THE BROOKINGS INSTITUTION
WASHINGTON, DC

METROPOLITAN POLICY PROGRAM

Access to Social Services: The Changing Urban Geography of Poverty and Service Provision

Scott W. Allard[1]

"A service-based welfare system places greater importance upon ensuring that eligible individuals have access to the social services they seek."

Findings

An examination of neighborhood variation in access to social services in three metropolitan areas—Chicago, Los Angeles, and Washington, D.C.—finds that:

- **On average, poor populations in urban centers have greater spatial access to social services than poor populations living in suburban areas.** In all three metropolitan areas, tracts with higher poverty rates are located in closer proximity to social service providers than tracts with lower poverty rates. On average, tracts with low poverty rates are within 1.5 miles of one-third, one-fifth, and one-quarter as many providers in metropolitan Chicago, Washington, D.C., and Los Angeles respectively, as tracts with high poverty rates.

- **While spatial access to social service providers is greatest in central city areas, potential demand for services is also much greater in central city areas than in suburban areas.** Service providers in the city of Chicago are in proximity to ten times as many poor households as providers in suburban Chicago. Social service providers located in the District of Columbia are proximate to about six times more poor households than service providers in suburban Washington, depending on the particular service area. Because poverty is less centralized in Los Angeles, however, potential demand facing social service providers in central city is only about twice that of the potential demand in suburban areas.

- **The location of social service providers does not always match well to the changing demographic compositions of cities.** Central city tracts that transitioned to a higher poverty status between 1990 and 2000 generally have less access to providers than tracts where poverty rates remained high over the past decade. In all three cities, suburban tracts experiencing significant increases in poverty rates between 1990 and 2000 were proximate to far fewer service providers than central city tracts experiencing such increases in the poverty rate.

- **High poverty central city tracts with large percentages of Hispanics are located within the greatest proximity to service providers.** Access disparities also exist between whites and African-Americans in Los Angeles and Washington. These findings appear in large part to be a product of the patterns and degree of racial and ethnic segregation in each city.

Governmental and non-governmental social service providers offering assistance to low-income populations locate in urban centers, near where disadvantaged populations are most concentrated and where services can be delivered most efficiently. However, the shifting geography of concentrated poverty, and the transformation of governmental assistance from cash to services, increases the importance of the location of these facilities, requiring greater attention from policymakers and service providers.

I. Introduction

Despite the economic growth of the 1990s and decreasing numbers of high poverty neighborhoods in urban centers, poverty, unemployment, and welfare receipt remain concentrated in central city areas.[2] In response to the persistent needs of urban centers, governmental and non-governmental social service providers offering assistance to low-income populations locate in urban centers, near areas where disadvantaged populations are most concentrated, and where services can be delivered most efficiently. Greater proximity to social service providers is thought to increase the likelihood that eligible individuals in need will receive care or assistance, as shorter distances reduce the burden of commuting, particularly among low-income populations who have less access to automobiles than the general public. Individuals and case managers are also less likely to have information about service providers outside of their immediate area, reducing the likelihood of seeking services from these less proximate, but potentially helpful providers.[3] Emerging research does indicate that greater spatial proximity to service providers increases the likelihood of service utilization among welfare recipients.[4]

The changing geography of poverty over the past ten years, however, has a number of implications for the provision of social services to low-income persons. Of particular concern here, is the fact that low-income populations eligible for assistance are more mobile than service providers. So, as poor populations become less concentrated in a few central city neighborhoods, it is unlikely that social service provision will follow readily. To the extent that disparities in service provider access are present, we should expect those disparities to affect service utilization rates between groups with more versus less access to social services, eventually translating into disparities in health, work, and welfare outcomes. If persistent, spatial mismatches between the location of social service providers and the target populations they seek to serve could emerge. Struggling to make programmatic choices amidst budget deficits and declining federal support for social services, state and local policy-makers should consider the spatial distribution of social service providers when setting program funding levels or deciding which programs to eliminate altogether.

Beyond these general concerns about the fit between the geography of service delivery and need in metropolitan areas, program managers, policy-makers, and advocates involved with welfare reform should be concerned about how patterns of social service accessibility may affect welfare-to-work programs. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), commonly referred to as welfare reform, transformed the provision of welfare assistance to a work-first, time-limited system that expects and encourages work activity among welfare recipients.

Less often discussed is how welfare reform transformed the safety net from a system where welfare checks were the primary vehicle of assistance, to one where social services supporting work are the primary tool for assisting welfare recipients. States have responded to work requirements and time limits by financing many child care, counseling, referral, job training, and education services. Such efforts have resulted in extensive collaboration and coordination between a host of governmental and non-governmental organizations.[5] Today, over one-half of all Temporary Assistance for Needy Families (TANF) dollars go to the provision of support services, in contrast to the system TANF replaced in 1996 where almost 80 percent of all welfare dollars went to cash assistance for recipients.[6]

A service-based system places greater importance upon ensuring that eligible individuals have access to the social services they seek. For example, receipt of a welfare check is not sensitive to a client's residential location or residential mobility. Welfare-to-work programs, however, require clients to make frequent visits to a number of different governmental and non-govern-

mental offices for eligibility determinations, compliance verification, and receipt of services. With a large percentage of welfare leavers connected tenuously to the labor market and many individuals remaining on welfare experiencing barriers to employment, support services are critical to helping many welfare recipients and former recipients achieve self-sufficiency.[7] Moreover, a growing emphasis on faith-based initiatives and programs that promote marriage will broaden the range of services delivered to poor populations and organizations funded with federal dollars.

This report examines neighborhood variation in access to social services in three metropolitan areas (Chicago, Los Angeles, and Washington, D.C.). Spatial proximity to social service providers is an important condition for adequate access to governmental and non-governmental service providers, as low-income individuals who are not proximate to service providers will face greater obstacles to receiving assistance than low-income individuals living near service providers.[8] Individuals residing in neighborhoods with low levels of spatial access to services face a social welfare system that may effectively deny them aid for which they are eligible, as the lack of proximity to relevant social service providers is tantamount to being denied aid.

II. Methodology

Working from a number of community directories, I compiled an extensive listing of social service providers that assisted low-income households and single-parent households during 2000-01 in three different metropolitan areas (Chicago/ Cook County, IL; Los Angeles/ Los Angeles County, CA; and, Metropolitan Washington, D.C.).[9] While the city of Los Angeles rests within the sprawling Los Angeles County, Chicago comprises most of Cook County, which is one part of a larger nine-county metro area. For the purposes of this study, I define metropolitan Washington, D.C. to include the District of Columbia, as well as Prince George's County and Montgomery County in Maryland to the northeast, and the following suburban jurisdictions in Northern Virginia west of the District: the city of Alexandria; Arlington County; Loudoun County; Fairfax County; and Prince William County.[10] I chose these three cities because they differ in size, density, ethnic/racial composition, and economic conditions, yet poverty rates are comparable across all three cities.[11] Moreover, each city is nested within a TANF system that spends different amounts on support services. California spent roughly $2.2 billion on services in 2001, 34 percent of its total TANF spending. In 2001, the District of Columbia allocated 66 percent of its nearly $200 million in TANF expenditures to services, a greater share than Maryland (43 percent) and Virginia (60 percent). The state of Illinois devotes a large share of its pooled state and federal TANF funds to support services, spending almost 80 percent (nearly $800 million) in 2001 on services.[12] Observation of similar patterns of service accessibility across these three different metropolitan areas would lead us to believe that such patterns may exist in other metropolitan areas as well.[13]

Table 1 reflects the differences in population densities and basic demographic characteristics for each metropolitan area. Although each area has over 4 million residents, the District of Columbia has a much smaller population than the cities of Chicago or Los Angeles, with less than 600,000 residents. The city of Chicago and the surrounding suburban areas are the most densely populated of the three areas. While the District of Columbia is a compact, densely populated area, suburban Washington is characterized more by sprawling low-density. Los Angeles County is the largest in terms of land area, but is less densely populated in both its central city and suburban areas than the other two metropolitan areas.

The population dynamics in each city also vary. While the District of Columbia experienced about a 6 percent population decline between 1990 and 2000, with most of the population loss occurring in the higher poverty areas of the city, suburban areas around the District experienced a 20

percent growth in population.[14] These population flows have not had a dramatic effect on the race or ethnic composition of Washington, D.C., as the city maintains a large African-American population (59.4 percent in 2000) and a small, but growing Hispanic population (7.9 percent).[15] In contrast, the city of Chicago experienced modest population growth during the 1990s. Cook County suburbs immediately outside the central city saw significant population declines, yet outer suburban areas saw considerable growth. Although metropolitan Chicago has roughly equal percentages of African-Americans and Hispanics (25.8 percent and 19.9 percent respectively), the Hispanic population in the city and suburbs grew by nearly one-third during the 1990s.[16] Central city and suburban Los Angeles grew by nearly the same amount in the last decade (7.4 percent and 8.3 percent respectively), but many of the poorest neighborhoods in the central city lost population. Experiencing substantial growth in Hispanic population in both suburban and central city areas, metropolitan Los Angeles is nearly a majority Hispanic metro area (46.5 percent).[17]

Poverty rates across the three center city areas are similar, with about 22 percent of central city residents living below the federal poverty line in each of the three urban areas. The urban geography of poverty, however, varies across each city. High poverty tracts in metropolitan Chicago (those with poverty rates over 20 percent) are located in the southern and western portions of the central city, while in Los Angeles high poverty tracts can be found in the south-central and eastern portions of the central city and adjacent suburbs. Fewer in number, high poverty tracts in Washington, D.C. are more concentrated than in Chicago or Los Angeles, primarily located in the south and eastern portions of the District. Aggregate changes in poverty between 1990 and 2000 vary, with poverty decreasing by 5.7 percent in the city of Chicago during the 1990s, increasing by 3.7 percent in the District of Columbia, and remaining basically unchanged in Los Angeles. Each metro

Table 1. Metropolitan Demographic Characteristics, 2000 Census

	Total Population (in 1,000s)	Land Area in 2000 (in square kilometers)	Population Density in 2000 (residents per kilometer)	Mean Census Tract Poverty Rate, 2000	Mean Change in Tract Poverty Rate, 1990 to 2000	Percentage of Population African-American in 2000	Percentage of Population Hispanic in 2000
Metropolitan Chicago	**5,378**	**2,449**	**2,195**	**16.6**	**-5.0**	**25.8**	**19.9**
Chicago Central City	2,960	627	4,721	22.1	-5.7	35.5	25.7
Suburban Chicago	2,417	1,823	1,326	6.7	-3.7	13.8	12.8
Metropolitan Washington, D.C.	**4,062**	**6,104**	**665**	**9.2**	**-0.2**	**28.6**	**10.1**
District of Columbia	572	159	3,598	22.0	3.7	59.4	7.9
Suburban Washington	3,490	5,945	587	5.9	-1.3	23.6	10.5
Metropolitan Los Angeles	**9,519**	**10,518**	**905**	**17.9**	**-3.1**	**9.4**	**44.6**
Los Angeles Central City	3,957	1,725	2,294	21.7	0.5	10.8	45.0
Suburban Los Angeles	5,563	8,793	633	14.9	-5.9	8.3	44.3

Source: Multi-City Social Service Provider Database, 1990 and 2000 Census

area also differs in racial and ethnic composition.[18]

Providers were included in the Multi-City Social Service Provider Database (MSSPD) if they offered services in at least one of five different types of services: substance abuse and mental health; food assistance; job training; education; and non-food emergency assistance.[19] I used publicly available guides, directories, and resources to identify social service providers most likely to serve low-income families near or below the poverty line, welfare recipients, and other social welfare program participants (e.g., Food Stamps, Medicaid, housing assistance). Further, social services that address the most common barriers to employment were identified among low-income populations.[20] Not only does the MSSPD reflect the breadth of support services offered to low-income populations in each city, but it also reflects the range of governmental and non-governmental organizations most likely to offer such services to low-income populations.[21]

Using information about the location of each provider, I calculated the number of service providers for each program area within a 1.5 mile radius of each residential census tract. Although reasonable commuting times and distances will depend on an individual's access to automobile and public transportation, examining service accessibility within 1.5 miles captures providers within a reasonable commute regardless of an individual's mode of transportation. The MSSPD was then combined with tract-level demographic and economic data from the 1990 and 2000 Censuses, allowing me to consider how proximity to service providers varies by tract racial composition, poverty rates, and patterns of public assistance receipt.

III. Findings

A. On average, poor populations in central cities are closer in proximity to social service providers than poor populations living in suburban areas.

Metropolitan Chicago and Los Angeles have comparable numbers of social service providers, with 1,300 and 1,245 respectively; Metropolitan Washington, D.C., with a smaller population, contains 974 service providers (Table 2). Differences in population density across the three cities, however, translate into differ-

Table 2. Characteristics of Multi-City Social Service Provider Database

	Total Number of Providers	Offer Substance Abuse and Mental Health Services	Offer Education Services	Offer Job Training	Offer Food Assistance	Offer Emergency Assistance
Metropolitan Chicago	**1,300**	**763**	**166**	**327**	**202**	**78**
Chicago Central City	770	425	112	206	120	40
Suburban Chicago	530	338	54	121	82	38
Metropolitan Washington, D.C.	**974**	**305**	**151**	**116**	**144**	**57**
District of Columbia	398	109	60	56	61	14
Suburban Washington	576	196	91	60	83	43
Metropolitan Los Angeles	**1,245**	**608**	**205**	**307**	**209**	**128**
Los Angeles Central City	550	295	75	127	98	59
Suburban Los Angeles	695	313	130	180	111	69

Source: Multi-City Social Service Provider Database, 1990 and 2000 Census

ences in the mean number of providers within 1.5 miles of a residential tract. On average there are 17.8 social service providers within 1.5 miles of residential tracts in Metropolitan Chicago, as opposed to 10.6 providers within 1.5 miles of the average residential tract in Metropolitan Washington, D.C. and 8.2 providers in Metropolitan Los Angeles.

Social service providers have tended to locate in areas with larger pools of potential clients, so that services can be delivered most efficiently. For providers serving low-incomes populations, we would expect to see most located in and around the poorest tracts. Figures 1 through 3 map the location of service providers and tract poverty rates across each city, with each dot representing a service provider and darker tracts reflecting higher poverty rates. In each metropolitan area service providers tend to be located within or nearby central city areas, especially near areas with higher poverty rates.

Figure 4 charts the mean number of social service providers within 1.5 miles by tract poverty rate. Consistent across all three metro areas, tracts with higher poverty rates are located in closer proximity to providers than tracts with lower poverty rates. Tracts with low rates of poverty (10 percent or fewer individuals below federal poverty line) are within 1.5 miles of one-third, one-fifth, and one-quarter as many providers in metropolitan Chicago, Washington, D.C., and Los Angeles respectively, as tracts in each city with poverty rates of 40 percent or higher. Again, these findings fit expectations that service providers will locate nearest concentrations of poverty, so as to be able to deliver assistance as efficiently as possible.

Given these findings, however, areas with moderate-

Figure 1. Location of Providers in Metropolitan Chicago

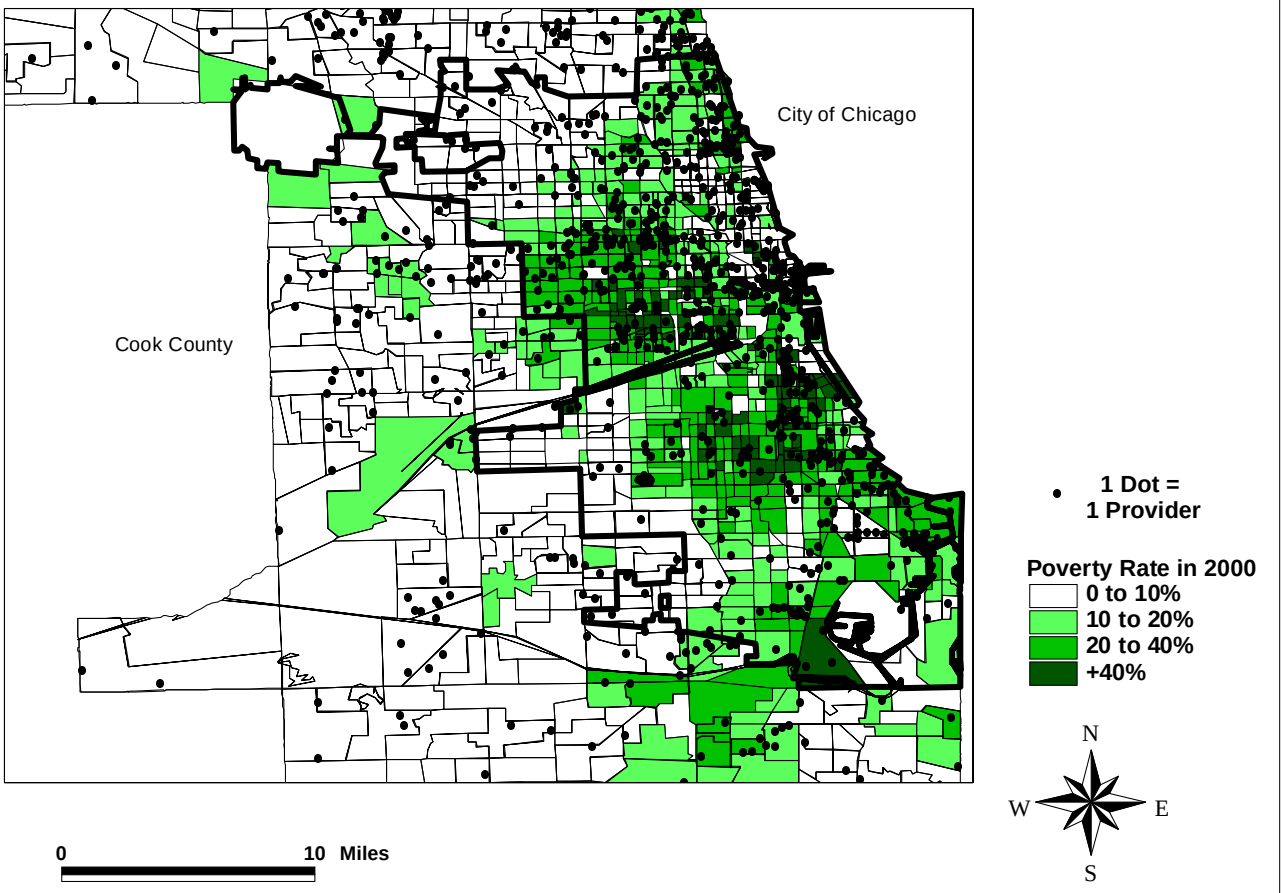


Figure 2. Location of Providers in Metropolitan Washington, D.C.

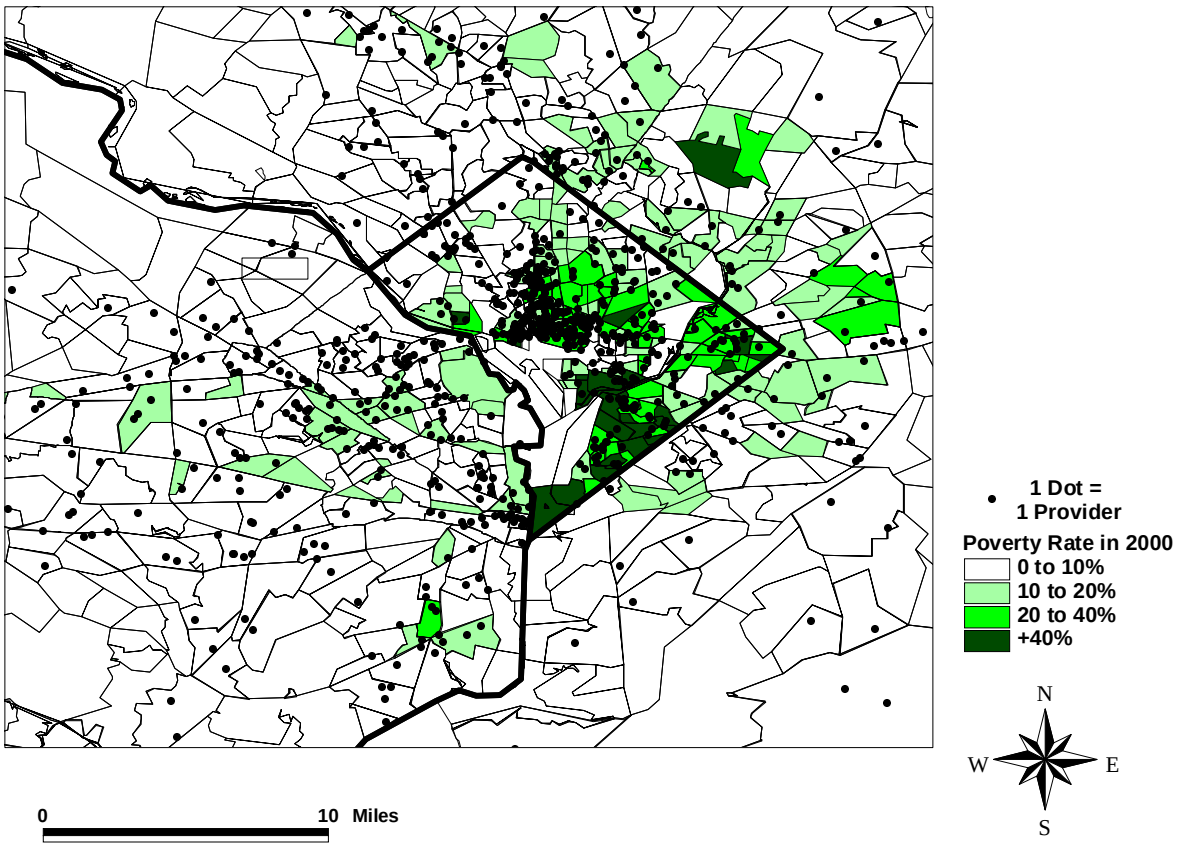


Figure 3. Location of Providers in Metropolitan Los Angeles

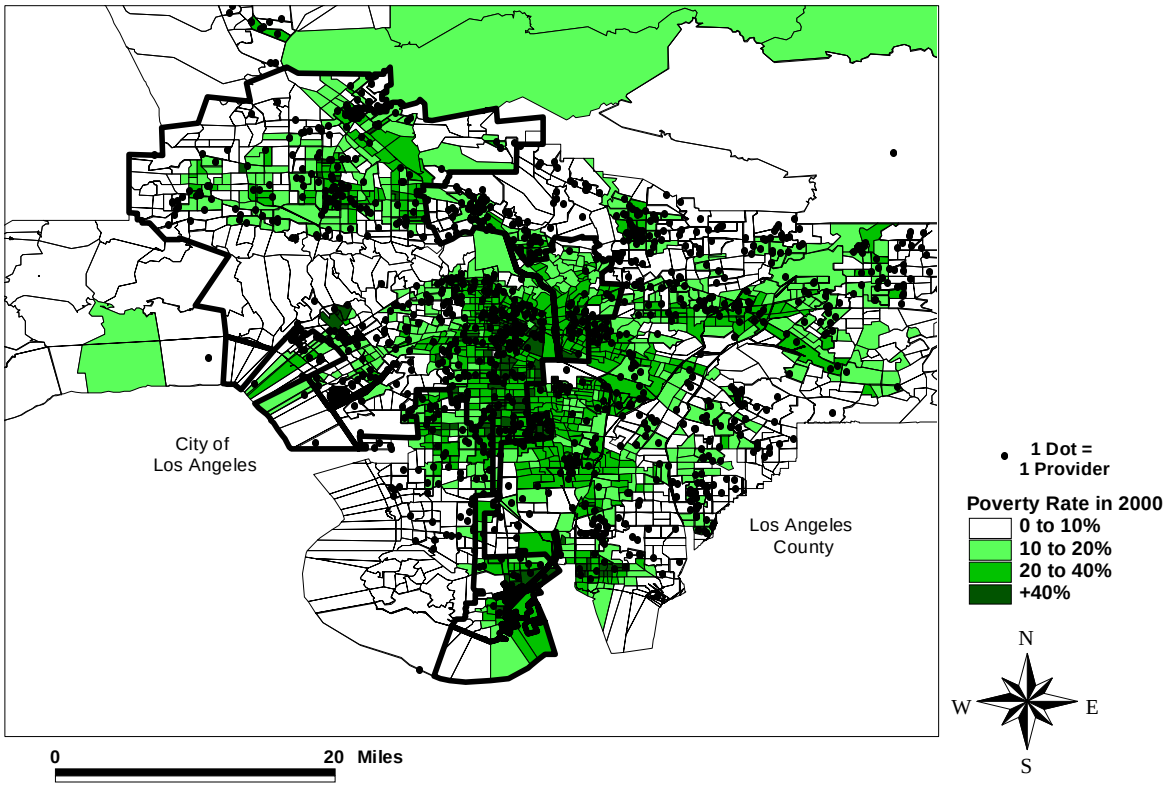
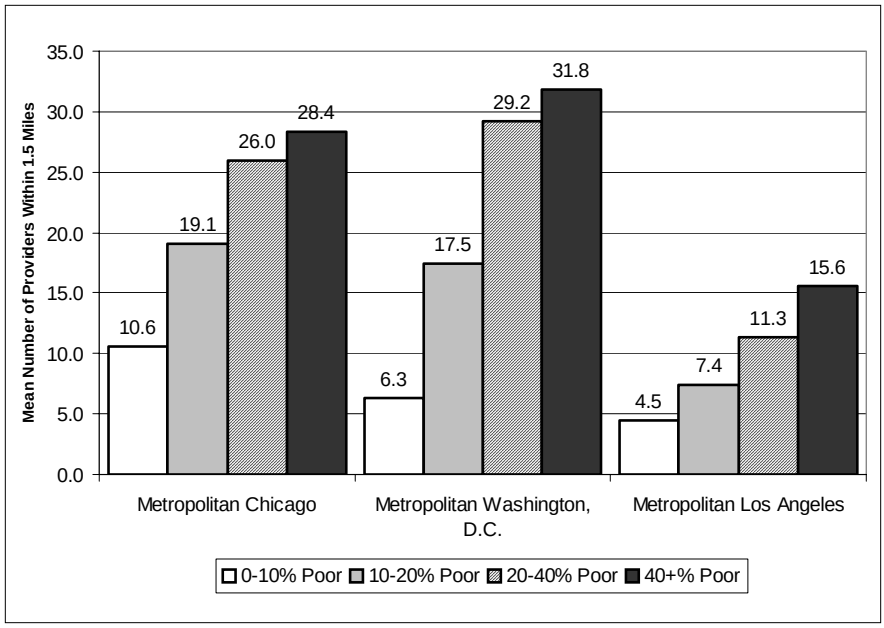


Figure 4. Mean Number of Providers within 1.5 miles by Poverty Rate



Source: Multi-City Social Service Provider Database, 2000 Census

to-high rates of poverty appear to be located farther from service providers on average than one might otherwise expect. In Chicago, Los Angeles, and Washington, D.C., tracts with poverty rates between 10 and 20 percent are near roughly one-third to one-half as many service providers as tracts where the poverty rates are over 40 percent. Tracts with poverty rates between 20 and 40 percent in Los Angeles and Chicago also are less proximate to service providers than tracts in those cities where more than 40 percent of residents are poor.

While Table 2 shows that the majority of providers in metropolitan Chicago are located in the central city (59 percent), slightly more than half in Los Angeles and Washington are located in suburbs (56 percent and 59 percent respectively). In spite of these large numbers of providers found in suburban areas, providers located in suburban areas are spread out across much larger geographic areas, so that suburban Census tracts are less proximate to service providers than central city Census tracts. Consequently, there are significant differences in social

Table 3. Access to Providers in Tracts with Poverty Rates of 20% or Higher

	Mean Number of Providers Within 1.5 Miles of Residential Census Tract					
	All Service Providers (1)	Substance Abuse and Mental Health (2)	Education (3)	Job Training (4)	Food (5	Emergency Assistance (6)
Metropolitan Chicago						
Chicago Central City (N = 431)	27.6	14.0	4.4	7.5	4.4	1.4
Suburban Chicago (N = 19)	6.8	4.2	0.9	2.1	1.3	0.4
Metropolitan Washington, D.C.						
District of Columbia (N=71)	34.5	9.6	4.5	4.8	6.2	1.2
Suburban Washington (N = 11)	2.7	0.3	0.6	0.3	0.8	0.1
Metropolitan Los Angeles						
Los Angeles Central City (N = 435)	15.7	7.9	2.1	3.7	3.3	2.4
Suburban Los Angeles (N = 350)	7.6	3.1	1.1	1.9	1.4	0.7

Source: Multi-City Social Service Provider Database

service accessibility among high poverty tracts in urban versus suburban areas. Table 3 demonstrates that tracts in suburban Chicago with poverty rates over 20 percent are in proximity to one-fourth as many providers as comparable tracts in the central city (6.8 versus 27.6). Suburban tracts with poverty rates over 20 percent in Los Angeles had access half as many providers as similar tracts in the central city (7.6 versus 15.7). In the District of Columbia, the most compact of the three cities, high poverty residential tracts are located within 1.5 miles of about 34 service providers on average – several times that of poor tracts in suburban Washington (Column 1, Table 3).

Urban-suburban differences persist when looking across the different service types. Columns two through six of Table 3 present the mean number of providers within 1.5 miles of residential tracts with poverty rates over 20 percent for each of the five service types. For example, a resident of a high poverty tract in Washington, D.C. would be in proximity to about five job training providers and six food assistance providers on average. That same resident living in a high poverty tract in suburban Washington would not be proximate to even one job training or food assistance provider on average. Substance abuse and mental health service providers appear to be the most readily accessible types of services in each city. For instance, high poverty tracts in the city of Chicago are within 1.5 miles of 14 substance abuse and mental health providers on average (column two), compared to 7.5 job training providers and 4.4 providers specializing in food assistance (columns four and five). Because low-income individuals represent only a portion of the caseload for most substance abuse and mental health service providers, however, it is not surprising that these facilities would be more numerous than other types of providers that focus primarily upon low-income populations and have fewer revenue sources.

B. While spatial access to social service providers is greatest in central city areas, potential demand for services is also much greater in central city areas than in suburban areas.

Although the number of providers within a reasonable commuting distance provides a rough sense of available resources, it does not account for differences in population density or potential demand upon those service providers. To approximate potential demand, the paper uses a measure dividing the number of households below the poverty line within 1.5 miles of each census tract by the number of providers located within 1.5 miles of each census tract.

Significant urban-suburban differences persist when looking at potential demand across different service areas. Table 4 indicates that ten times as many poor households live within 1.5 miles of job training programs in central city Chicago on average, than in suburban Chicago (3,108 versus 326 households respectively). Similar patterns are present in metropolitan Washington, D.C. and Los Angeles. Table 4 shows that providers located in the District of Columbia are proximate to about six times more poor households than providers in suburban Washington, depending on the particular sector. Because poverty is less centralized in Los Angeles, however, there are less dramatic disparities in the potential demand facing providers in central city versus suburban areas. For instance, there are twice as many poor households within 1.5 miles of substance abuse and mental health providers in the central city than in suburban Los Angeles (column one, 3,770 versus 1,584 poor households respectively).

C. The location of social service providers does not always match well to the changing demographics of cities.

Evidence that poverty is becoming less concentrated in central city neighborhoods has important implications for the provision of social services and public assistance. Since social service providers are typically less mobile than poor households, the changing urban geography of poverty suggests that there may be growing spatial mismatches in the location of populations in need and the location of social

Table 4. Potential Household Demand Upon Service Providers

	Mean Number of Poor Households Within 1.5 Miles of Average Social Service Provider					
	All Service Providers (1)	Substance Abuse and Mental Health (2)	Education (3)	Job Training (4)	Food (5)	Emergency Assistance (6)
Chicago Central City	3,165	3,101	3,240	3,108	3,312	3,313
Suburban Chicago	332	341	309	326	380	401
District of Columbia	2,225	2,130	2,311	2,148	2,560	2,055
Suburban Washington	379	348	371	443	463	376
Los Angeles Central City	3,913	3,770	3,782	4,004	4,544	5,248
Suburban Los Angeles	1,673	1,584	1,365	1,558	1,832	1,720

Source: Multi-City Social Service Provider Database

service providers. Table 5 looks at service accessibility across tract poverty transitions from low (under 20 percent poor) to high poverty (20 percent or more poor) and across tracts that maintained low or high poverty rates. Not surprisingly, persistent high poverty tracts in Chicago and Los Angeles had greater access to service providers than tracts that remained low poverty tracts between 1990 and 2000. For instance, persistent high poverty tracts in Chicago had access to fifty percent more providers than persistently low poverty tracts (28.2 versus 18.9). There is evidence, however, that service providers are not always located near areas with growing need. For example, central city tracts in Los Angeles that transitioned from low to high poverty status between 1990 and 2000 had access to 70 percent fewer providers than tracts where poverty rates remained high over the past decade (10.5 service providers within 1.5 miles on average versus 17.3).[22] In another instance, high poverty tracts in Chicago that transitioned to lower poverty rates had access to about 30 percent more service providers than tracts that transitioned from low to higher rates of poverty (31.9 versus 24.9).

Disparities in social service accessibility also exist across suburban and central city tracts experiencing increases in the rate of poverty between 1990 and 2000. Figure 5 reflects the mean number of providers within 1.5 miles of central city tracts with poverty rates below 20 percent, central city tracts with poverty rates over 20 percent, and suburban tracts that experienced at least a five percentage point increase in poverty between 1990 and 2000. Because poverty rates generally decreased or increased only modestly during the 1990s, a tract experiencing a five percentage point increase in poverty between 1990 to 2000 will have seen a significant increase in poverty compared to most tracts.[23] In all three cities, suburban tracts experiencing increases in poverty rates between 1990 and 2000 were proximate to far fewer service providers than central city tracts experiencing such increases in

the poverty rate. In Chicago, suburban tracts that experienced at least a five percentage point increase in poverty between 1990 and 2000 were within 1.5 miles of one-third as many service providers on average as central city tracts with poverty rates under 20 percent experiencing a comparable increase in poverty (6.2 versus 18.2). In Washington, D.C., suburban tracts experiencing a five percentage point increase in poverty were proximate to one-fifth as many providers as central city tracts with poverty rates under 20 percent in 2000, which also experienced a five percentage point increase in poverty (6.0 versus 31.6 respectively). Such suburban-urban disparities are also present in Los Angeles, despite the fact that providers are less concentrated in the central city neighborhoods of that metropolitan area.

D. High poverty central city tracts with large percentages of Hispanics are located within the greatest proximity to service providers.

Although Census 2000 data indicates steady decline in racial

Table 5. Access to Provider and Changes in Tract-level Poverty Rates, 1990 to 2000

City of Chicago	Mean Number of Providers Within 1.5 Miles of Census Tract Tract Poverty Rate in 2000	
Tract Poverty Rate in 1990	0-20%	+20%
0-20%	**18.9 (N = 382)**	**24.9 (N = 71)**
+20%	**31.9 (N = 64)**	**28.2 (N = 360)**
City of Los Angeles	Mean Number of Providers Within 1.5 Miles of Census Tract Tract Poverty Rate in 2000	
Tract Poverty Rate in 1990	0-20%	+20%
0-20%	**6.2 (N = 390)**	**10.5 (N = 103)**
+20%	**9.1 (N = 65)**	**17.3 (N = 332)**
District of Columbia	Mean Number of Providers Within 1.5 Miles of Census Tract Tract Poverty Rate in 2000	
Tract Poverty Rate in 1990	0-20%	+20%
0-20%	**33.1 (N = 83)**	**41.3 (N = 26)**
+20%	**34.5 (N = 4)**	**30.5 (N = 45)**

Source: Multi-City Social Service Provider Database, 2000 Census

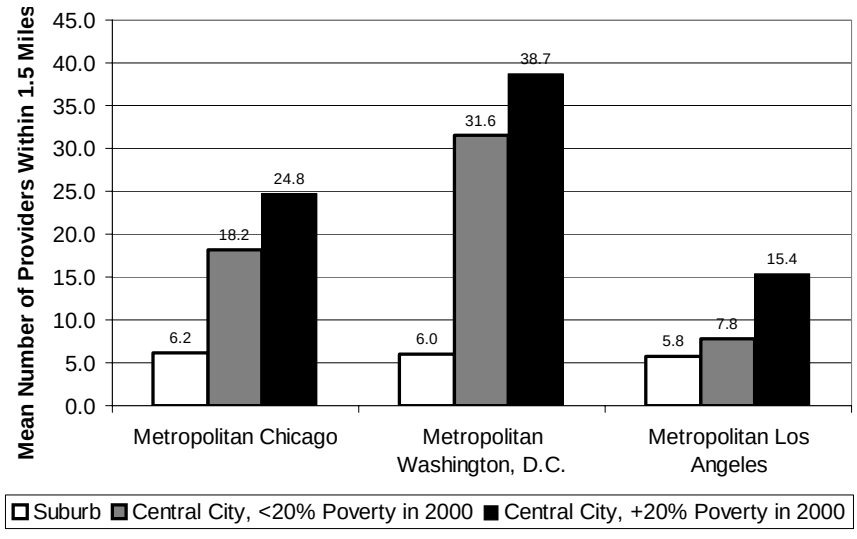
segregation over the last few decades, racial segregation and isolation persist in American cities.[24] To identify how patterns of social service accessibility vary across different race and ethnic groups, I looked at service accessibility across high poverty residential tracts in each metropolitan area (poverty rate of 20 percent or higher) in the upper quartile for percentage of African-American residents, upper quartile for percentage of Hispanic residents, and upper quartile for percentage of white residents.[25] Figure 6 reports the mean number of service providers within 1.5 miles of residential tracts in central city and suburban areas with high percentages of African-Americans, Hispanics, and whites.

High poverty tracts in Los Angeles and Washington, D.C. with large Hispanic populations have greater access to social service providers than high poverty tracts with large African-American or white populations. For instance, the first column in the upper panel of Figure 6 shows that high poverty tracts in the upper quartile of percent Hispanic in Washington, D.C. are within 1.5 miles of over fifty percent more social service providers as high poverty tracts in the upper quartile of percent African-American (59.3 versus 33.2 respectively). Similar differences exist between high poverty tracts with large percentages of Hispanics and whites in the District of Columbia. Similarly, high poverty tracts in the upper quartile of percent Hispanic in Los Angeles are within 1.5 miles of 16.5 providers on average, compared to 13.2 for tracts in the upper quartile of percent African-American and 12.3 for tracts in the upper quartile of percent white. It is important to note, however, that greater proximity of Hispanic populations to service providers should not be equated with providers being well-equipped to serve the needs of Spanish-speaking populations.

Differences between high poverty tracts in the upper quartile of percent African-American and those in the upper quartile of percent white vary across the three cities. While African-Americans and whites appear to enjoy comparable levels of access to service providers in Chicago, whites appear to have slightly greater access to service providers than African-Americans in Washington, D.C. and less access in Los Angeles.

These findings appear in large part to be a product of the patterns and degree of racial and ethnic segregation in each city. In the case of Washington, D.C., a large share of the city's Hispanic population resides in and around Ward One, which is centrally located in the District. In addition to having large numbers of Hispanic residents, census tracts in Ward One are proximate to almost three times as many service providers as tracts in the rest of the city (80.4 versus 31.6). Tracts with large percentages of African-Americans are generally located in the eastern half of the District, a bit further from the concentrations of providers in the center city than the predominately white tracts in the northwestern portions of the city. Hispanic populations have

Figure 5. Access to Providers Among Urban and Suburban Tracts Experiencing At Least 5 Percentage-point Increase in Poverty Rate, 1990 to 2000



Source: Multi-City Social Service Provider Database, 2000 Census

greater access to service providers in Los Angeles because Hispanic populations in that city are less segregated than African-Americans.[26] Yet, because most tracts with large percentages of African-Americans in Los Angeles are located in the south-central portions of the city, tracts in the upper quartile of percent African-American are more proximate to service providers than the predominately white tracts in the northern part of the city that are distant from most service providers.

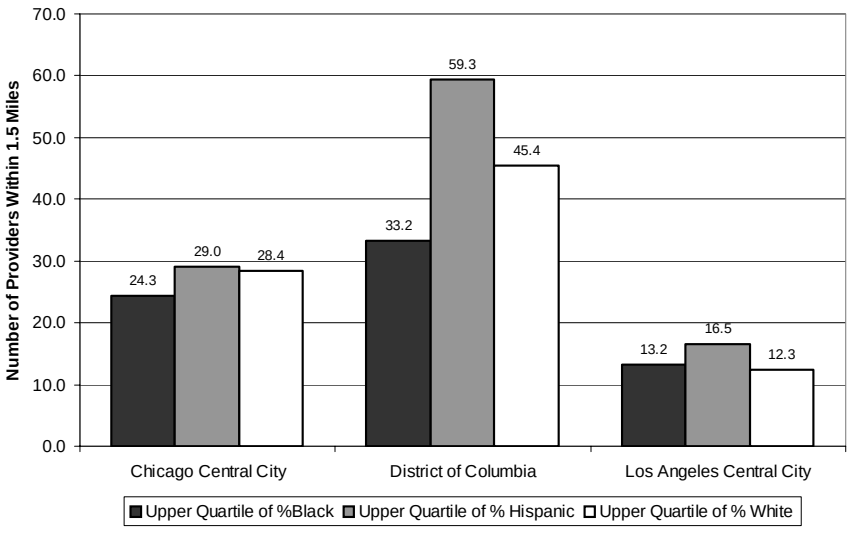
IV. Conclusion

The changing geography of urban poverty and the shift to a service-oriented welfare system have begun to transform the playing field on which governmental and non-governmental agencies provide social services to low-income populations. Amid these changing circumstances, the Multi-City Social Service Provider Database provides important snapshots of social service provider accessibility in three very different urban settings. Consistent with the notion that providers have positioned themselves near concentrations of potential clients and at-risk populations, this report finds that support services are generally located near city centers, near areas with high rates of poverty, and near areas with large percentages of racial minorities. Given the need is higher in urban centers, this spatial distribution of providers should be viewed as a positive feature of the non-governmental safety net.

Yet, the contemporary urban geography of service provision may be less adequate as the geography of need continues to shift. Central city areas experiencing increases in poverty were found to be located in areas less proximate to service providers than areas that remained high poverty in the last decade. While central city areas were proximate to a larger number of service providers than suburban areas, the potential demand upon those providers, as measured by the number of poor households nearby providers, was far greater in the central city than in the suburbs. Further, this report finds that suburban areas experiencing increases in poverty had less access to service providers than central city areas where poverty had increased or remained high, suggesting that there may be growing spatial mismatches between providers and populations in need.

Low-income households coping with underemployment, mental health issues, substance abuse, or domestic violence in areas without access to relevant support services face additional obstacles to achieving better health and economic mobility. Within the context of welfare reform, greater distance from social service providers increases the difficulty of coordinating visits to any number of different governmental and non-governmental offices where a welfare recipient must demonstrate eligibility, work activity compliance, or receipt of services supporting work activity. Again, proximity to social service providers matters more in a service-oriented system than in a cash-based system of assistance, as lower levels of service provider

Figure 6. Race Differences in Access to Providers in High Poverty Tracts (Poverty Rates 20 Percent or Higher)



Sources: Multi-City Social Service Provider Database, 2000 Census

accessibility are equivalent to the asymmetric provision of aid. Such geographic disparities in access to social services are also important to recognize, as they are likely to affect observed trends in work activity and program participation among welfare recipients. If we are to expect more from clients and caseworkers, it is imperative for TANF reauthorization and related federal social welfare policies to create a more equitable, not less equitable, system of welfare assistance in our country.

As we continue to support policies which encourage individuals to become self-sufficient and which attempt to increase the residential mobility of poor households into better neighborhoods, it is very possible that the safety net may not be well-equipped to meet the challenge of serving increasingly geographically dispersed needs. Connections to surrounding communities, limited resources, long-term lease arrangements, and concerns about losing clients, all make it difficult for social service providers to be as responsive to geographic shifts in the population as we might otherwise expect. Given persistent budget shortfalls at the state and local level, it is unlikely that there will be funds to support the expansion of services in underserved areas. Moreover, cuts in social service spending are likely to be felt disproportionately among poor populations in central city areas. If spatial proximity to providers is an important a determinant of service utilization, as emerging research suggests, policymakers and program managers should work to ensure that government-financed services are accessible to poor populations within and around our central city areas.

Ensuring service accessibility requires information on the location and context of social service delivery. Geographically representative and sensitive databases need to be constructed that contain information on a broad range of organizations and agencies serving poor populations. Directories of service providers for a given area, directories similar to the databases compiled for this study, provide us with only the crudest sense of what services are available where. Ideally, data would exist across several metropolitan and rural sites that would contain provider-level information about location, mission, service delivery, clients, staff, and funding streams.

Service providers and funders obviously play an important role in assessing service accessibility. Although providers are hesitant to expend resources on anything but direct services, we must encourage our communities to regularly assess the fit between service delivery and populations in need, so that we may identify gaps in service accessibility and provision. Moreover, communities should ensure that the mix of support services fits needs properly, as there is emerging evidence to suggest that the prevalence of barriers to employment also varies spatially between central city and outer urban areas.[27] Such activities typically fall outside the normal day-to-day challenges of determining eligibility and coordinating assistance, yet they are essential if we are to ensure adequate and efficient provision of social services. Current movement toward performance measurement in both the public and non-profit service sector should also be accompanied by efforts to assess trends in population coverage and service accessibility. Not only will such efforts improve outputs to clients, but they also will help to ensure that non-profit and governmental service providers remain viable amidst the fragile economics of social service delivery.

Further, it is important to bear in mind that there are a number of feasible strategies for increasing access to social services. Transportation assistance or on-site child care may reduce the burden of commutes to service providers. More effective outreach and marketing campaigns may help overcome information barriers about available services and the stigma often attached to social services. Better inter-organizational relationships between primary community organizations and service providers can improve service accessibility by ensuring that individuals in need receive information about available services and proper referrals. The development of information systems capable of

tracking clients, referrals, and services received across a host of governmental and non-governmental providers can also enhance service accessibility. Information systems will not only improve the quality and efficiency of service delivery, but can also serve as tools for tracking and strategic planning to ensure adequate access to services.

Spatial proximity to social service providers should also be considered in tandem with the changing nature of urban labor markets. As jobs move further and further away from central cities, we are seeing low-income populations and job-seekers follow into inner-tier suburbs. Yet, such movement pulls these low-income households further away from both governmental and non-governmental sources of support. Diminishing access to services and resources supporting work may make these families more vulnerable to the instability of the low-skill, low-wage labor market. While we contemplate the suburbanization of America and the decentralization of poverty, we should pay closer attention to how spatial trends in employment, population, and support services converge to shape demand and needs of low-income populations in our metropolitan areas.

Endnotes

1 Scott W. Allard is an assistant professor of political science and public policy at Brown University.

2 See Katherine Allen and Maria Kirby, "Unfinished Business: Why Cities Matter to Welfare Reform." Center on Urban and Metropolitan Policy, The Brookings Institution, July 2000; and, Alan Berube and William H. Frey, "A Decade of Mixed Blessings: Urban and Suburban Poverty in Census 2000." Center on Urban and Metropolitan Policy, The Brookings Institution, August 2002.

3 There is evidence that the accessibility of services can vary substantially within and around urban centers, see Scott W. Allard, Daniel Rosen, and Richard Tolman, "Welfare Recipients' Access to Mental Health and Substance Abuse Services in Detroit," *Urban Affairs Review* 38(6): 787-807, July 2003.

4 While proximity to providers is believed to an important determinant of service utilization, there are a number of individual-level characteristics and administrative factors shape utilization. In particular, racial minorities have been found to be less likely to utilize services even after controlling for service accessibility and other individual-level factors. See Scott W. Allard, Richard Tolman and Daniel Rosen, "Proximity to Service Providers and Service Utilization Among Welfare Recipients: The Interaction of Place and Race." *Journal of Policy Analysis and Management* 22(4): 599-613, Fall 2003.

5 Pamela A. Holcomb and Karin Martinson, "Implementing Welfare Reform Across the Nation." The Urban Institute, Series A, No. A-53, August 2002.

6 The share of TANF funds dedicated to services varies widely by state, with Maine spending as little as 13 percent of TANF funds on services and Idaho spending nearly 90 percent of its pooled state and federal TANF funds on services, see Zoe Neuberger, "TANF Spending in Federal Fiscal Year 2001," Center for Budget and Policy Priorities, March 2002. See also U.S. General Accounting Office, "Welfare Reform: Former TANF Recipients with Impairments Less Likely to Be Employed and More Likely to Receive Federal Supports," GAO-03-210, 2002; and, "Welfare Reform: States Provide TANF-funded Services to Many Low-income Families Who Do Not Receive Cash Assistance." GAO-02-564, 2002.

7 See Sandra Danziger, Mary Corcoran, Sheldon Danziger, Colleen Heflin, Ariel Kalil, Judith Levine, Daniel Rosen, Kristin Seefeldt, Kristine Siefert, and Richard Tolman, "Barriers to the Employment of Welfare Recipients," in R. Cherry and W. Rodgers (eds.), *The Impact of Tight Labor Markets on Black Employment Problems*, New York: Russell Sage Foundation, 2000; Sandra Danziger and Kristin Seefeldt, "Barriers to Employment and the 'Hard to Serve': Implications for Services, Sanctions, and Time Limits," Focus, 22(1) 76-81, 2002; Sheila R. Zedlewski, "Work and Barriers to Work Among Welfare Recipients in 2002." Washington, D.C.: The Urban Institute, 2003; and, Sheila R. Zedlewski and Donald W. Alderson, "Before and After Reform: How Have Families on Welfare Changed?" Washington, D.C.: The Urban Institute, 2001.

8 Allard, Tolman, and Rosen, 2003.

9 The provider database was compiled from information gathered from United Way directories in Metropolitan Washington, D.C. and Cook County, the Glenda Riddick Social Service directory for Los Angeles,

calls to country social welfare offices, and internet searches. Additional information on service providers in metropolitan Washington, D.C. was gathered from a number of non-internet sources: Emergency Food and Shelter Directory, the Metropolitan D.C. Council of Governments; the Comprehensive Services Directory; the D.C. Employment Justice Center; Maryland county social service offices; and the Directory of Northern Virginia Human Services.

[10] Rather than rely upon Census definitions of metropolitan statistical areas, my decisions regarding the geographic definitions of these three metropolitan areas were driven by geographic classifications found in the metropolitan social service provider directories available for each city.

[11] Although the mix of industry varies across each metropolitan area, these are three of the largest economies in the country and the world. In 2002, Los Angeles, Chicago, and Washington, D.C., were ranked second, third, and fifth respectively in gross metropolitan product nationally; all three metropolitan areas were ranked in the global top twenty-five for gross product in 2002. See "The Role of Metro Areas in the U.S. Economy," The United States Conference of Mayors, 2003.

[12] Neuberger, 2003.

[13] Metropolitan areas are the focus of this study because of the concentration of poverty in central city areas and because of the availability of databases on social service providers. There is evidence, however, that rural areas do not offer a comprehensive range of easily accessible needs assessments or social services, see Monica G. Fisher and Bruce A. Weber, "The Importance of Place in Welfare Reform: Common Challenges for Central Cities and Remote-Rural Areas." Washington D.C.: Center on Urban and Metropolitan Policy, The Brookings Institution, 2002 and Cynthia Needles Fletcher, Jan L. Flora, Barbara J. Gaddis, Mary Winter, and Jacquelyn S. Litt, "Small Towns and Welfare Reform," in Bruce A. Weber, Greg J. Duncan, and Leslie A. Whitener (eds.), *Rural Dimensions of Welfare Reform*. Kalamazoo: W.E. Upjohn Institute for Employment Research, 2002.

[14] Center on Urban and Metropolitan Policy, The Brookings Institution, "Washington, D.C. In Focus: A Profile From Census 2000," November 2003.

[15] For the purposes of this study, I defined African-Americans as those who self-identified as black alone, Hispanics as those who self-identified as Hispanic, and whites as those who self-identified as white alone. Census tracts with fewer than 300 residents were excluded from the analyses.

[16] Center on Urban and Metropolitan Policy, The Brookings Institution, "Chicago In Focus: A Profile From Census 2000," November 2003.

[17] Center on Urban and Metropolitan Policy, The Brookings Institution, "Los Angeles In Focus: A Profile From Census 2000," November 2003.

[18] The percent of central city residents who were foreign born in 2000 also varies significantly across the three metropolitan areas. Nearly 40 percent of central city residents in the Los Angeles-Long Beach PMSA were foreign born, compared to 21.7 percent in metropolitan Chicago and 12.9 percent in the Washington, D.C. metropolitan area. See Audrey Singer, "The Rise of New Immigrant Gateways," Washington D.C.: Center on Urban and Metropolitan Policy, The Brookings Institution, 2004.

[19] Services were grouped in accordance with categories employed by service provider directories and academic studies. Substance abuse and mental health providers include alcoholic intervention and support programs, chemical dependency support services and treatment plans, counseling services, and mental health case management. Given rising concerns about food insufficiency among low-income households, I chose to separate food assistance from other types of emergency assistance. Food assistance programs include WIC, food stamp programs, school lunch and breakfast programs, Meals on Wheels, emergency food assistance programs, infant formula programs, summer lunch programs, soup kitchens, and shelter food programs. Emergency service providers include programs offering emergency cash assistance and general assistance/public aid. Since education is not always recognized as sanctioned work activity under welfare-to-work guidelines, I separated education programs from those geared towards job search, placement, and training. Education programs include GED and literacy programs, vocational/technical schools, adult continuing education, and English as a Second Language (ESL) programs. Job training and employment assistance programs were defined as training and job search services.

[20] Although an important barrier to employment for many households, I do not include child care services in this analysis because less than one-third of low-income households with an employed

parent have been found to rely upon center-based child care as the primary care arrangement for preschool children, see Freya L. Sonenstein, Gary J. Gates, Stefanie Schmidt, and Natalya Bolshun, "Primary Child Care Arrangements of Employed Parents," Urban Institute, Occasional Paper Number 59. In addition, because my focus is upon social services available to a broad range of poor households, I do not include programs for adolescents, programs for individuals with disabilities, or housing assistance programs.

[21] It is important to note that although the MSSPD reflects many social service providers operating in each city, it may not be an exhaustive list of all providers delivering services to low-income populations. Also, it is important to note that proximity to a provider and provider capacity to serve new clients are not necessarily related, as providers located in high-demand areas may not be equipped to meet that demand. Ideally, I would like to have data on the availability of services, staff size, funding levels, outreach or service strategies, and the length of time providers have been in a given location, but such data is not readily available.

[22] Less striking differences between low-to-high poverty tracts and persistently high poverty tracts are apparent in Chicago, and it appears that low-to-high poverty tracts in Washington, D.C. may be in proximity to greater numbers of providers than persistently poor tracts. These differences, however, are not statistically significant.

[23] Roughly 60 percent of all Census tracts in each metropolitan area experienced an increase in poverty between 1990 and 2000. Of those tracts experiencing an increase in poverty, the mean percentage point increase in poverty was 4.3 percent in Chicago, 4.3 percent in Washington, D.C., and 5.9 percent in Los Angeles.

[24] Edward L. Glaeser and Jacob l. Vigdor, "Racial Segregation in the 2000 Census: Promising News." Center on Urban and Metropolitan Policy, The Brookings Institution, April 2001.

[25] All persons identifying as Hispanic are grouped together, with the remaining non-Hispanic persons classified by whether they identified as white or black only, see Frey (2001). In Chicago the upper quartile for percentage African-American, Hispanic, and white was 81 percent, 24 percent, and 78 percent, respectively. In Los Angeles the upper quartile for percentage African-American, Hispanic, and white was 9 percent, 70 percent, and 58 percent respectively. In Washington, D.C. the upper quartile for percentage African-American, Hispanic, and white was 61 percent, 12 percent, and 74 percent respectively.

[26] Hispanics represent 44.7 percent of all suburban residents in Los Angeles, compared to 7.7 percent of African-Americans, Frey (2001).

[27] Scott W. Allard, Richard Tolman and Daniel Rosen, "The Geography of Need: Spatial Distribution of Barriers to Employment in Metropolitan Detroit," *Policy Studies Journal* 31(3): 293-307, 2003.

Acknowledgments

The author thanks Alan Berube, Arthur Brooks, Sheldon Danziger, Matthew Fellowes, and Alexander Shashko for comments on previous drafts, as well as Corrinne Altman, Blaise DeFazio, Sarah Douglas, and Rebecca Pearson for their assistance with data collection. Special thanks to Martha Ross for her assistance with identifying sources of data and information in metropolitan Washington, D.C. The author also thanks faculty and staff at the Center for Policy Research, Syracuse University for assistance with this report.

The Brookings Institution Metropolitan Policy Program thanks the Annie E. Casey Foundation and the Fannie Mae Foundation for their generous support of our work on working family investments and policies.

For More Information:

Scott W. Allard
Assistant Professor
Brown University
36 Prospect St., Box 1844
Providence, RI 02912
Scott_Allard@brown.edu

THE BROOKINGS INSTITUTION

1775 Massachusetts Avenue, NW • Washington, DC 20036-2103

Tel: 202-797-6000 • Fax: 202-797-6004

www.brookings.edu

METROPOLITAN POLICY PROGRAM

Phone: (202) 797-6139 • Fax: (202) 797-2965

www.brookings.edu/metro