong and Blumenberg 1998).

Public policy also has contributed to these patterns. To address deficits in the supply of affordable housing options, federal housing policy in the postwar era subsidized public housing developments for low-income households. Many large-scale public housing developments built during the middle part of the twentieth century concentrated and isolated poor families, often minorities, into deteriorating buildings in unsafe neighborhoods far from labor market opportunities (von Hoffman 1996; Newman and Schnare 1997). In addition, the Federal Housing Administration (FHA) and Home Owners Loan Corporation (HOLC), two prominent New Deal programs established to expand homeownership in the wake of the Great Depression, targeted government loan programs and mortgage insurance to homogeneous white neighborhoods. This valuable assistance was less available to residents of racially or ethnically mixed neighborhoods, exacerbating race and class segregation. These agencies also effectively sanctioned similar discriminatory practices in private lending markets (Jackson 1985; Massey and Denton 1993).

Many of these unfair practices were targeted by civil rights advocates. Federal antidiscrimination and fair housing laws emerged in the postwar 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 ineffective in reducing segregation (Jargowsky 1997; Massey and Denton 1993). Instead, two other types of policy responses to race and class segregation predominate: place-based and mobility-based antipoverty programs.

Place-based programs 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, which emerged early from Lyndon Johnson's Great Society efforts to address urban joblessness and poverty, provided supplemental federal grants to cities to support efforts to revitalize depressed neighborhoods. Unfortunately, participant cities found the process unwieldy, poorly funded, complex, and riddled with delay, which led to modest progress at best and further deteriorating conditions at worst. A more recent example, enterprise zones (EZs) provide tax incentives to private firms if they maintain or expand operations within an impoverished urban or rural area designated by federal or state government. In general, however, these have not been successful at generating greater economic opportunity for the targeted neighborhoods (Greenbaum and Engberg 1998; Peters and Fisher 2002). The most promising contemporary place-based policy is Hope VI housing developments, which replace existing public housing with low-density, mixed-income housing developments designed to attract a range of residents and revitalize impoverished urban neighborhoods (Popkin et al. 2004).

Mobility-based programs, by contrast, facilitate movement away from areas of concentrated poverty, thereby increasing access to opportunity and reducing racial segregation. These have been somewhat successful. Housing vouchers or rent certificates, often provided through the Housing Choice Voucher or Section 8 program, allow recipients to seek housing in a community of their choice. By 2000, about 4 million persons in 1.8 million households received these subsidies, and the average recipient lived in a neighborhood with a 20 percent poverty rate. Compare this to the 2.4 million persons assisted through 1.3 million public housing units, who on average lived in a neighborhood with a poverty rate of 29 percent (U.S. Department of Housing and Urban Development 2000). Sandra Newman and Ann Schnare (1997) found that roughly 5 percent of voucher recipients lived in neighborhoods where the poverty rate exceeds 40 percent, compared to 37 percent of public housing residents. The court-ordered Gautreaux Assisted Housing Program in Chicago used rent subsidies to move more than 7,000 low-income families from high-poverty communities to better neighborhoods, often in the suburbs, between 1976 and 1998. Studies evaluating the impact of Gautreaux found evidence that families who participated in the program on average remain in neighborhoods with lower poverty rates, higher proportions of college graduates, and higher family income (DeLuca and Rosenbaum 2003; Keels et al. 2005). More recently, an experimental housing voucher program called Moving to Opportunity (MTO), which sought to improve the economic outcomes and well being of poor families by helping them move to lower poverty neighborhoods, did not achieve results comparable to the Gautreaux program. Although MTO encouraged families to relocate, many moved to neighborhoods near their initial residence and many others moved back to their original neighborhood over time.

In addition, voucher recipients moving to lower poverty neighborhoods did not experience better work outcomes than those who did not move, though they did experience some physical and mental health gains (Kling, Liebman, and Katz 2006).

Evidence that place- and mobility-based policies have not had significant impact on concentrated and racially segregated urban poverty may mean that antipoverty programs need not have a place-based focus or be viewed as relevant to place. Yet as I discuss shortly, place matters for social programs targeted at individuals, particularly given relatively recent changes in how the safety net delivers assistance to poor persons.

## CONNECTING THE GROWTH IN SOCIAL SERVICE PROGRAMS TO PLACE AND POVERTY

Most often when policy makers and researchers talk about antipoverty or safety net assistance, the focus is on particularly salient government programs such as TANF welfare cash assistance, food stamps, and Medicaid. Frequently overlooked are social service programs that seek to promote work activity and greater personal well being through employment services, adult education, child care, child welfare, housing assistance, transportation assistance, emergency or temporary assistance with material needs, or substance abuse and mental health treatment. Social service programs now make up a large share of public and private safety net expenditures. Surprising as this transformation in the safety net may seem, even the most knowledgeable policy expert or community leader may not be aware that the manner in which society and communities help low-income populations has changed so much in recent decades.

There is no single cause to this shift in the composition of safety net assistance. In part it is due to welfare reform and robust economic growth in the 1990s, which led welfare caseloads to fall from a historical high of 14 million in 1993 to fewer than 5 million in 2005. The nearly 70 percent decline led to a simultaneous decline in cash assistance expenditures (in 2006 dollars) from about \$32 billion in 1993 to approximately \$12 billion in 2004. Thus, welfare cash assistance today is a much smaller component of the safety net than it was even ten years ago. In addition, recurring monthly welfare checks are no longer the primary mode of welfare assistance. Instead, TANF programs in 2004 spent about \$17.5 billion on social services promoting work activity, temporary or one-time cash assistance, and transfers to other service programs (U.S. Congress 1998, 2004; U.S. Department of Health and Human Services 2006, 2007a, 2007b).

By comparison, funding for means-tested social service programs for persons living near or below the poverty line 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), and now receive funding through a wide range of public sources (Smith and Lipsky 1993). The federal Social Services Block Grant (SSBG) program, which originated as Title XX of the SSA, provides billions

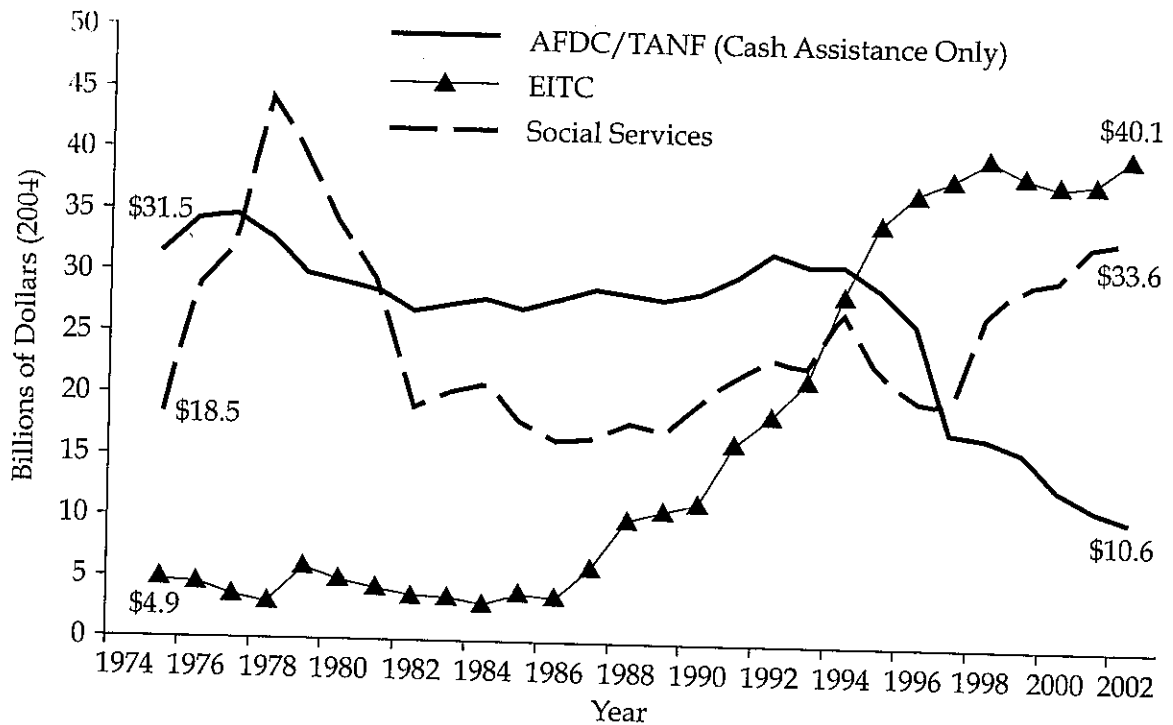
of dollars to local agencies for services that promote economic self-sufficiency, well being, and child welfare. Other federal programs include the Community Services Block Grant (CSBG) and the Community Development Block Grant (CDBG), which provide grants to local agencies that provide employment and support services to impoverished communities, and the Child Care and Development Block Grant (CCDBG), which 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 address the employment, health, and well being needs of low-income populations.<sup>1</sup>

The Congressional Research Service (CRS) estimated that means-tested spending on a variety of social services, including job training, housing, adult education, and energy assistance, increased from \$47 billion to \$110 billion (in 2006 dollars) between 1975 and 2002 (Burke 2003). This is a lower-bound estimate, however, because it excludes a wide array of employment, counseling, substance abuse treatment, mental health treatment, child care, and temporary assistance programs funded by federal, state, and local governments. To put the scope of social service provision into perspective, cash assistance programs such as food stamps, TANF welfare cash assistance, and the Earned Income Tax Credit provide about \$80 billion in total aid to working poor families each year (U.S. Congress 1998, 2004; U.S. Department of Health and Human Services 2007b). Medicaid, among the largest of the public safety net programs, spent about \$70 billion on coverage to roughly 30 million nonelderly, nondisabled families in 2003 (Holahan and Ghosh 2005, Zedlewski et al. 2006).

Offering a sense of recent trends in safety net expenditures, figure 9.1 compares CRS data on federal, state, and local expenditures for a limited number of social service programs—specifically job training, child care programs, and SSBG—to data from other sources tracking welfare cash assistance and EITC expenditures from 1975 to 2002. These are the best annual data available, but represent just a fraction of public social service expenditures today. As shown, federal, state, and local government spent \$18.5 billion (in 2006 dollars) on this very narrow set of social services in 1975, roughly half that spent on welfare cash assistance (\$31.5 billion). Public expenditures almost doubled in real dollars between 1975 and 2002, reaching approximately \$34 billion. In contrast, federal and state welfare cash assistance expenditures declined by two-thirds during the same period, and have hovered near \$11 or \$12 billion for the last several years. The EITC has expanded to become the largest means-tested program providing cash assistance to low-income households in America.<sup>2</sup>

Not only do these data underestimate public expenditures for social service programs, but they also do not account for the important contributions of private nonprofit organizations. Government agencies in many communities depend heavily on nonprofit agencies to deliver publicly funded social service programs to the poor at the street level. As Steven Smith noted, “nonprofit social service agencies have a more central role in society’s response to social problems than ever before” (2002, 150). Increases in public expenditures for social service pro-

FIGURE 9.1 / Federal, State, and Local Cash Assistance, Social Services, and Earned Income Tax Credit Expenditures



Source: Burke (2003); U.S. Congress (1998, 2004); U.S. Department of Health and Human Services (2007b).

grams over the past four decades has led to an increase in both the number of nonprofit service agencies and the total revenues of the nonprofit service sector. Lester Salamon (2002) found that the total number of nonprofit human service organizations filing as tax exempt with the Internal Revenue Service (IRS) increased by 115 percent between 1977 and 1997. Including only nonprofits registering with the IRS that are most likely to provide services to low-income working-age adults, I estimate that the number of nonprofit human service and job training service providers increased by about 65 percent between 1990 and 2003. Annual expenditures by this set of providers totaled roughly \$80 billion in 2003 (in 2006 dollars). Like estimates of the public social service sector, these figures underestimate the size of the nonprofit social service sector because they exclude nonprofit mental health and substance abuse service providers, health-related services, youth development programs, housing and shelter providers, and civil rights or legal aid programs, as well as religious congregations and small nonprofits not required to file with the IRS.<sup>3</sup>

Generating accurate estimates of total public and private social service expenditures is challenging because of the difficulty in collecting accurate and detailed information from the thousands of governmental and nongovernmental agencies that deliver services. Such challenges are compounded by the limitations of IRS

data on tax-exempt organizations. Contracts and fee-for-service arrangements between government and nonprofit agencies also may lead to double-counting of program expenditures or revenues. With these caveats and concerns in mind, I estimate that governmental and nonprofit agencies combined spend at least \$150 billion for social services targeted at disadvantaged populations each year, and probably much more. Contrary to popular impressions about antipoverty assistance, therefore, the American safety net spends about fifteen times as much on social services for poor people as it does on welfare cash assistance and likely several times as much as it does on the EITC.

Place can affect the delivery of cash assistance programs. Income maintenance programs such as welfare cash assistance and food stamps have rules that vary by state and can vary within counties of a given state (Soss and Schram, chapter 11, this volume; Schram et al. 2007). But these cash assistance programs typically do not vary in benefit level or eligibility within a particular city or community. Benefits from these programs also are often mailed or electronically transferred to clients, regardless of their place of residence within a community.

I argue, however, that place is more central to administering and delivering human or social service programs than cash assistance programs. One can receive a welfare check in the mail or have a food stamp allocation placed on an EBT card, but job training services or domestic violence counseling cannot be typically delivered to one's home. Applying the spatial mismatch hypothesis to social service delivery, therefore, we should expect greater proximity to service providers to increase the likelihood that a person in need receives help. To participate in a social service program, a poor person often must make repeated visits to an agency. As with job or education opportunities, we assume that individuals are more likely to have information about agencies operating in their immediate community or neighborhood. For their part, caseworkers also are more likely to refer clients to programs and agencies located near their homes. Individuals seeking help may trust agencies from the immediate community more than those located farther away. Proximity also matters because many low-income adults fit visits to service agencies within daily commutes to work and child care that are already complicated by inadequate access to reliable automobile or efficient public transportation. Mismatches or inadequate access to social service programs can be viewed as tantamount to being denied aid.

Spatial variation in access to social service programs is a product of the location decisions of providers. A number of factors may shape where agencies locate and whether they will be readily accessible to persons living in high-poverty neighborhoods. Of primary importance, it can be difficult for agencies to find affordable and adequate office space near or within high-poverty areas. Location choices may be driven by the need to access revenues from government sources, charitable foundations, or private giving. Because social service programs are not entitlements, such as Medicaid or food stamps, state and local governments choose how to fund services and these choices create variation in public support for programs. At times, agencies can run into difficulty finding suitable locations when confronted with not in my backyard (NIMBY) sentiment, in which neigh-

neighborhoods resist the presence of social service agencies. Nonprofit service organizations may be attracted to neighborhoods with strong community-based institutions and high levels of civic engagement or social capital. Organizational commitments to serving particular populations or neighborhoods and staff preferences to work in certain neighborhoods also shape location decisions. Moreover, we should keep in mind that location incentives will vary across service sectors. For example, job-training programs might locate closer to employers than to program clients because proximity to employers may be critical to building the relationships necessary to place clients and to replicating for clients the process of going to work. In the end, service providers must locate with the interests and needs of multiple stakeholders, constituencies, and obligations in mind. Proximity to clients is only one of many considerations.

The few studies that have explored social service accessibility in poor communities find evidence of mismatches. Kirsten Grønberg and Laurie Paarlberg (2001) found that counties in Indiana with higher poverty rates had fewer nonprofit organizations per capita than counties with lower poverty rates. Controlling for potential demand for assistance when considering access to nonprofit service providers in Phoenix, Laura Peck (2008) concluded that nonprofits were less accessible to high-poverty areas near the central city than to low-poverty areas away from the central city. Examining the location of nonprofit service providers in southern California, Pascale Joassart-Marcelli and Jennifer Wolch (2003) presented evidence that nonprofit organizations in poorer municipalities had lower expenditures and face greater demand for assistance than nonprofits in more affluent communities. Similarly, a survey of nonprofit agencies in Los Angeles County revealed that high-poverty neighborhoods in South and East Los Angeles were underserved compared to other impoverished areas of the county (Mosley et al. 2003).

Linking place to the delivery of social services is particularly relevant to discussions of race and poverty. The safety net has a historical legacy of treating racial and ethnic minorities differently than other population groups. Well into the middle part of the twentieth century, states and communities denied poor blacks access to a range of safety net programs (Lieberman 1998; Schram, Soss, and Fording 2003; Soss et al. 2001). To the extent that access to social services likewise varies by race and place, there may be disparities in access between poor minority populations and both whites and those living outside of central cities. A safety net mismatched from those in need cannot alleviate the social problems created by persistent poverty and residential segregation of racial and ethnic minorities.

Although much of the work exploring nonprofit service provision and service accessibility considers only urban settings, we should expect access to services to matter in rural places as well. Providers in one town or county seat may be willing to serve populations outside those municipal limits, but most rural towns are a considerable distance apart. These distances often make accessible only those programs or providers in the immediate town or community. Moreover, the dispersal of population and low densities of potential clients outside of main town areas may prevent service providers from locating outside county seats or popu-

lation centers, even if unmet needs are recognized in more isolated portions of a rural community. In rural places, therefore, having access to a reliable automobile or living in a population center may be even more critical determinants of service access than in urban places.

Shifts in the racial and ethnic geography of poverty over the past decade also affect social service accessibility. Alan Berube and Elizabeth Kneebone (2006) found that though poverty rates in larger cities remained twice as high as in suburbs in 2005 (18.8 versus 9.4 percent), the number of poor people grew much faster in suburbs than in central cities between 1999 and 2005. Although poor minorities remain concentrated in central cities, the proportion of poor blacks living in high-poverty neighborhoods declined from 30 percent in 1990 to 19 percent in 2000 (Briggs 2005; Jargowsky 2003). Hispanic and other immigrant populations are also moving to new metropolitan areas and regions (Singer 2004). William Frey (2006) found Hispanic population growth since 1990 to be particularly high in metropolitan areas of the Southeast—such as Charlotte, North Carolina, and Atlanta, Georgia—and the West—such as Riverside, California. 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 and thus cannot easily pick up and leave one neighborhood to move to another. These 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 struggle with barriers to employment or with finding good paying jobs. And, few destination communities commit significant public or private resources to address the needs of the working poor. The result is a growing mismatch between those seeking help and those capable of providing it.

## DATA AND METHODS

To assess the accessibility of social service providers to poor minorities in urban communities, I analyze data from two surveys: the Multi-City Survey of Social Service Providers and the Rural Survey of Social Service Providers (Allard 2006a, 2006b). The MSSSP conducted telephone survey interviews with executives and managers from 1,487 social service providers in three metropolitan areas—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 Oregon-California border counties. Each survey collected detailed information about service delivery, clients, funding, and geographic location from governmental and nongovernmental agencies operating in one of several service areas—adult education, job training, outpatient mental health, outpatient substance abuse, 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.<sup>4</sup>

The standard measure of concentrated poverty—the percentage of poor in a census tract—needs to be adapted for social service provision. An 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 is more accessible than a provider serving 100 in a neighborhood where 1,000 are in need. 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 is not overwhelmed by demand for assistance from the surrounding community.

To provide insight into the accessibility of service providers to concentrations of need in the three MSSSP sites, I calculate a service accessibility score that reflects a residential census tract's access to social service opportunities within three miles relative to the average tract in Chicago, Los Angeles, and Washington, D.C. These scores weight for supply of services by summing the number of clients served within three miles of a given residential tract and for potential demand by accounting for the number of poor persons within three miles.<sup>5</sup> One can use service accessibility scores to compare types of census tracts or neighborhoods. For example, Neighborhood A with an access score of 1.10 is within three miles of 10 percent more service opportunities than the metropolitan mean tract (score of 1.00). If Neighborhood B has an access score of 0.90, it can be said to be near 10 percent fewer service opportunities than the metropolitan mean tract. It can also be said that Neighborhood A has access to 22 percent more service opportunities than Neighborhood B ( $1.10 \div 0.90 = 1.22$ ). If providers and programs are more likely to locate near or within impoverished neighborhoods, then service accessibility scores should be at or above 1 in high-poverty neighborhoods. Scores do not speak to how all public and nonprofit resources are allocated across a community or whether the supply of services is adequate to meet the need. Also, access scores do not account for whether programs are high or low quality, or for the length of time in which a client typically participates in a program.

Three access scores are presented in table 9.1: one measuring accessibility to employment services (for example, job training, job placement, adult education), one measuring access to basic needs assistance (such as emergency cash or food assistance), and one measuring access to services promoting broader personal well being (such as outpatient mental health or substance abuse treatment).

### ACCESS TO SOCIAL SERVICES ACROSS RACE GROUPS IN URBAN AMERICA

The differences that emerge when comparing service access in tracts with large percentages of blacks or Hispanics to tracts with few minorities are startling. The top panel of table 9.1 contains access scores for census tracts according to race

composition. Looking at access to employment-related services in column 1, residents of predominately black census tracts—more than 75 percent black—have access to 38 percent fewer employment-related service opportunities than the average tract (column 1, access score of 0.62). Predominately Hispanic tracts are proximate to 20 percent fewer employment service providers than the average tract (access score of 0.80). Predominately white neighborhoods have access far above the mean levels in their communities—approximately 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 large race differences in access to employment-related services. Predominately black tracts have half as much access to employment services as predominately white tracts (0.62 versus 1.21, respectively). Similarly, predominately Hispanic tracts have access to 50 percent fewer employment service opportunities than their predominately white counterparts (0.80 versus 1.21, respectively).

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

The bottom panel of table 9.1 examines service accessibility across majority black, Hispanic, and white tracts with different levels of poverty. Even when controlling for the poverty rate, predominately black and Hispanic tracts have far less access to social service agencies than predominately white areas. For instance, in 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 tracts have slightly higher levels of access to employment services than majority minority tracts (score of 0.87). Majority white tracts in low poverty areas have access to social services that far exceeds that in the average tracts or high poverty majority minority tracts.

Because table 9.1 aggregates across the three MSSSP study sites, the access scores reported mask some of the extremely low levels of service access in many high poverty and racially segregated areas. Thus, figures 9.2 and 9.3 map access to employment-related services in the central city areas of Chicago and Los Angeles respectively. Darker areas reflect places with greater access, lighter areas those with less access. Because access to employment service agencies is comparable to

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TABLE 9.1 / Access to Social Services by Race in Chicago, Los Angeles, and Washington, D.C.

Type of Census Tract	Employment- Related Services (1)	Basic Needs Services (2)	Services Addressing Personal Well Being (3)
Percentage of tract population black			
0 to 25	1.11 <sup>abc</sup>	1.09 <sup>ab</sup>	1.11 <sup>abc</sup>
26 to 50	0.82 <sup>a</sup>	0.93 <sup>c</sup>	0.82 <sup>a</sup>
51 to 75	0.63 <sup>b</sup>	0.81 <sup>a</sup>	0.67 <sup>b</sup>
More than 75	0.62 <sup>c</sup>	0.63 <sup>bc</sup>	0.60 <sup>c</sup>
Percentage of tract population Hispanic			
0 to 25	1.08 <sup>ab</sup>	1.10 <sup>abc</sup>	1.12 <sup>ab</sup>
26 to 50	0.98	0.89 <sup>a</sup>	1.06 <sup>c</sup>
51 to 75	0.82 <sup>a</sup>	0.80 <sup>b</sup>	0.79 <sup>a</sup>
More than 75	0.80 <sup>b</sup>	0.85 <sup>c</sup>	0.56 <sup>bc</sup>
Percentage of tract population white			
0 to 25	0.68 <sup>abc</sup>	0.68 <sup>abc</sup>	0.62 <sup>ab</sup>
26 to 50	1.11 <sup>ad</sup>	0.87 <sup>ade</sup>	0.71 <sup>cd</sup>
51 to 75	1.01 <sup>be</sup>	1.07 <sup>bdf</sup>	1.10 <sup>ace</sup>
More than 75	1.21 <sup>cde</sup>	1.28 <sup>cef</sup>	1.43 <sup>bde</sup>
Poverty rate 0 to 20 percent	1.09 <sup>ab</sup>	1.05 <sup>ab</sup>	1.10 <sup>ab</sup>
Poverty rate 21 to 40 percent	0.81 <sup>a</sup>	0.88 <sup>a</sup>	0.76 <sup>a</sup>
Poverty rate more than 40 percent	0.74 <sup>b</sup>	0.85 <sup>b</sup>	0.78 <sup>b</sup>
Majority black census tracts with . . .			
Poverty rate 0 to 20 percent	0.52 <sup>a</sup>	0.63 <sup>ab</sup>	0.59 <sup>a</sup>
Poverty rate 21 to 40 percent	0.68 <sup>b</sup>	0.68 <sup>c</sup>	0.62 <sup>b</sup>
Poverty rate more than 40 percent	0.81	0.81	0.68 <sup>c</sup>
Majority Hispanic census tracts with . . .			
Poverty rate 0 to 20 percent	0.98	0.85	0.57 <sup>d</sup>
Poverty rate 21 to 40 percent	0.78 <sup>c</sup>	0.85 <sup>d</sup>	0.69
Poverty rate more than 40 percent	0.59	0.82	0.76
Majority white census tracts with . . .			
Poverty rate 0 to 20 percent	1.14 <sup>abc</sup>	1.18 <sup>acd</sup>	1.30 <sup>abcd</sup>
Poverty rate 21 to 40 percent	0.87	1.17 <sup>b</sup>	0.99
Poverty rate more than 40 percent	0.97	1.15	1.44

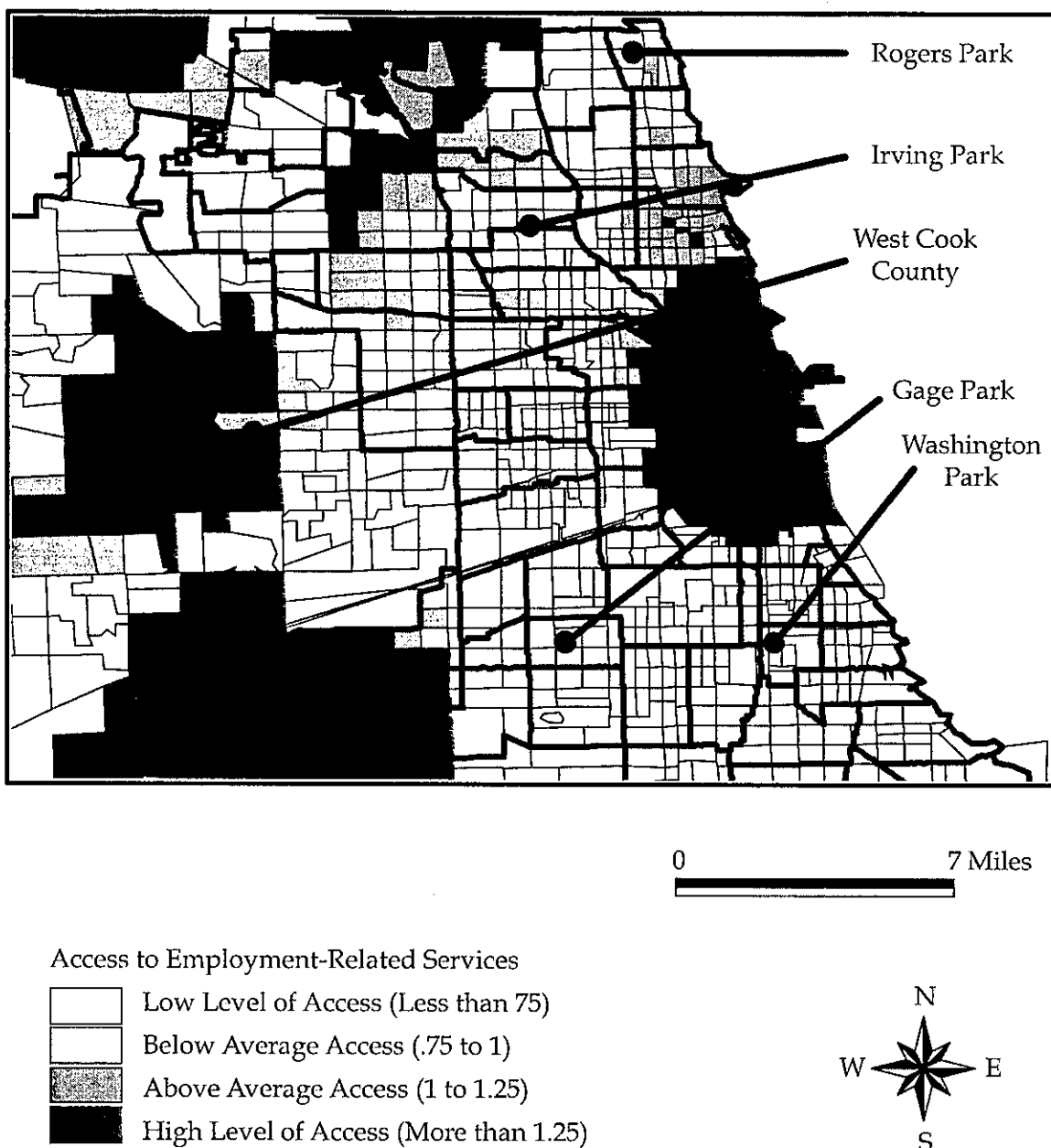
Source: Allard (2006a).

Note: Numbers reported are mean service accessibility scores reflecting access to all social service providers and controlling for potential demand in the surrounding area.

a, b, c, d, e, f Notations identify sets of paired cells where the mean difference in service access between the two cells is significant at the .10 level or below.

N = 4,275.

FIGURE 9.2 / Access to Employment-Related Services in Chicago

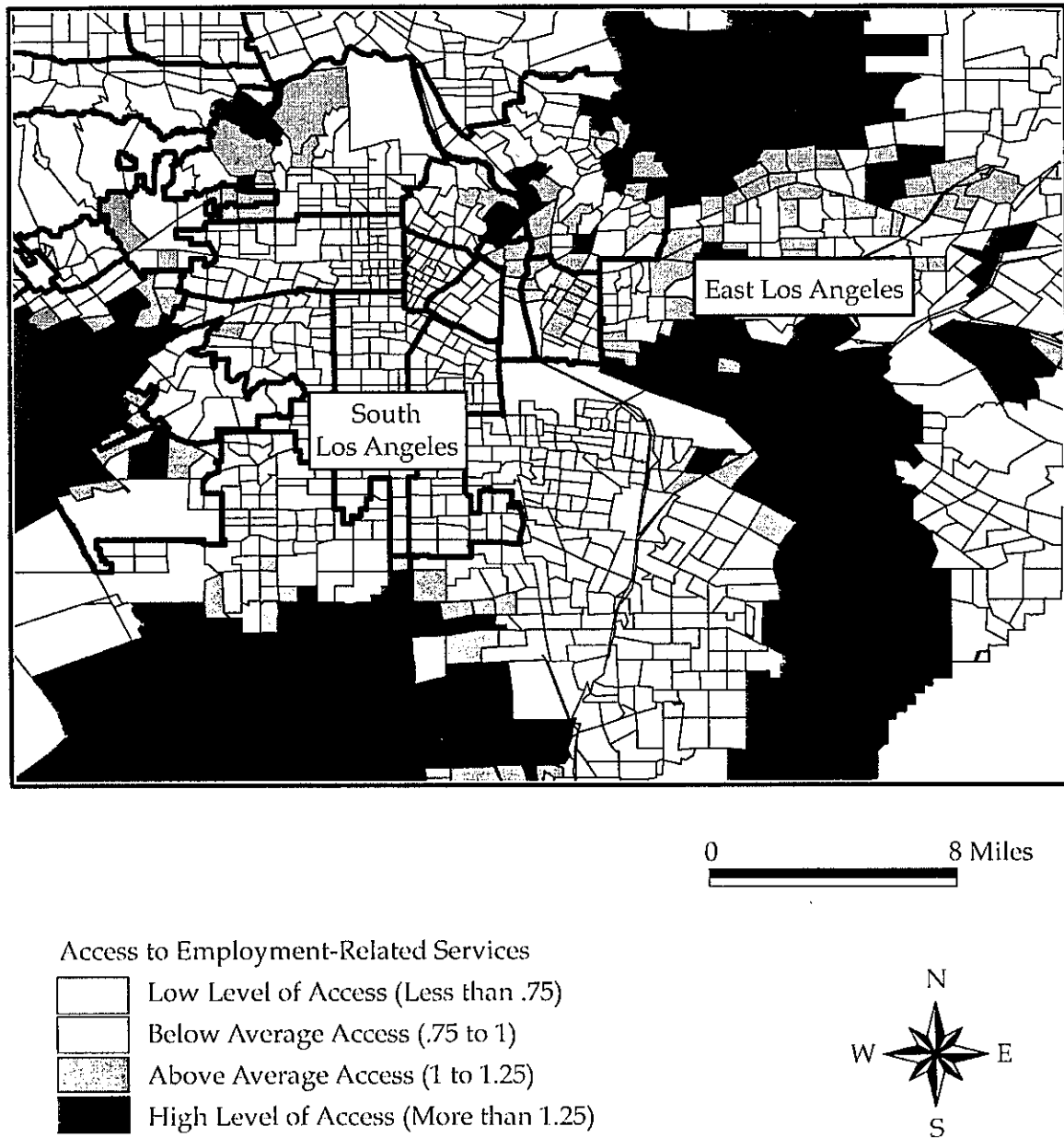


Source: Allard (2006a).

other types of services, figures 9.2 and 9.3 can approximate the spatial distribution of safety net assistance of all types in urban communities.

Consistent with explanations for mismatches in social service provision, figures 9.2 and 9.3 show that employment service providers tend to be located outside the core central city. With the exception of the downtown Loop area of Chicago along the eastern edge of the city, the central cities of Chicago and Los Angeles have

FIGURE 9.3 / Access to Employment-Related Services in Los Angeles



Source: Allard (2006a).

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 Los Angeles.

Predominately black neighborhoods like Washington Park on the south side of Chicago or in South Los Angeles have particularly low levels of access. Although these areas are labeled as having little access, the actual access scores 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, 60 to 75 percent fewer providers than the average neighborhood. The same is true for the black neighborhoods south of the Loop in Chicago, with 75 percent fewer services than the mean tract.

Although Hispanics appear to have better access than blacks, variation across Hispanic neighborhoods is wide. In Chicago, neighborhoods to the northwest of Loop, such as Irving Park, and to the southwest, such as Gage Park, are home to large concentrations of Hispanics. 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 such as Gage Park 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 they are somewhat proximate to each other, Hispanics in Southeast Los Angeles have access to about one-fifth to one-quarter as many employment services as their counterparts in East Los Angeles.

The MSSSP documents that primarily poor black tracts have far less access to social service programs than poor white or Hispanic tracts. Though 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 communities also have extremely low levels of access.

## SERVICE PROVISION IN RURAL AMERICA

Poverty is a rural as well as an urban problem—rural rates approach those in central cities. 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 25 percent of the total poor population. Poverty rates remain quite high among racial minorities living in rural areas and are much higher than those for rural whites. For instance, 42 percent of rural blacks and almost 32 percent of rural Hispanics lived below the poverty line in 2000, compared to less than 16 percent of rural whites (Stoll, chapter 8, this volume).

Do we see race group disparities in access to the safety net in high poverty rural areas similar to those observed in urban 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 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. The most suitable space for social service agencies is in or near town centers. Remote rural areas have few poor people numerically, making it difficult for providers to support operations even if they were to relocate there. Given that rural populations travel farther 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 than among the urban poor. Access scores calculated at three-mile radii have less meaning in rural than in urban areas. Although they are not representative of rural white, black, or Hispanic poverty nationally, here I briefly examine the spatial distribution of service opportunities in the New Mexico and Georgia sites of the RSSSP.<sup>6</sup>

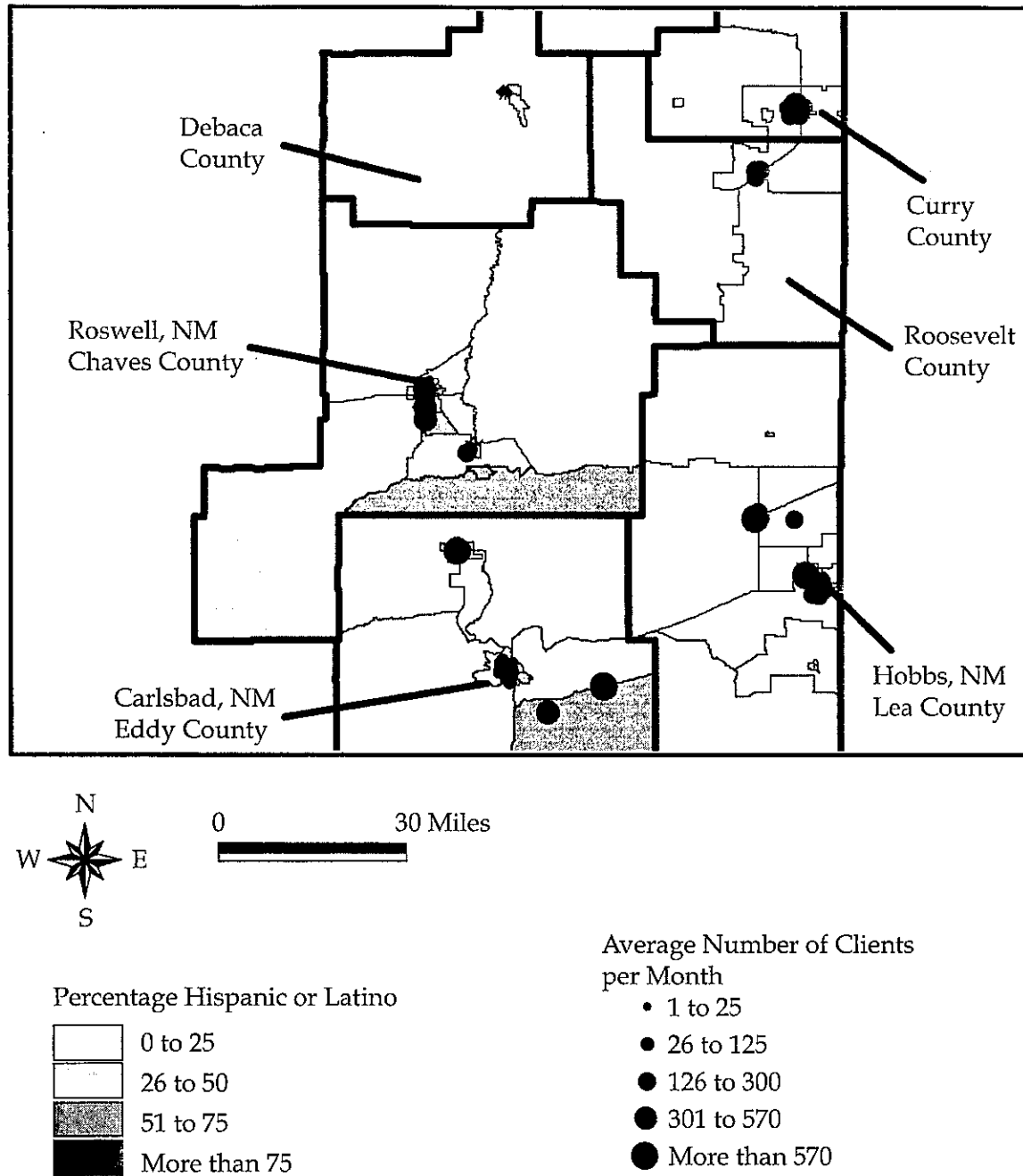
In southeast New Mexico, predominately cattle and oil country, 20 percent of the region's population are poor, and the population of the region is primarily of white and Hispanic. When speaking with service providers throughout this region, it is common for program managers to identify where poor Hispanics live. Although low density, these rural barrios have the same features as segregated urban ghettos: poor quality housing, low quality public infrastructure, few commercial stores or shops, high crime rates, low literacy rates, and low levels of educational achievement. Even in a region that is not particularly affluent, these racially segregated rural barrios can be a world away from the chain stores and nicer homes in other areas of the community.

With a regional economy based in the service industry, manufacturing, agriculture, and timber, south-central Georgia has a poverty rate of about 20 percent across the eight-county region. This area of Georgia is more sparsely populated than the southeast New Mexico site and about 25 percent of the population is black. Poor blacks are primarily concentrated in Ben Hill County and in the cities of Douglas and Waycross.

Figures 9.4 and 9.5 map social service agencies weighted by average monthly caseload in southeastern New Mexico and south-central 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.<sup>7</sup> Providers tend to locate near population centers for several reasons. Agencies have difficulty maintaining enough clients for operation and even more difficulty finding qualified staff if offices are not centrally located. Also, to a greater extent than their urban counterparts, rural social service agencies struggle to find office space.

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 areas of Georgia and New Mexico, the typical social service agency is more than three miles away from neighborhoods with large percentages of blacks or Hispanics. Lack of access to service providers can be a formidable problem, given that 80 percent of providers in rural New Mexico and Georgia report inadequate transportation resources as a frequent or occasional barrier to service use. Often without access to reliable automobile transportation and with few or no public transportation resources, poor people in these segregated communities may have to walk up to five miles one way in some places to reach an agency.

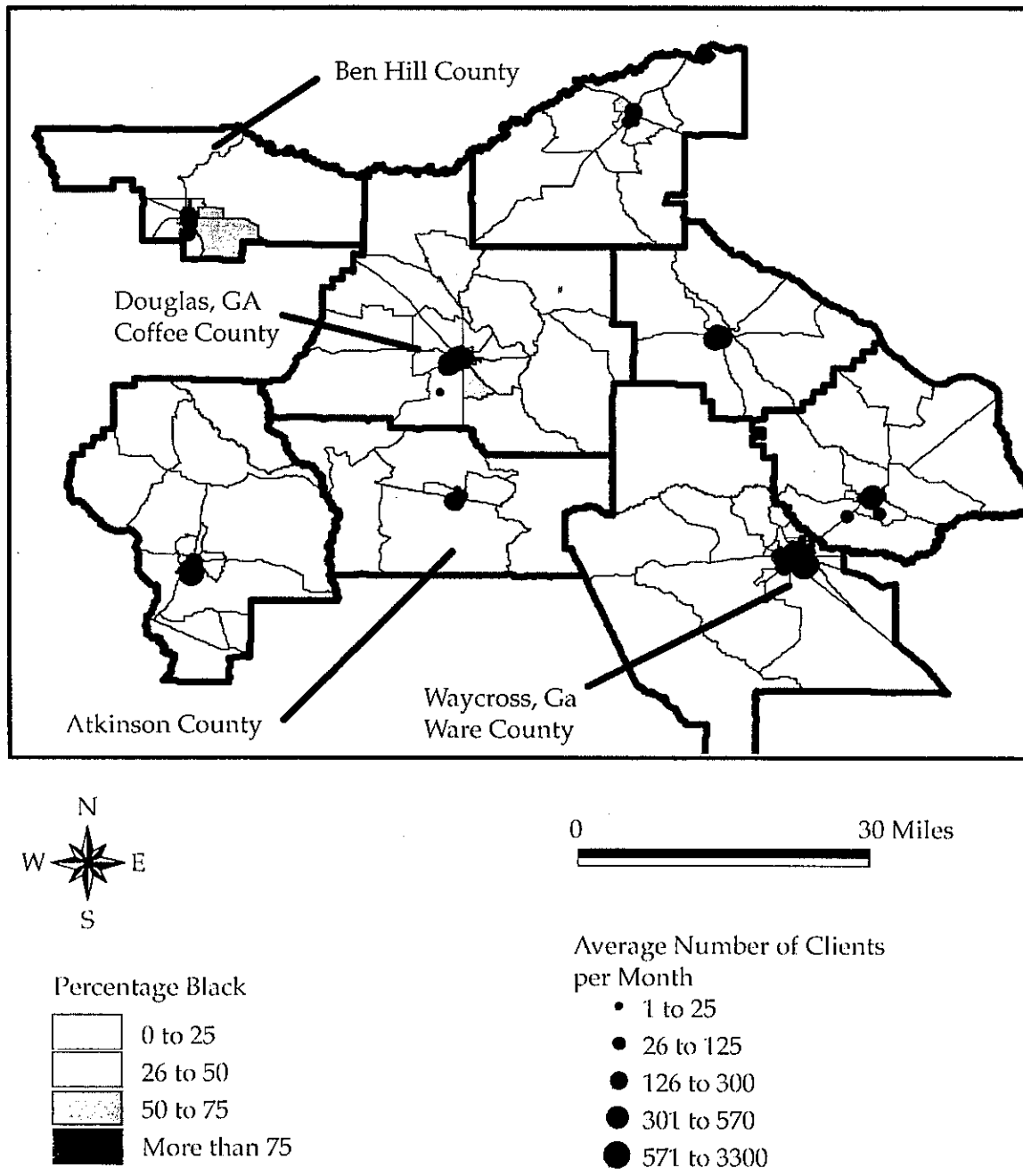
FIGURE 9.4 / Access to Social Service Providers in Southeast New Mexico



Source: Allard (2006b).

A snapshot of service provision in one New Mexico community highlights the challenges. A large county agency had just relocated to new office space in a more affluent neighborhood, on the opposite end of town from its previous location near one of the poorest barrios in its part of the state. Suitable space was hard to find in other parts of town and the new location provided more accommodating

FIGURE 9.5 / Access to Social Service Providers in South-Central Georgia



Source: Allard (2006b).

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 explained it this way:

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, demand for assistance from nonprofits remaining in the barrio had risen due to increased housing and energy costs in the community. Highlighting the challenges that 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 barrio were not able to accommodate additional demand. Resources for emergency or food assistance were depleted early each month. Later he remarked that his office would try to coordinate volunteers or staff with cars to help clients get to the county agency.

The maps in figures 9.4 and 9.5 also show that the remote communities outside of main population centers and away from clusters of service providers often have large percentages of racial minorities. Moreover, the poverty rates in these areas exceed 20 percent and are higher than remote areas with few minorities. The poor blacks and Hispanics in these rural areas, however, may need the most help and 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 may be anywhere from fifteen minutes to more than a half hour. Further complicating the dilemma, three-quarters of all service providers in the RSSSP indicated that inadequate access to child care was an occasional or frequent problem for clients making appointments and completing programs. In many of these 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 client resourcefulness to deliver services. Recognizing that many of his clients did not have access to a car or public transportation, but still managed 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 frequently had with clients who did 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 may be too difficult even when clients are motivated. It is challenging to keep appointments when transportation depends on a combination of ingenuity, luck, and the reliability of others. The same program manager who discussed how clients promise to get to his office by any means noted, "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 who 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 already-demanding adult education course, missing the one day a month that a church hands out emergency food boxes, or failing to get needed health treatment. In the end, the price of living in a segregated and isolated community is not just the difficulty of accessing economic opportunities. It is also the challenge of accessing the safety net resources that are supposed to set people on better economic trajectories.

## CONCLUSION

The expansion of social service programs in the last forty years has transformed the way 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 are at least as large as total expenditures for more commonly identified cash assistance programs. 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 safety net and antipoverty assistance has a number of implications for scholarship on race, place, and poverty, as well as for practice and policy. Of primary importance is ensuring that the poor have adequate access to social service programs and providers. Unlike other forms of person-based assistance, service provision varies by place and services are not entitlements. Not all neighborhoods are home to the same bundle of service agencies.

As shown here, living in a neighborhood highly segregated by race diminishes one's access to the social service agencies that are an increasingly important part of the contemporary safety net. I document that a poor person living in a predominately black or Hispanic neighborhood will have access to roughly half as many social services as a poor person living in a predominately white neighborhood. For many poor minorities in highly segregated communities, disparities in access to social services are even larger.

Racial disparities in access to support services combine with 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. Poverty, inequality, and joblessness therefore persist in highly segregated and high-poverty communities. Policy tools and safety net programs developed to alleviate social problems are

not readily accessible to the populations most in need, a mismatch that reinforces the structural and individual-level barriers that poor persons, particularly poor minorities, face.

Why are there these disparities and inequalities in access to social services across tracts with different racial make-ups? First, just like residents of high poverty segregated communities seeking quality affordable housing, service agencies may struggle to find suitable office space. Second, many service providers may choose to locate away from concentrated poverty to reduce the isolation of clients and to help clients avoid potential negative influences of those neighborhoods, at least temporarily. For example, employment service agencies may choose to locate near employers, which are located increasingly farther away from low-income central city areas. Racial discrimination also may play a role. Whether out of personal preferences or concerns about losing other tenants, it is possible that some landlords and commercial property owners are hesitant to rent to agencies that primarily serve racial minorities.

Mismatches also exist because the supply of services in high poverty neighborhoods falls short of demand for assistance. If these access scores are accurate, it appears we commit inadequate public and private resources to social service programs in relation to the levels of demand for help. Moreover, government service programs and contracts often do not require organizations to locate in specific areas or communities. To the extent that nonprofit service organizations or contractors are not proximate to concentrations of low-income minorities, public program dollars may not be as equitably targeted by race as we might think. As is the case in understanding patterns of residential segregation, it is likely that government policies contribute to some of the race group disparities observed here.

The changing geography of poverty in America also has implications for the safety net. In an era when geographic mobility among poor and nonpoor 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 live within those boundaries, despite the fact that poor persons are living, working, and commuting across many jurisdictions in a given day. In effect, the safety net remains predicated on the limited mobility of the poor and the concentration of poverty within municipal boundaries. As greater numbers of the poor 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 jobs, making it through temporary loss 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 in the wake 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.

In addition, rural areas may face additional challenges to connecting the poor to the safety net. More than one-third of service agencies in rural New Mexico and Georgia report that inadequate access to transportation resources and lack of affordable child care are frequent obstacles to service receipt, which will compound the challenges that distance to agencies poses. In addition, the nonprofit sectors in many high-poverty rural communities are not as well developed as those in the three urban communities of the MSSSP. Rural service providers have fewer resources than their urban counterparts overall, but the communities in the RSSSP depend much more heavily on government service providers than those in the MSSSP do. Poorly resourced rural nonprofit service sectors should translate into fewer programs and fewer partners for government programs looking to contract out services or seek grants. It is not surprising, therefore, that many rural communities in the RSSSP do not provide critical employment, mental health, or substance abuse services necessary to help poor persons trying to become more self-sufficient.

Even with all these concerns, social service programs in urban and rural areas receive only modest attention from poverty researchers. A host of important research questions relating to the challenges communities and agencies face when delivering social service programs go unanswered. Program effectiveness and efficiency likely suffer because we devote so little attention to implementing social service programs. In addition, scholars might 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. This chapter generates initial insight into issues of service accessibility, but future research might go further and develop more precise measures of access, including those that take program quality into account. To see how access matters to individual-level outcomes, we need to examine the needs of working poor families and the factors shaping the use of services that address those needs. Finally, to permit meaningful comparisons across communities, we could pursue data collection efforts that are geographically representative of several rural regions or metropolitan areas and would allow us to assess the spatial dimensions of the social service sector.

As future research continues to explore patterns of service accessibility and use, policy makers and community leaders might consider a number of policy options to reduce mismatches and improve access to providers. Improved access to the safety net will hinge on building information technology systems that better link persons in need with community resources and service providers. More attention could be paid to the space and facility needs of service organizations. Efforts to provide agencies with a mix of technical assistance for facilities planning, data re-

sources to aid facilities decision making, and access to financial resources that can help acquire or expand facilities may be particularly useful in closing mismatches. Initiatives to strengthen the service delivery capacity of faith-based and community-based nonprofits may be critical in increasing the availability of assistance to racially segregated communities because these organizations may be most likely to operate and be trusted in neighborhoods with large proportions of racial minorities. Another step would be to cultivate greater fundraising capacity to diversify nonprofit funding portfolios and increase their long-term stability. Beyond private giving, we would also do well to maintain our public financial commitments to social service programs. Cuts in public expenditures will increase the vulnerability of local nonprofits, the lynchpins of the contemporary American safety net. A retrenchment of social welfare programs, therefore, jeopardizes the very foundations of the safety net more profoundly than is commonly realized.

The disparities and inequalities in access to the social service components of the safety net would be unthinkable in most other contemporary social welfare programs. Although states vary eligibility and administration in many antipoverty programs, few implement programs that treat residents of the same community so differently from each other. Imagine the controversy 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. Policy makers, advocates, community leaders, and scholars need to pay more attention to mismatches in safety net assistance to ensure that people seeking help get there, rather than lose out.

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## NOTES

1. Social 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 to 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.

2. CRS estimates of social service spending cited here exclude government expenditures on means-tested medical benefits, food benefits, and cash assistance.
3. Data on nonprofit employment and human service organizations come from the National Center for Charitable Statistics at the Urban Institute. These estimates include only organizations with National Taxonomy of Exempt Entities codes likely corresponding to provision of direct services. I exclude mental health and substance abuse service providers, housing and shelter, and civil rights or legal aid programs because it is difficult to discern which agencies within these categories are most likely to provide direct services to working age adults on-site or in an out-patient capacity.
4. Respondents 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. Agencies were included in the study if they advertised programs for nondisabled working age low-income adults. MSSSP interviews in metropolitan Washington, D.C., included agencies located in the District of Columbia, as well as Prince George's County and Montgomery County in Maryland to the northeast and communities in northern Virginia—Alexandria, Arlington, Loudoun County, Fairfax County, and Prince William County.
5. Ideally, I would have data that links individual-level service utilization to information about service provision in the community surrounding that individual. Such data is not readily available. Few data sets contain precise information about social service utilization or contain enough observations in a given community to permit spatial analysis. Based on previously calculated job accessibility scores (see Allard and Danziger 2003), I compute city-specific service accessibility scores with data from the MSSSP as follows. First, I determine which nonprofit and government agencies currently are operating programs on site available to nondisabled working poor adults. Next, I total the number of clients served by all agencies or a particular type of agency located within three miles of each residential census tract (using tract centroid-to-centroid distances). To account for potential demand for services, I sum the number of individuals with income below the poverty line within three miles of each residential tract, and then divide the number of clients served by the total number of persons in poverty. Thus I calculate a set of demand-, distance-, and organization-weighted service accessibility scores as follows:  $A_i = \Sigma(CS_i) \div \Sigma(P_i)$ , where  $A_i$  is the initial access score for tract  $i$ .  $CS_i$  reflects the number of providers offering a particular service ( $S$ ) to low-income adults within three miles of tract  $i$ , multiplied by the number of clients served in each agency in a typical month ( $C$ ). To account for potential demand, I divide by the total number of persons living below the poverty line ( $P_i$ ) within three miles of

- tract *i*. To be able to compare tracts to each other, I divide this tract-specific access score by the average of that access score for the metropolitan area.
6. Among the four rural sites in the RSSSP, only the Georgia and New Mexico sites had meaningful numbers of poor minorities. The south-central Georgia site is made up of eight rural counties: Atkinson, Bacon, Ben Hill, Berrien, Coffee, Jeff Davis, Pierce, and Ware. The site in southeast New Mexico is a six-county region: Chaves, Curry, DeBaca, Eddy, Lea, and Roosevelt.
  7. Although not shown here, service agencies locate similarly in the Kentucky and Oregon-California sites.

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