

POVERTY TRACKER

MONITORING POVERTY AND WELL-BEING IN NYC



Columbia
Population
Research
Center

ROBINHOOD

MEETING NEEDS OF LOW-INCOME NEW YORKERS

REPORT 2

RELEASED FALL 2014

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CHRISTOPHER WIMER

CLAUDETTE BANNERMAN

IRWIN GARFINKEL

KATHRYN NECKERMAN

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BACKGROUND

Robin Hood's mission is to fight poverty in New York City. To do so effectively, we need an accurate picture of what it means to be poor in New York: current surveys and statistical models don't tell the full story.

To correct this, Robin Hood—in partnership with Columbia University—launched the Poverty Tracker, a survey of 2,300 New York City residents, to learn how they cope with financial poverty, material hardship and health challenges. The Poverty Tracker will revisit these same individuals every three months over two years, with the goal of providing a more accurate and dynamic picture of poverty in NYC, so that we can better target our resources to help those in need.

INTRODUCTION

The Fall 2014 Poverty Tracker report marks the second in a series of reports based on surveys of well-being in New York City. The first report in the series—the Spring 2014 report—was based on a survey of nearly 2,300 households across all five boroughs that began in December 2012 by Columbia University’s Population Research Center, in partnership with Robin Hood. Data provided for the Spring 2014 report indicated that an alarming number of New Yorkers struggle to meet their basic needs, including paying for food and household bills or getting help with physical or mental health problems. Indeed, the survey found that snapshots of New York City households, based on official “income only” measurements of poverty, painted a picture that was too optimistic and didn’t capture the magnitude of disadvantage, nor the true struggles New Yorkers face in trying to make ends meet.

Data for the Fall 2014 Poverty Tracker report unearthed a troubling fact about private and public efforts to ameliorate poverty: many needy households don't get the help from government programs for which they are eligible or from private philanthropy, and many of those who receive some help don't obtain nearly enough support to fully resolve their problems.

The 2014 report also identified which groups of impoverished New Yorkers get the services they need, either through private means or with government- or community-based social services—an analysis that could point the way to greater success in providing assistance in the future.

Among the key findings of the Fall 2014 Poverty Tracker report:

Many individuals, including some of the most disadvantaged New Yorkers, don't receive adequate medical attention, can't afford their food or utility bills and are unable to find a job, yet they don't seek assistance that could help them resolve these problems.

Many individuals who seek help report that even with assistance, they are still unable to meet their basic needs.

Suggestive, though not definitive, evidence indicates that those who seek help, though their problems may not be fully resolved, do far better than disadvantaged residents who do not seek assistance.

And the finding that is perhaps most persuasive for rethinking anti-poverty interventions:

New York's most disadvantaged residents—those plagued by low incomes (e.g., a household of four earning less than \$32,516 per year), severe material hardships and serious medical problems—are the least likely to receive all the private and public assistance needed to address their problems.¹

We believe that public and private agencies need to collaborate to a greater degree and, in some cases, redesign their programs to address the needs of impoverished families, while better targeting their programs so that they assist the individuals with greatest need.

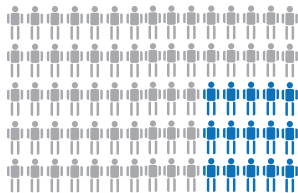
¹ Please see Appendix A of the Spring 2014 report for more information on poverty threshold construction.

FINDINGS

The Spring 2014 Poverty Tracker report showed that measuring specific material hardship provides a more comprehensive tool for predicting household deprivation than traditional income-based measures of poverty. Survey results found that 23% of New Yorkers qualified as “poor” using the more sophisticated Supplemental Poverty Measure, 37% suffered at least one severe material hardship such as inability to pay for food or housing, and 23% suffered from a severe health problem. In total, over 50% of New York City residents faced at least one serious disadvantage; this compares to official government estimates of 21% of New Yorkers who are defined as “poor.”

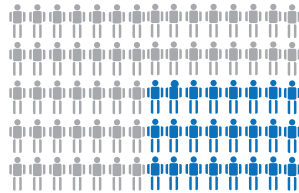
THE SPRING 2014 POVERTY TRACKER REPORT

NEW YORKERS



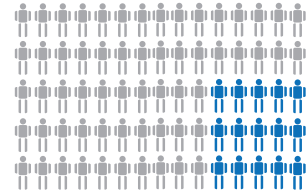
QUALIFIED AS POOR
(using the more realistic Supplemental Poverty Measure)

23%



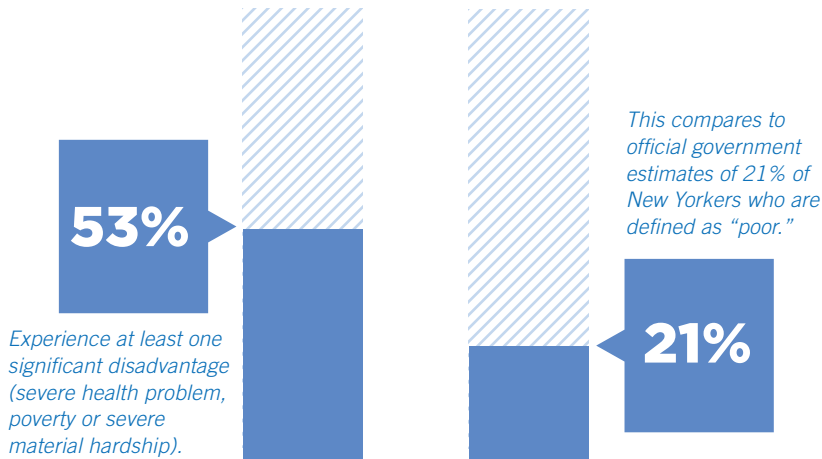
HARDSHIP
(suffered at least one severe material hardship)

37%



HEALTH PROBLEM
(suffered from at least one severe health problem)

23%

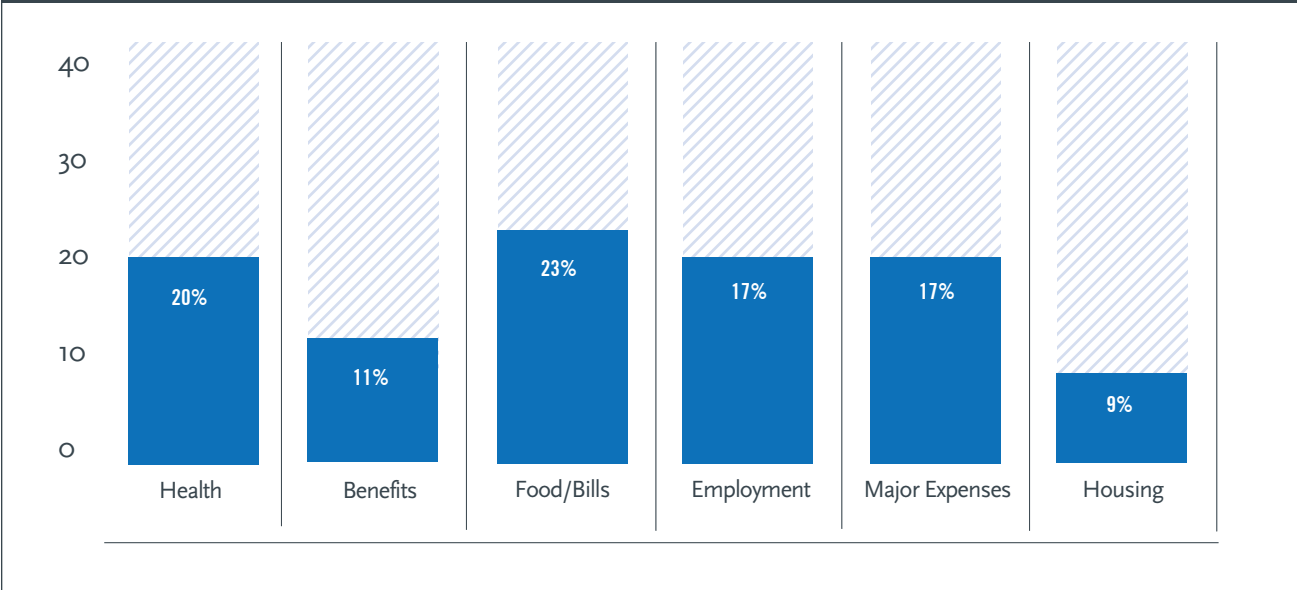


The Fall 2014 Poverty Tracker report tracked respondents' needs for services over the six months preceding the survey (this survey was fielded beginning in August 2013) and whether respondents had their needs met. Specifically, the Fall 2014 Poverty Tracker asked about needs in the following six domains:²

1. HEALTH OR MENTAL HEALTH
2. ADEQUATE OR AFFORDABLE HOUSING
3. PAYING FOR FOOD OR BILLS
4. GETTING OR KEEPING PUBLIC BENEFITS
5. ENCOUNTERING A MAJOR UNEXPECTED EXPENSE
6. FINDING A JOB

Respondents reporting a need for services in a given domain were asked what, if anything, they did to try to meet those needs. If they sought help, we asked whether they received all, some or none of the help they needed. They also were asked whether, regardless of their actions, their situations improved, worsened or stayed the same.

FIGURE 1 NEW YORKERS REPORTING A NEED FOR SERVICES



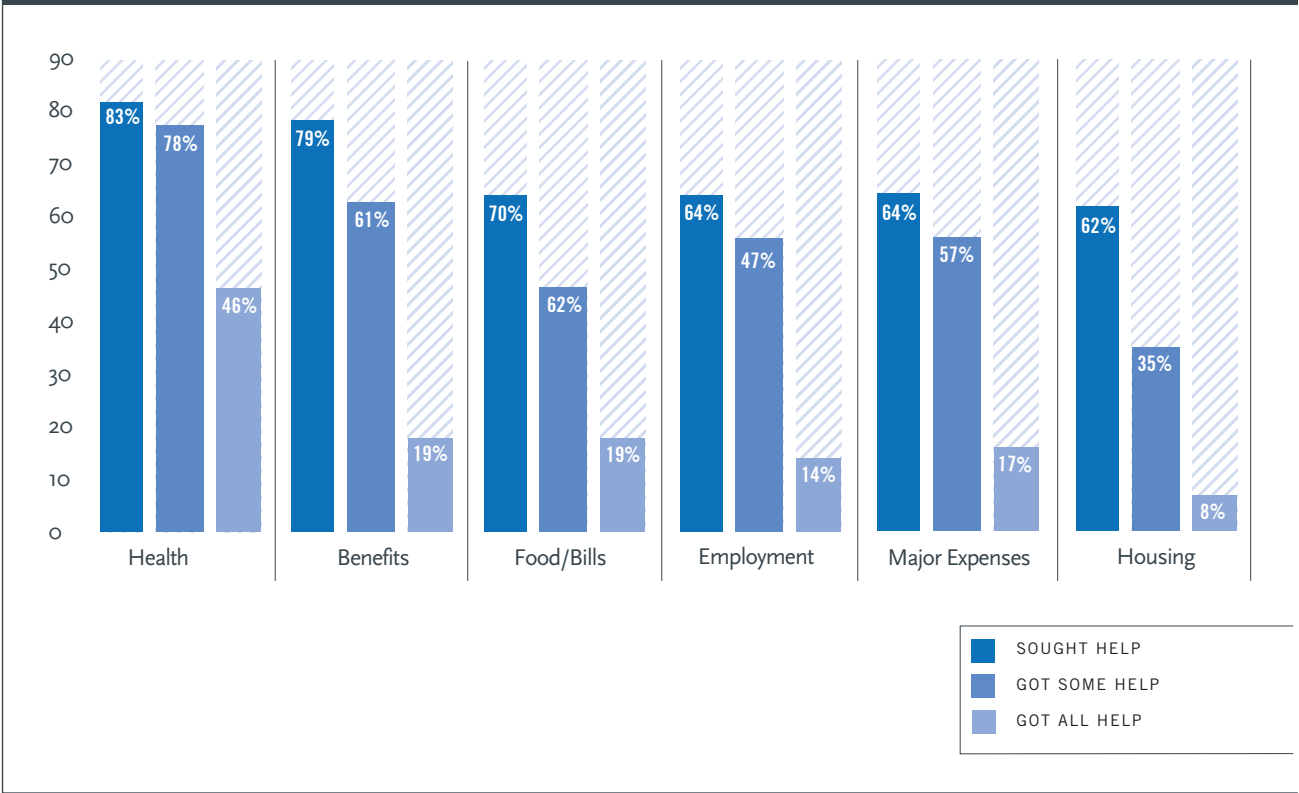
²The survey additionally asks about three additional domains: caring for an elderly or disabled family member, legal issues and dealing with finances or taxes. We do not focus on these domains in this report.

What are current levels of needs for poor New Yorkers? Figure 1 shows the proportion of New Yorkers who identified a need for a particular type of help. Figure 2 shows the percentage of New Yorkers who had a need and sought help, and shows the proportion of those who received all or some of the help they needed, and the proportion of those who got all the help they required. The survey covered the six months immediately prior to the reporting; if the time span were expanded, the demand for services would almost certainly increase as well.

We found that New Yorkers who had a medical problem were most likely to seek help— over 80% sought assistance—and virtually all of them got some amount of help. However, only 46% of people requiring medical help got all of the necessary assistance. Yet New Yorkers with medical issues fared far better than those who needed help paying for food or other bills. Only 70% of New Yorkers who could not afford to pay for food or their bills reported seeking help for these necessities, and only about 60% of those who sought help received some assistance. A meager 19% of those who needed help paying for food or bills received all of the relief they needed. Thus, fewer than one of five New Yorkers who could not otherwise pay for food or household bills reported getting all the help they needed.

Respondents who required assistance finding a job fared even worse: only 64% of those with a stated need for help finding employment sought assistance, and only 47% who were in need got

FIGURE 2 NEW YORKERS REPORTING A NEED FOR SERVICES WHO SOUGHT AND RECEIVED HELP

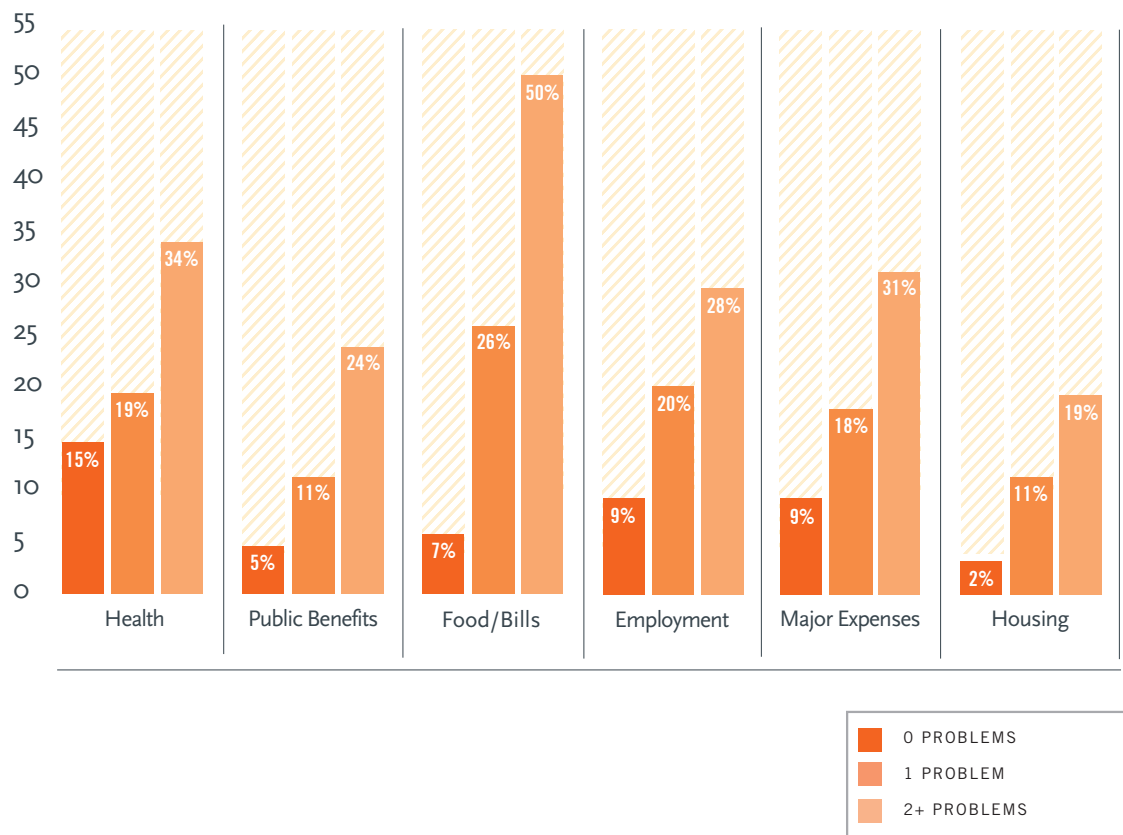


help, such as a referral to a job training program. Unfortunately, only 14% of respondents got all of the assistance they needed to find a job.

Similarly bleak results were seen in those requiring help obtaining public benefits: only 19% of respondents who needed help reported that they got all the help they needed. Housing issues appeared to be the most intractable, as only 8% of those who stated a need for housing assistance got all of the help required and just 35% reported that they got even some of the help they needed.

As noted in our inaugural Spring 2014 report, a key purpose of the Poverty Tracker is to understand the implications of people facing more than one type of disadvantage, defined here as the combination of income poverty, severe material hardship and a severe health issue. For the purposes of the Poverty Tracker, we define those households that were not experiencing income poverty, severe hardship or a severe health issue as having no disadvantage and those experiencing either income poverty, severe hardship or a severe health issue as having one problem. A third category is reserved for those who reported having two or more of these problems.

FIGURE 3 NEW YORKERS REPORTING A NEED FOR SERVICE BY NUMBER OF DISADVANTAGES

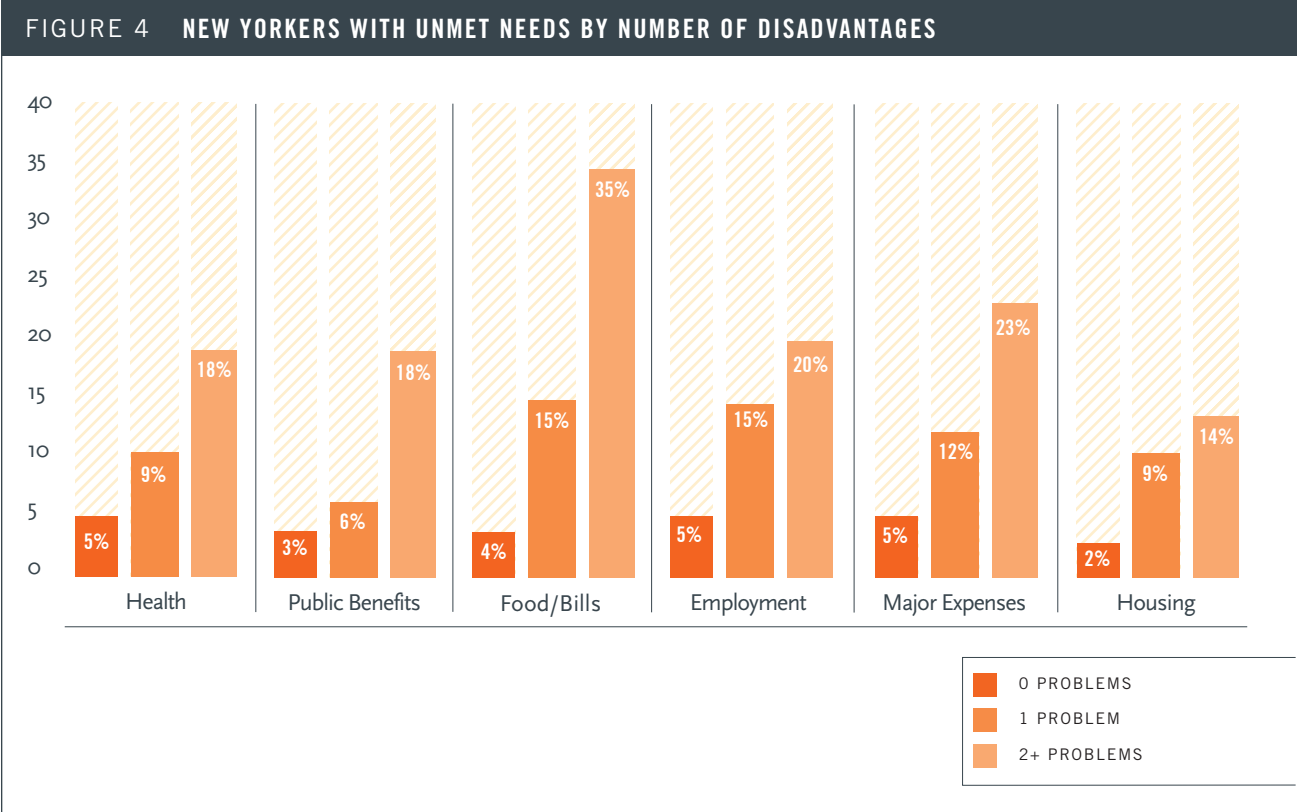


As expected, we found that there is a strong relationship between the degree to which a household is disadvantaged and the level of needs for that household. That is, respondents experiencing greater disadvantage on our first Poverty Tracker survey required more assistance than those with fewer problems (Figure 3). For instance, 50% of those respondents with two or more disadvantages needed help paying for food or bills, contrasted with 26% of those with one disadvantage. Perhaps most telling is that only 7% of those with no disadvantage expressed a need for help paying for food or bills. Likewise, 34% of those with two or more disadvantages reported needing assistance with a health issue, compared with 19% with one disadvantage and 15% with no disadvantages. Similar patterns emerged for other types of service needs.

We found that among our three indicators of disadvantage—income poverty, severe material hardship, which is defined as a persistent shortage of critical resources or an episode of severe deprivation or a severe health issue—severe material hardship was the strongest predictor that respondents would report needs for assistance. This makes sense, given that these are the New Yorkers reporting recent chronic or acute inability to meet their day-to-day financial needs.

UNMET NEEDS: DOES IT GET BETTER? IF SO, FOR WHOM?

Does the number of a person’s disadvantages make it more difficult for them to get their needs met? The answer to this question is shown in Figure 4 for New Yorkers surveyed with zero, one



or two or more problems, as measured by the initial Poverty Tracker Survey. Across almost all domains, those with multiple disadvantages had substantially higher levels of unmet needs. For instance, 35% of those with two or more problems had an unmet need for help buying food or paying household bills, compared to 15% of those with only one problem and 4% of those with no disadvantage. And for help finding a job, nearly one in five New Yorkers with two or more problems still needed help finding a job, compared with 15% of those with only one disadvantage and only 5% of those with none. Similar patterns prevailed across almost every type of need for assistance, highlighting the need for government and social service providers to work together and better target their assistance to New York's most distressed residents.

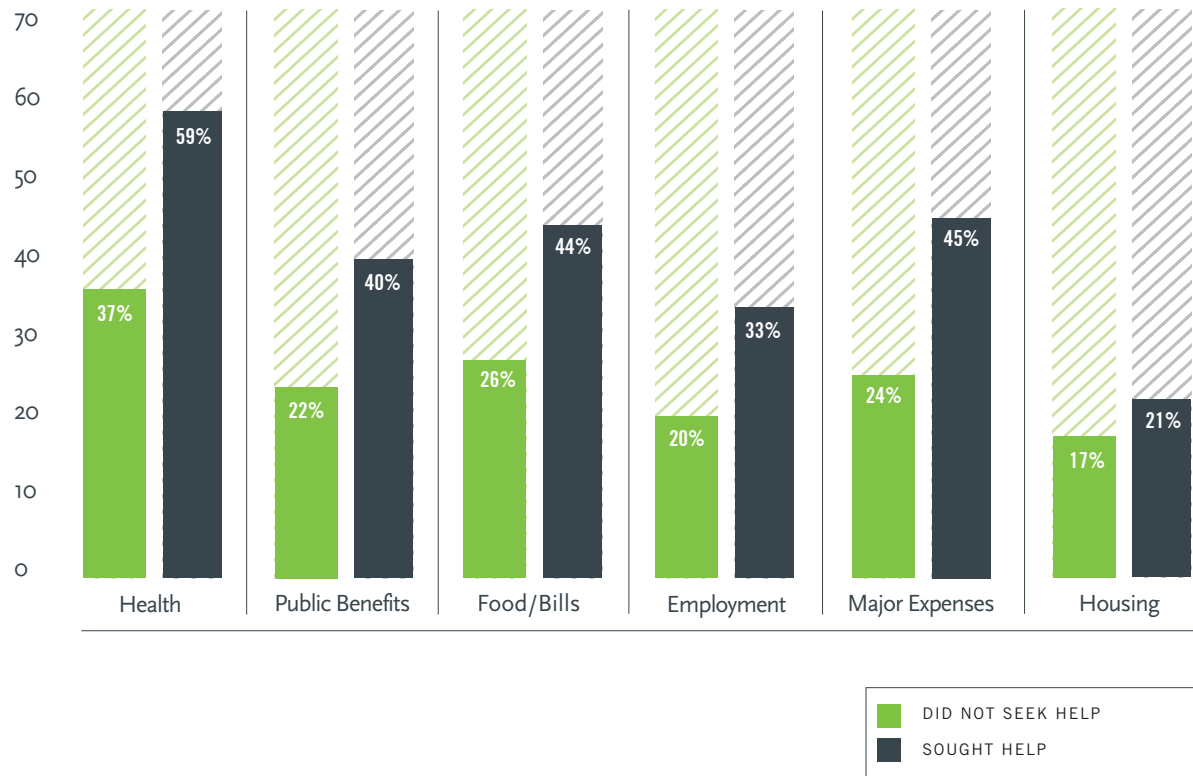
It is an obvious point that more deeply disadvantaged New Yorkers will have more needs for various services such as help finding a job, help paying for food or household bills, or help finding housing. But it is less obvious whether, given a need for assistance, those New Yorkers are less likely to have their needs met. On the one hand, their needs may be more acute or severe, making it harder for service providers to adequately address those needs. On the other hand, many programs and services are already explicitly focused on the most disadvantaged New Yorkers, so this cohort may have better access to critical supports than other, less-obviously distressed residents. That we are still seeing significant levels of unmet needs among highly disadvantaged New Yorkers may point to a need to more effectively target programs for this group.

UNDERSTANDING WHY SOME PEOPLE IN NEED DON'T SEEK HELP

A disturbing fact of deprivation is that even if one seeks and receives help for a particular need, the conditions that provoked the request still may prove intractable. For instance, imagine facing a chronic shortage of money to pay for housing, food and bills. You may go to the food pantry to secure free food for your family. If your experience at the pantry is pleasant, the food is of decent quality and the food satisfies your family's hunger for the time being, you may well report that you got all the help you needed. But did your situation actually improve? Conversely, you might not get all the help you need, and indeed may not seek help at all, yet the situation may improve without intervention. As an example, an individual's health issue may resolve without seeking medical care. Looking at whether someone's situation actually improved, regardless of actions taken in response to their problems, is another way to examine New Yorkers' unmet needs.

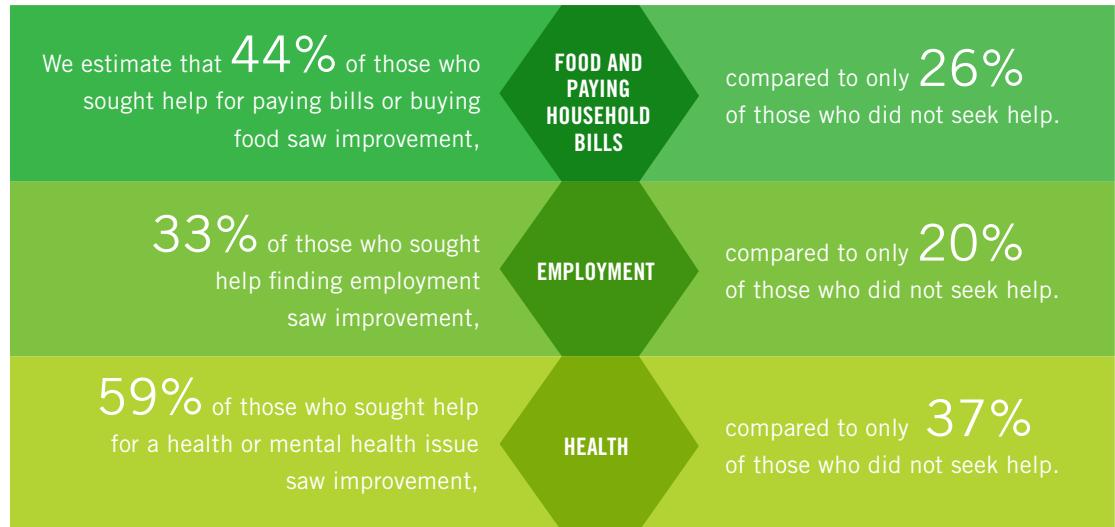
Of course, not everyone who needs help actually seeks it. Reasons include a lack of knowledge about available community programs and government support services, a lack of geographical access to available community support, perceived stigma related to seeking help and fears related to an individual's undocumented immigration status, among many other concerns. It should be noted, too, that many people simply don't have the time or the skills needed to navigate the dauntingly decentralized social services system.

FIGURE 5 PREDICTED PROBABILITY THAT SITUATION GOT BETTER, BY HELP-SEEKING BEHAVIOR



This situation begs the question: Do those who seek help for their problems actually see things improve, relative to others with the same types of problems? To test this, we ran a series of analyses predicting whether people’s situations improved, controlling for Poverty Tracker status and a set of key demographic characteristics. Whether someone’s situation improved is measured by responses to the question, “Since the time you needed help, did your situation get better, get worse or stay the same?” Based on this model, we predicted the probability of an individual’s situation getting better, both for those who sought help and those who did not. The results are presented in Figure 5.

Across every area of need, those who sought help were far more likely to report that their situation improved. For instance:



Thus, across domains, vulnerable New Yorkers who sought help were much more likely to have their needs met and to report that their situation improved. Some improvement may be due to self-selection (for instance, people with more manageable problems were more likely to seek help). However, the results suggest that a potentially important avenue for improving the lives of vulnerable New Yorkers may be in better understanding the reasons some people with critical unmet needs do not seek help, and developing ways to persuade them to do so, such as placing more of the necessary support services in the neighborhoods where residents demonstrate the greatest need, and increasing outreach and education about the services available.

CONCLUSION

The Fall 2014 Poverty Tracker report illustrates sizable gaps in the extent to which existing public and private services designed to help poor New Yorkers actually met the needs of these individuals. Across an entire spectrum of necessities, large numbers of city residents reported need for assistance in some form or another. Yet across these same domains, many fewer reported actually getting all the help they needed, suggesting considerable room for improvement and cooperation between government and social service providers.

As expected, the city's most vulnerable residents—those who were beset by more poverty, hardship and health issues—reported much greater levels of need. At the same time, these particularly disadvantaged New Yorkers were less likely to receive all of the help they needed. But far too many vulnerable citizens do not even seek help for their problems, though seeking help is one of the most powerful tools for predicting whether situations will improve. Those New Yorkers plagued by poverty, severe hardship and serious health problems need more assistance to improve their situations. Finding ways to connect non-users of help to critical support structures may be one promising vehicle for ensuring that when New Yorkers face needs for services and assistance, that assistance actually reaches them and, in so doing, makes a significant difference in improving the lives of the most vulnerable New Yorkers.