



Concentrated Poverty in Southern Indiana Louisville-Metro, 1990-2010

EXECUTIVE SUMMARY

Concentrated poverty is the percent of poor people in a given community that live in poverty areas. *Poverty areas* are those with a poverty rate greater than 20.0 percent.¹

From 1990 to 2000, the poverty rate in the U.S. declined from 13.1 percent to 12.4 percent,² but equally if not more important was the reduction in concentrated poverty from 20.0 percent to 18.1 percent.³ Between 2000 and 2010, the poor population grew by 12.3 million, reaching a historic high of 46.2 million people living in poverty.⁴ By 2010, the U.S. poverty rate was 14.9 percent and 25.7 percent of the poor lived in poverty areas.⁵

In Southern Indiana's four Louisville-Metro Counties 12.4 percent of the population fell below the federal poverty line in 2010 and more than a third of those households were located in *high poverty* (20-39 percent poverty rate) or *extreme poverty* (poverty rate of 40 percent or more) census tracts. While these figures are not terribly surprising in the wake of the worst recession since the Great Depression, the patterns of poverty warrant some attention (Figure 5).

Southern Indiana Louisville-Metro's (SILM) geographic footprint is predominately rural with population centers in New Albany, Clarksville, and Jeffersonville. These communities have experienced increases both in the poverty rate and in the concentration of poverty from 2000-2010. Poverty rates also increased in more rural areas of Washington and Harrison counties. Southern Indiana's poverty rates may not raise the same level of alarm as rates in some of Louisville's extreme poverty neighborhoods, but the direction of change is cause for concern as we look for signs of recovery from the recession.

KEY FINDINGS

- While Southern Indiana Louisville-Metro's (SILM) total population grew 8.4 percent from 2000-2010, the number of poor people in the four-county region increased 59.2 percent.
- After declining in the 1990s, poverty rates increased throughout much of SILM from 2000-2010.
- The concentration of the poor in SILM's suburban high poverty census tracts more than doubled from 2000-2010, from 12.3 percent to 29.3 percent of the area's poor living in high poverty areas (Figure 4).
- The percent of SILM's poor living in low poverty tracts decreased from 48.0 percent in 2000 to only 21.2 percent in 2010 (Figure 4).
- The largest share of SILM's poor (44.2 percent) lives in moderate poverty tracts (Figures 4 and 5).
- Southern Indiana's Metro counties are home to only one "extreme poverty" census tract. The Metropolitan area's concentration of poor people in extreme poverty tracts is primarily found in Jefferson County, Kentucky.
- The child poverty rate in SILM's poverty areas is 42.2 percent, compared to 17.9 percent for the area as a whole (Figure 6).
- Blacks and Hispanics are overrepresented in SILM's poverty areas, as are female headed family households (Figure 6).



The distinct social characteristics of poverty areas point to issues of particular concern and potential opportunities for effective responses to poverty. Poor areas have disproportionate representation of Blacks and Hispanics, lower rates of health insurance, home ownership, and labor force participation, higher rates of female headed family households, and more than two times the child poverty as that found in the region as a whole (Figure 6). These indicators support the need for affordable housing, attention to systemic barriers to success for minorities, access to healthcare, full utilization of available supports to keep families out of poverty, access to quality affordable childcare, and a pressing need to address child poverty. The findings of this report suggest opportunities to remove barriers to economic security for poor and low-income households in Southern Indiana in order to reverse poverty trends, stabilize and improve neighborhoods, and promote regional prosperity and quality of life.

INTRODUCTION

A national study of the increase in concentrated poverty in our nation's metropolitan areas found that from 2000-2010 the greatest increases in concentrated poverty were not in our major cities, but were in smaller metropolitan areas and mid-sized cities.⁶ The study included data on Louisville-Metro that indicated national patterns held for the region. This report takes a closer look at how national and Louisville-Metro trends are playing out in the four Southern Indiana Counties that are defined as part of the Louisville-Metro area (hereafter referred to as Southern Indiana Louisville-Metro or SILM). The purpose of this brief is to provide a snapshot of changes in the geography of poverty in SILM from 1990-2010 and to highlight the implications for thinking about services that support stability and economic security and prevent poverty.

The Louisville Metropolitan Statistical Area includes 13 counties; 9 in Kentucky and 4 in Southern Indiana. Clark, Floyd, Harrison and Washington counties in Southern Indiana are all part of the Metro region. Louisville's city center is home to most of the *extreme poverty* census tracts; Southern Indiana has only one such tract. From 1990 to 2010, Kentucky's share of Metro-area concentrated poverty in extreme poverty census tracts grew from just over 90 percent to more than 95 percent. The Kentucky side of the river fits the national trend of increased concentration of the poor in urban areas of extreme

poverty. During the same period, Southern Indiana's share of the poor living in *high poverty* tracts grew substantially (Figures 4 and 5). The Southern Indiana shift is consistent with a nationwide rise in poverty rates and the concentration of the poor in high poverty areas in suburban communities.

The Ohio River is a porous boundary between Louisville, Kentucky and SILM. Southern Indiana is in a separate state and close proximity to Louisville may cause some to overstate a common sense of identity or shared experience. Thousands of residents of both states cross the river to work, eat and shop, and many Southern Indiana residents enjoy the benefits of close proximity to all of the cultural and economic activities that a larger city provides. Louisville is, by definition, the only primary city in the Louisville-Metro area, which places the remaining communities within the Metro area in the category of "suburban census tracts." Washington and Harrison Counties, as well as portions of Floyd and Clark Counties, have low population densities, are home to agricultural production, and remain rural in culture and self-identification. The state boundary between the Southern Indiana portion of the Metro area and Louisville's center has historically limited collaboration and coordination. Parties on both sides of the river increasingly embrace a more regionalist approach, but political and cultural boundaries remain salient.

The urban, suburban, and rural dynamics in Southern Indiana presents both opportunities and concerns for the region. The increase in the portion of SILM's poor living in high poverty clusters indicates the need to foster balanced and sustainable economic development throughout the Louisville-Metro region, with attention to the role of geography in mediating the impact of growth in SILM.

With these boundaries and the changing demographic landscape in mind, the Indiana University Southeast Applied Research and Education Center seeks to provide a closer look at the often overlooked Southern Indiana portion of the Metro area. This brief places Southern Indiana Louisville-Metro's poverty figures in the context of broader population shifts affecting the region in the first decade of the 21st century. We focus on poverty rates, the concentration of poverty and characteristics of high and extreme poverty areas to better understand the dynamics of poverty in the region. Future research will take a closer look at additional issues related to poverty and economic well-being in SILM.



METHODS

We examine data from the 1990 and 2000 *Decennial Census* and from the 2008-2012 *American Community Survey*⁷ to determine the extent to which Southern Indiana Louisville-Metro followed the national metropolitan pattern of decrease in concentrated poverty from 1990-2000, followed by an increase in concentrated poverty from 2000-2010.⁸ The unit of analysis is the census tract, which allows us to examine concentrations of poverty in particular neighborhoods, though census tract boundaries may not match local definitions of neighborhood boundaries. All tracts contain between 1,400 and 8,000 people (average 4,344) making tracts appropriate units for comparison.

Following research in poverty studies, the research team classified census tracts as low, moderate, high, or extreme poverty based on the percent of the population living in poverty. Census tracts with poverty rates at or below nine percent are “low poverty,” those with 10-19 percent poverty are “moderate poverty,” 20-39 percent poverty rates are “high poverty” and those tracts with poverty rates of 40 percent or higher fall into the “extreme poverty” category. The U.S. Census Bureau designates census tracts with a poverty rate of 20.0 percent or higher as “poverty areas.”⁹ For the sake of this study, we will use the low, moderate, high, and extreme designations to zoom in on the changing concentration of poverty and will focus our greatest attention on “poverty areas,” high and extreme poverty tracts (all census tracts with a poverty rate of 20 percent or higher).

The federal poverty threshold determines who is defined as “poor.” The poverty threshold is problematic for a number of reasons well-documented in the literature,¹⁰ but the Census Bureau continues to publish figures based on the traditional poverty line and those figures determine eligibility for a wide range of public programs and services. Moreover, use of this measure ensures that the report is comparable to others like it and can be read in the context of the wider dialogue on geographic patterns of poverty.¹¹

FINDINGS

Southern Indiana Louisville-Metro (SILM) followed national trends in poverty from 1990-2010, with marked decreases in the closing decade of the 20th century followed by increasing poverty rates and an increase in the concentration of poverty in high poverty suburban census tracts in the opening decade of the 21st century.

Poverty Rates

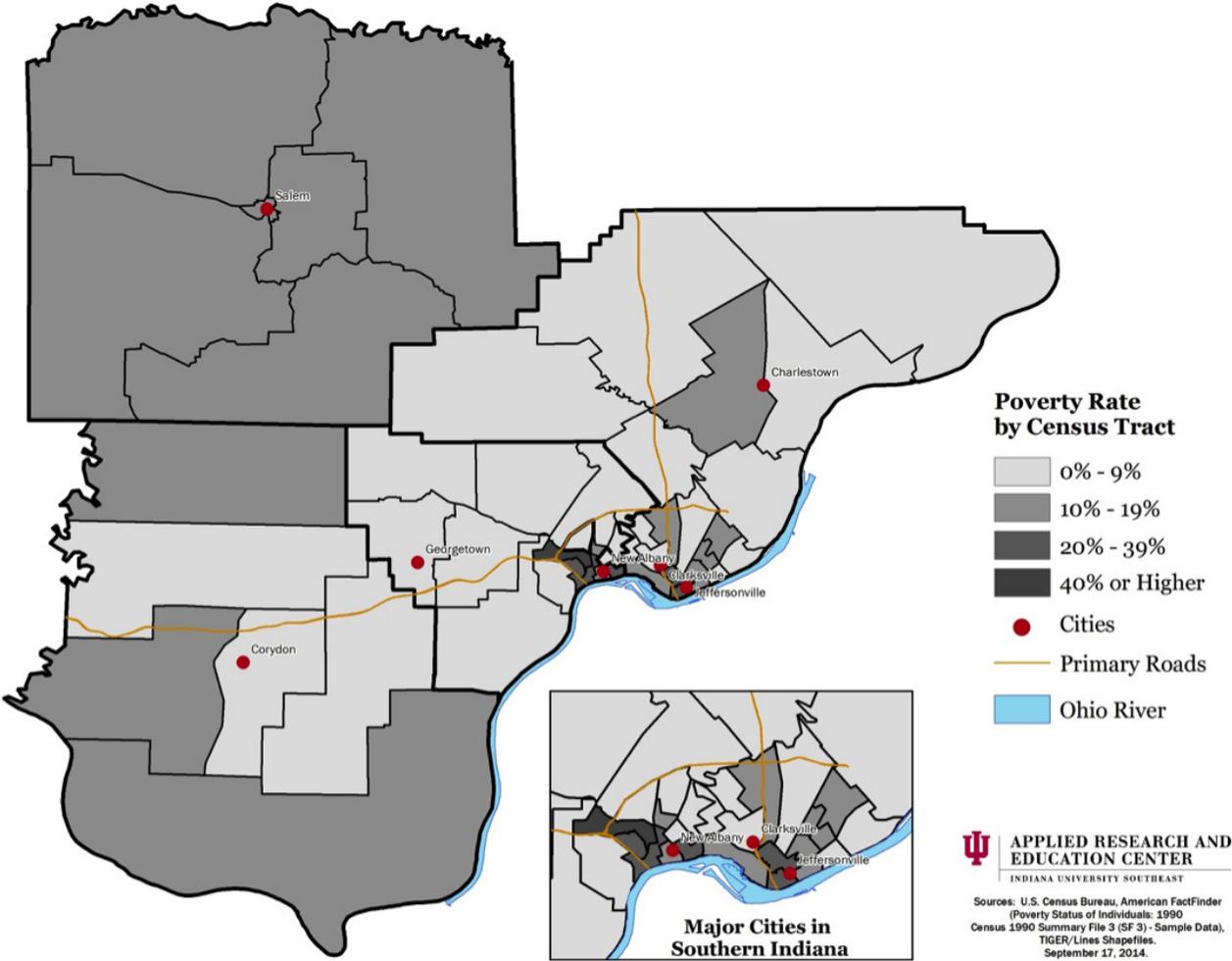
From 1990 to 2000, poverty rates in 38 out of 50 SILM census tracts decreased, reflecting the economic growth of the decade as well as public policies aimed at reducing poverty among low-income families.¹² In those tracts where poverty increased during the period, increases were at or below 3.3 percent.

Between 1990 and 2000, the population of SILM increased 11.2 percent (from 205,788 to 228,961) while the population living in poverty declined 11.9 percent (from 21,902 to 19,301). In the first decade of the 21st century SILM’s total population grew 8.4 percent (to 248,156), and the number of people living in poverty increased 59.2 percent to more than 30,000 residents (Figure 4).¹³

Distinct patterns in the last decade of the 20th and first decade of the 21st centuries are most visible in Southern Indiana’s more rural Harrison and Washington Counties (Figures 1-3). The shaded maps illustrate reductions in poverty in central and southwest Washington County and in three sizable rural census tracts in Harrison County. But those same areas experienced economic declines between 2000 and 2010. Two thirds of the census tracts in the more rural communities of Washington and Harrison counties increased poverty rates as the 21st century began. Five of Harrison and Washington counties’ 12 census tracts shifted from low to moderate poverty and another two tracts saw rates climb from moderate to high poverty.

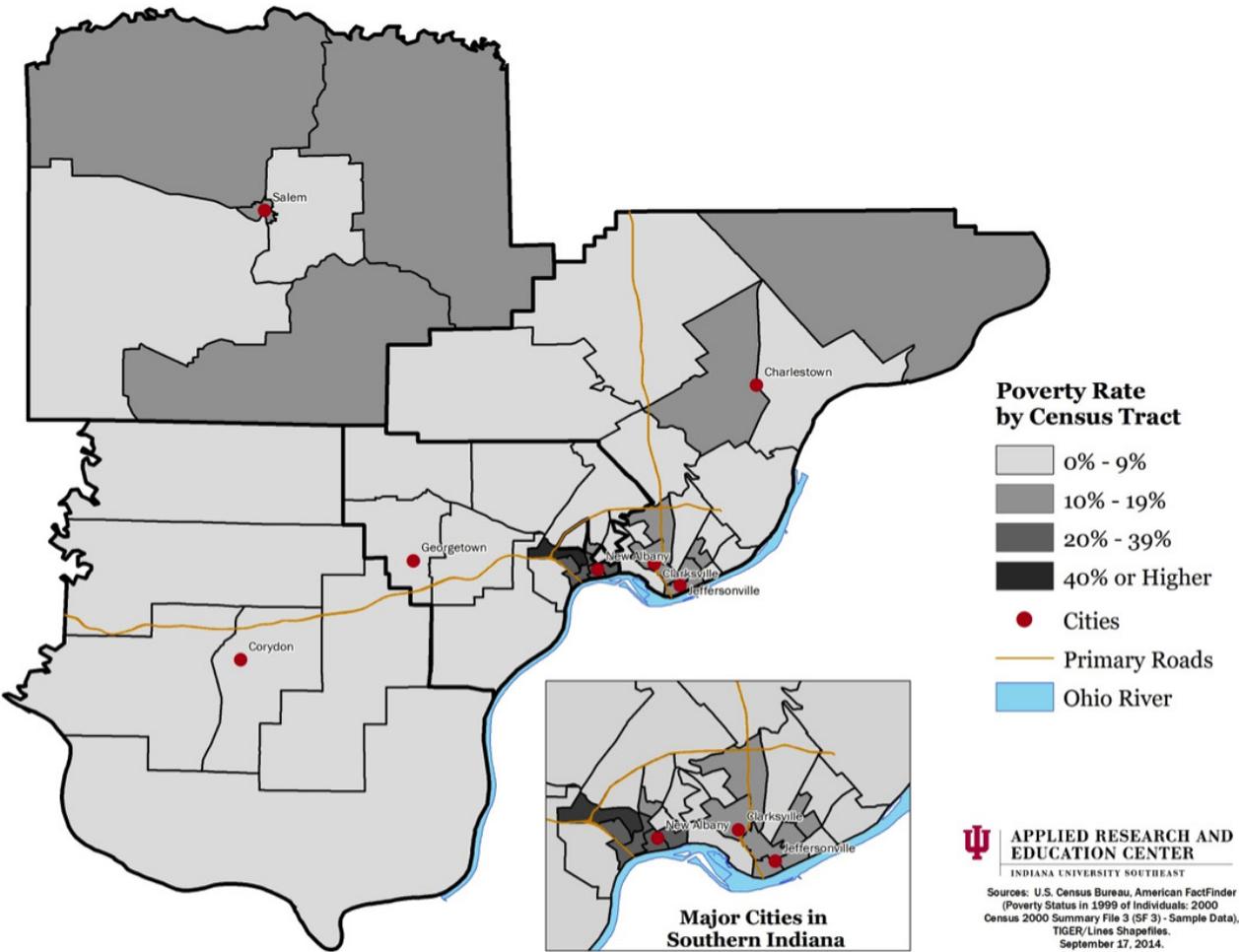
In Clark and Floyd counties seven census tracts changed from low to moderate poverty category and four new tracts had poverty rates between 10 and 19 percent from 2000-2010. Four moved up to the high poverty category and one new tract was created in a high poverty area (Figures 2-3). Areas of both Floyd and Clark Counties continued to build higher priced homes and stave off the decade’s financial declines as they attracted higher income residents (Figures 1-3). Ten new low poverty tracts were added for the 2010 census, reflecting this growth.

FIGURE 1: POVERTY RATE BY CENSUS TRACT, 1990



Note: The range for high poverty is larger than the low and moderate poverty categories. While low and moderate are 10 point ranges, high is a 20 point range. These categories come from other work on the topic and are not original to this piece.

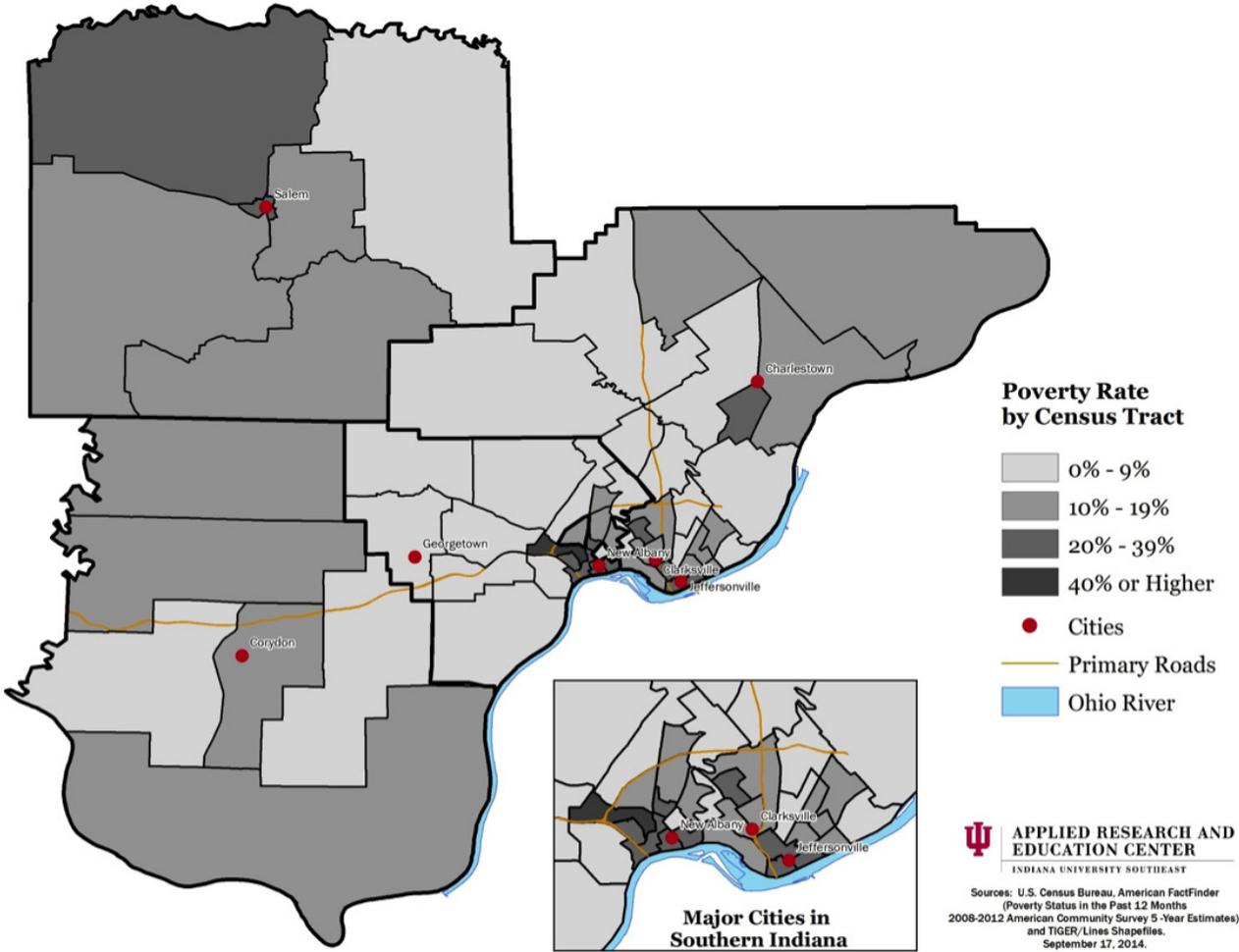
FIGURE 2: POVERTY RATE BY CENSUS TRACT, 2000



Note: The range for high poverty is larger than the low and moderate poverty categories. While low and moderate are 10 point ranges, high is a 20 point range. These categories come from other work on the topic and are not original to this piece.



FIGURE 3: POVERTY RATE BY CENSUS TRACT, 2010



Note: The range for high poverty is larger than the low and moderate poverty categories. While low and moderate are 10 point ranges, high is a 20 point range. These categories come from other work on the topic and are not original to this piece.

Concentration of Poverty

The concentration of poverty refers to the portion of the poor population living in high poverty and extreme poverty census tracts. In a national study that compared 2000 *Census* figures to 2007-2011 *American Community Survey* figures, Indiana was one of 13 states in the second highest category for increased concentration of poverty with a 6.2 percent increase.¹⁴

The increased clustering of poor people in areas with high to extremely high poverty rates raises concerns. Living in a poor or very poor neighborhood increases the burdens of being poor in a number of important ways. Lower tax bases often result in limited resources for schools, hindering educational attainment and human capital development in the area. As poverty becomes concentrated outside investment declines, limiting commercial activity that could provide jobs, hindering access to goods and services, and driving up crime rates as jobs and goods become scarce. These trends lead to increased costs for basic necessities such as groceries and insurance. When an area’s economic resources decline, property upkeep often slides, making the area less attractive to potential homeowners. Property is often owned by people

who do not live in the area and may not be properly maintained. This pattern further decreases property values. For those who own their homes, these trends may either lower their household wealth or diminish their ability to build wealth. The cycle of decline also increases the burden on local government and those providing public services to higher concentrations of poor people (eg. greater demand for policing and higher rates of uninsured patients in local hospitals and clinics).

Southern Indiana’s Metro counties are home to only one extreme poverty census tract, but the increase both in the number of high poverty tracts and in the percent of the poor living in high and extreme poverty tracts raises concerns about the direction the region is heading. After declining in the 1990s, the concentration of the poor in Southern Indiana Louisville-Metro’s (SILM) suburban high poverty census tracts more than doubled from 2000-2010, from 12.3 percent of the area’s poor living in high poverty areas to 29.3 percent. The largest share of SILM’s poor live in moderate poverty tracts (Figures 4 & 5). The percent of SILM’s poor living in low poverty tracts decreased from 48.0 percent in 2000 to only 21.2 percent in 2010.

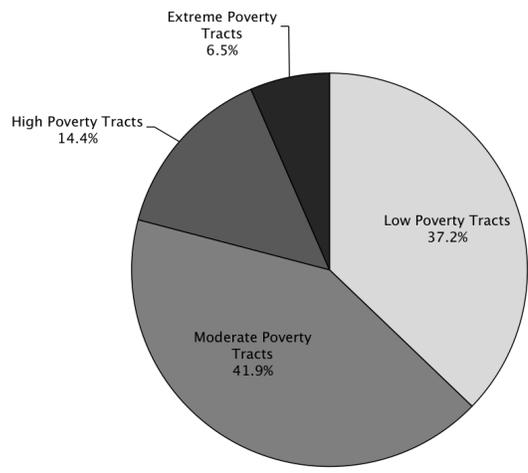
FIGURE 4: DISTRIBUTION OF THE POOR IN SOUTHERN INDIANA LOUISVILLE METRO, 1990, 2000, & 2010

| | Number of People 1990 | Percent of SILM Poor 1990 | Number of People 2000 | Percent of SILM Poor 2000 | Number of People 2010 | Percent of SILM Poor 2010 |
|----------------------------|-----------------------|---------------------------|-----------------------|---------------------------|-----------------------|---------------------------|
| Total Population of SILM | 205,788 | | 228,961 | | 248,156 | |
| Low Poverty Tracts | 8,141 | 37.2% | 9,266 | 48.0% | 6,514 | 21.2% |
| Moderate Poverty Tracts | 9,174 | 41.9% | 6,174 | 32.0% | 13,568 | 44.2% |
| High Poverty Tracts | 3,164 | 14.4% | 2,377 | 12.3% | 8,988 | 29.3% |
| Extreme Poverty Tracts | 1,423 | 6.5% | 1,484 | 7.7% | 1,656 | 5.4% |
| Total Poor Population SILM | 21,902 | | 19,300 | | 30,726 | |
| Poverty Rate SILM | 10.6% | | 8.4% | | 12.4% | |

Note: 2010 figures comes from the 2008-12 American Community Survey.

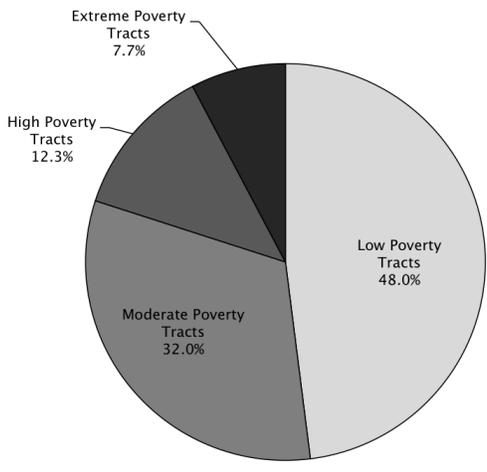
FIGURE 5: PERCENT OF SOUTHERN INDIANA LOUISVILLE METRO POOR BY CENSUS TRACT POVERTY LEVEL

1990



Note: Low Poverty = less than 10 percent poverty rate; Moderate Poverty = 10-19 percent poverty rate; High Poverty = 20-39 percent poverty rate; and Extreme Poverty = 40 percent or higher poverty rate. For example, in 1990, 42 percent of the poor in SILM lived in moderate poverty census tracts, that is, tracts with a poverty rate between 10 and 19 percent. Note that the range for high poverty is larger than the low and moderate poverty categories. These categories come from other work on the topic and are not original to this piece.

2000



2010

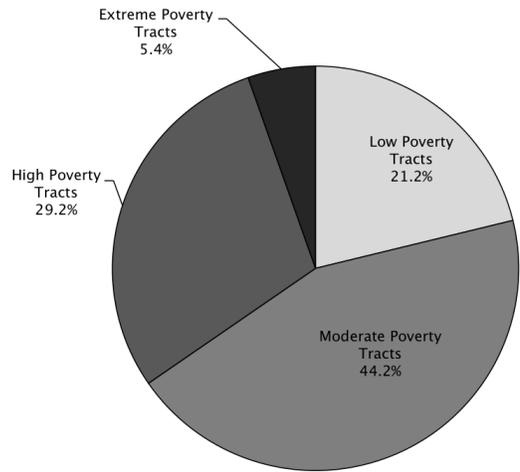


FIGURE 6: NEIGHBORHOOD CHARACTERISTICS FOR POVERTY TRACTS COMPARED TO ALL SILM TRACTS

| Share of Individuals | High & Extreme Poverty Tracts | All Tracts |
|---|-------------------------------|--------------|
| Who are: | | |
| Children under 18 in poverty | 42.2% | 17.9% |
| White | 83.2% | 91.8% |
| Black | 10.3% | 4.5% |
| Other including Multiracial | 6.5% | 3.7% |
| Hispanic or Latino* | 7.4% | 3.2% |
| Without health insurance* | 26.3% | 13.1% |
| 25 and over who have completed | | |
| Less than high school | 6.9% | 4.4% |
| High School Graduate | 39.2% | 37.5% |
| Some College | 26.6% | 30.4% |
| BA or Higher | 7.6% | 12.0% |
| Percent Not in labor force (Age 20-64) | 26.9% | 20.4% |
| Share of Households | | |
| That are owner occupied | 51.0% | 74.5% |
| That received Food Stamp/SNAP benefits in the last 12 months | 23.0% | 10.9% |
| Family Households with Single Female Householder (no husband present) | 34.6% | 18.0% |

*Hispanic or Latino individuals may also identify as any race. Figures for “Black,” “White” and “Other” also include those who are Hispanic or Latino.

****Note:** Health insurance figures are difficult to read for this geography and at this point in time. We included them here because access to healthcare is a significant issue in Southern Indiana. However, the margin of error on these figures is very high and the health care and insurance landscape is undergoing drastic changes as the result of the Affordable Care Act so we ask that readers see this as simply an indicator that these concerns are greater in poverty areas. The figures should not be utilized beyond this general assessment.



Characteristics of Poverty Areas

In 21st century U.S. society, race and ethnicity, access to healthcare, childhood poverty, educational attainment, and personal wealth all continue to shape opportunities and outcomes. When neighborhoods vary significantly based on these characteristics, the distinctions may shape opportunities and barriers for residents. Figure 6 compares the prevalence of a selection of social characteristics in SILM poverty areas to their occurrence in the region as a whole. The “High and Extreme Poverty Tracts” column provides data for SILM’s poor areas and “All Tracts” presents the same data for the area as a whole (including poverty areas).

Blacks and Hispanics are overrepresented in SILM’s poor areas. The Latino population in the area increased dramatically from 2000 to 2010, and most of that growth was among low-skilled, low-wage immigrant labor. Hispanics comprised 7.4 percent of the population in poverty areas compared to 3.2 percent in the region (Figure 6). A larger share of those living in poor areas failed to complete high school than in the population as a whole. Beyond that, however, differences in educational attainment are, perhaps surprisingly, negligible. These figures may reflect relatively low educational attainment in the region as a whole.

While we often hear reports of the unemployment rate, those figures fail to reflect the portion of the population described as “discouraged workers”—those who have been unemployed for more than 6 months and may not be actively looking for work. The percent of the working age population “not in labor force” reflects those choosing not to work or look for work out of frustration with the process or their inability to find work, as well as those who are not in the labor force as a result of disability, illness, or those who may choose to stay at home to care for young children or an aging or disabled relative. Among those who study poverty, the percent of the working age population not in the labor force is often considered more telling than the unemployment rate because it accounts for discouraged workers and can still be compared across time and location. In SILM’s poor areas, 26.9 of the working age population are not in the labor force, compared to 20.4 percent for the area as a whole (Figure 6).

Home ownership is the primary way that Americans build wealth. For middle class people, nearly all of

their wealth is in the form of home equity. In poor areas, those who rent are unable to build wealth, but even those who are able to purchase a home may not realize any benefits from their investment if poverty is increasingly concentrated in the neighborhood, thus decreasing property values and the likelihood of further investments in the community. Poverty areas in the SILM region have a 51.0 percent homeownership rate compared to 74.5 percent for the region (Figure 6).

As the healthcare landscape undergoes dramatic change, it is still useful to note that poverty areas have higher uninsured rates than the population as a whole. Healthcare costs remain a cause of financial decline as well as a barrier to economic stability and security. As recently as 2012, an estimated 15.9 percent of Hoosiers reported that they could not see a doctor in the past 12 months because of cost.¹⁵ Rapid changes resulting from the potential Medicaid expansion and the healthcare exchanges make it difficult to know what role these concerns will play in the future, but health insurance and access to care continue to be areas of concern for those living in poor areas. As of the 2008-2012 *American Community Survey*, 26.3 percent of those living in SILM’s poverty areas did not have health insurance, compared to 13.1 percent for the area as a whole (Figure 6).

The same period that saw an increase in the concentration of poverty also saw an increase in female headed family households. In 2000, 20.3 percent of family households in SILM’s poverty areas were headed by females with no husband present.¹⁶ By 2010 that figure had jumped to 34.6 percent compared to 18.0 percent in the region (Figure 6). Two parent households, whether dual income or not, are less likely to be poor than are single parent households. This figure has important implications for children. The child poverty rate in SILM’s high and extreme poverty census tracts is 42.2 percent compared to 17.9 percent for the area as a whole. In the one extreme poverty tract, 77.2 percent of children are poor. Child poverty is an important figure as the presence of children in a household can present a barrier to moving out of poverty and childhood poverty places individuals at much greater risk for a variety of problems across the lifespan, including adult poverty.

The comparison of poor census tracts to the area as a whole provides some useful data for understanding



what factors affect an individual's, family's, or household's ability to establish and maintain financial stability and security. Race, ethnicity, education, health, and wealth all continue to shape economic opportunity and outcomes. These figures illustrate key differences but also point to potential leverage points for addressing poverty in the region.

IMPLICATIONS

Southern Indiana Louisville Metro counties, like the rest of the country, experienced declines in poverty from 1990 to 2000 only to have those numbers rebound between 2000 and 2010. Fitting the national pattern for smaller and mid-sized cities, the most troublesome increases in extreme poverty localized in Louisville's city center, but Southern Indiana's suburban communities also experienced marked increases in the number of moderate and high poverty census tracts. The result for Louisville-Metro, like similar cities nationwide, is that a larger share of the area's poor population is living in high and extreme poverty census tracts than in 2000.

Findings suggest the importance of mixed income neighborhoods for staving off the progressive feedback loop and added burdens of localized concentrations of poverty. Access to affordable rent for low-income workers as well as opportunities for home ownership in affordable neighborhoods can allow residents to gain stability and build wealth and opportunity for the next generation. Any home ownership programs need to be built on sound financial education and planning. For those who cannot afford to purchase, even in the area's lower priced markets, affordable rent is essential to stability.

As the population of Southern Indiana becomes increasingly diverse, education and workforce development that meets the needs of the Hispanic community will be important to economic growth and reductions in poverty. Investments in equal opportunities across racial and ethnic background and embracing the benefits of diversity, and the opportunity in realizing human capital potential across social groups, will improve quality of life, attractiveness of the community to outside businesses and their workers, and as a result, will support economic growth.

Work supports and quality early childhood education and care may be appropriate responses to the needs of female headed family households. Returning discouraged and disabled workers to the labor force through vocational rehabilitation and training for 21st century jobs are important to decreasing the portion of the working age

population not in the workforce. The changing healthcare landscape may contribute to increases in labor force participation for those with newfound access to care for chronic disease or disability, but it is still too early to tell what the impacts of this system's change will look like in our local context.

Notably, educational attainment is important to accessing economic opportunity, but the rather small distinctions between poverty areas and the wider community suggest two important concerns: first, our region is lagging in educational attainment and second, educational attainment is not consistently leading to well-paid employment. We will look more closely at these dynamics in future research.

The poverty rate for the region's poor areas is 28.8 percent and 23.0 percent of households in those areas receive food stamps. The reasons for this discrepancy vary, but with a 42.2 percent child poverty rate in these same areas, this underutilization is notable (Figure 6). The child poverty rate is a concern, not just because it creates issues for children in our communities today, but because of the likelihood that those children, as a result of their early poverty, will struggle to succeed in education and the labor force in the future. Community responses to childhood poverty affect later adult outcomes.

The SILM region faces distinct challenges in a location where rural meets urban, suburban communities emerge, and the changing dynamics require shifts in how we think about the local economy, geography and planning. Increases in poverty throughout the region place demands on municipal and county governments as well as local service providers.

A look at national trends in urban centers foretells the intractable problems faced by areas of extreme poverty where the concentration of the poor continues to increase and the opportunities for change become more difficult to identify. Southern Indiana is not there. Much of the region remains low to moderate poverty, but the trend over the last decade is problematic and may serve as a warning. The financial collapse, recession, and slow recovery are the primary causes of these shifts, but a return to 2000 poverty levels will require concerted dedication, planning and effort. In order to respond effectively, area communities will need to recognize the region's interests and see opportunities for balanced sustainable community and economic development on both sides of the river and across the rural to urban landscape.



¹Erickson, David et al. 2008. *The Enduring Challenge of Concentrated Poverty in America: Case Studies from Communities Across the U.S.* Washington, D.C. United States Federal Reserve System and the Metropolitan Policy Program at Brookings Institute; Kneebone, Elizabeth, Carey Nadeau, and Alan Berube. 2011. *The Re-Emergence of Concentrated Poverty: Metropolitan Trends in the 2000's.* Washington, D.C.: Metropolitan Policy Program at Brookings. Bishaw, Alemayehu. 2014. *Changes in Areas with Concentrated Poverty: 2000-2010.* Washington, D.C.: U.S. Department of Commerce Economics and Statistics Administration and the United States Census Bureau, 1.

²U.S. Census Bureau. "Persons by Poverty Status in 1959, 1969, 1979, 1989, and 1999, by State (CPH-L-162)." *Census Historical Poverty Tables.* <https://www.census.gov/hhes/www/poverty/data/census/1960/list.html> (retrieved 09/27/2014).

³Bishaw, Alemayehu. 2014.

⁴U.S. Census Bureau. 2014. "USA QuickFacts." American Community Survey 2008-2012. <http://quickfacts.census.gov/qfd/states/00000.html> (retrieved 09-27-2014); Kneebone, 2011.

⁵Bishaw 2014, 1.

⁶Kneebone, Elizabeth, Carey Nadeau, and Alan Berube. 2011. *The Re-Emergence of Concentrated Poverty: Metropolitan Trends in the 2000's.* Washington, D.C.: Metropolitan Policy Program at Brookings.

⁷The research team spent a lot of time utilizing the data tools for the Decennial Censuses and the American Community Survey. The two primary access points, American Fact Finder 2 and Data Ferret are not completely consistent in their figures. We found small discrepancies in numbers that likely reflect updates made to the data and the failure of one of these sites to update the data set utilized by their data tool. Any discrepancies were very small and did not affect percentages or trends in any significant way, but we want to note that the discrepancies exist. We made researchers at Data Ferret aware of the issue.

⁸The decennial census no longer tracks poverty so we used the 2008-2012 American Community Survey which combines sample data from all five years to arrive at estimates. For more information on margins of error and sampling concerns, see http://www.census.gov/acs/www/about_the_survey/american_community_survey/.

⁹Bishaw, 2014.

⁹Bishaw 2014, 1.

¹⁰Kneebone, 2011.; Fremstad, Shawn. 2010. *A Modern Framework for Measuring Poverty and Basic Economic Security.* Washington, D.C.: Center for Economic and Policy Research. Citro, Constance and Robert Michael (eds). 1995. *Measuring Poverty: A New Approach.* Washington, D.C.: National Academy Press <http://www.census.gov/hhes/povmeas/methodology/nas/report.html> (retrieved 09-26-2014); Fisher, Gordon M. 1992. "The Development and History of the Poverty Thresholds." *Social Security Bulletin* 55(4). <http://www.ssa.gov/history/fisheronpoverty.html> (retrieved 09-26-2014).

¹¹Kneebone, 2011; Bishaw, 2014.

¹²Kneebone, 2011.

¹³Population totals come from Decennial Censuses for 1990 and 2000. Poverty figures come from Decennial Censuses for 1990 and 2000, and population and poverty figures for 2010 come from the 2008-2012 American Community Survey 5 year estimates. According to the 2010 Decennial Census, the area's population was 252,436 in 2010, slightly higher than the ACS 5 year estimate of 248,156. This discrepancy is to be expected. We use the ACS figure in order to be consistent with our other data points.

¹⁴Jargowsky, Paul A. 2013. *Concentration of Poverty in the New Millennium: Changes in Prevalence, Composition, and Location of High Poverty Neighborhoods.* New York: The Century Foundation and Rutgers Center for Urban Research and Education.

¹⁵Henry J. Kaiser Family Foundation. 2014. "State Indicators." <http://kff.org/other/state-indicator/could-not-see-doctor-because-of-cost/?state=IN> (retrieved October 6, 2014).

¹⁶U.S. Census Bureau. 2000. 2000 Decennial Census. <http://factfinder2.census.gov> (retrieved October 8, 2014).



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