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## Poverty: Facts, Baltimore City Issues, Options for Advocacy



Prepared by the Grantee Assistance  
and Public Policy Committee

### FACTS

- **OFFICIAL MEASUREMENT OF POVERTY:** The U.S. Census Bureau uses a set of money income thresholds to determine who is in poverty. The thresholds vary by family size and composition, but not by geography – they are the same across the country. If a family’s total income is below the threshold, then every member of the family is considered in poverty. For this measure, money income before taxes is counted, including earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance (TANF, etc.), and other sources of income. Not included is the value of noncash benefits such as public housing, Medicaid, and food stamps). (BOC)
- **FEDERAL POVERTY THRESHHOLDS 2006:** The poverty threshold for one person under 65 years is \$10,488; for one person 65 years or older, it is \$9,669. For a family of four (two children under 18), the threshold is \$20,444. For a family of three (parent and two children), the threshold is \$16,242. (BOC)
- **OTHER MEASURES OF POVERTY:** Most policymakers and policy analysts agree that the federal poverty rate is too low by at least half; even the Census Bureau says that it is a “statistical yardstick,” not a description of what people and families need to live. The U.S. Department of Health and Human Services (HHS) issues annual “Poverty Guidelines” which are used (usually in a multiple, such as “two times the federal poverty level”) for administrative purposes such as establishing eligibility for federal or state programs. For 2007, the HHS poverty guideline for a four-person household is \$20,650. These guidelines (or multiples of them) are used as an eligibility criterion for many programs, including Head Start, Low-Income Energy Assistance Program, parts of Medicaid, job opportunities for low income individuals, food stamps, school breakfast programs, weatherization programs, and legal services for the poor. (HHS) Advocates like the Annie E. Casey Foundation and Advocates for Children and Youth have determined that the Family Self-Sufficiency Standard is the amount of income needed for families of various types to meet the cost of sustaining that family without income supports and includes health care, day care, transportation, food, and other everyday expenses. “Other” families are those headed by a single adult. The standard calculated for Maryland suggests that a married couple with two very young children should be earning \$48,384 without income supports to meet the family’s needs. A similar single head of household family should be earning \$40,284. (BNIA)
- **ECONOMIC CYCLES:** The numbers and rates of people and families in poverty vary over time with the expansion and contraction of the economy. They go up during and slightly after a recession, and down several years after a recession. The steepness of the rises and falls varies from recession to recession. (BOC)
- **NATIONAL PROFILE OF POVERTY HOUSEHOLDS:** In 2006, married-couple family poverty rates were about half of those of all families (with and without children under 18). Families with children under 18 were more likely to be poor. The percentage of all families that were poor was almost three times as high among blacks as whites. Black married-couple households were almost twice as likely to be poor as white married-couple households. Single-parent households were more likely to be poor; single-parent households headed by women were more likely to be poorer than those headed by single men; single-parent households headed by black women with children under 18 were the most likely to be poor. In 2006, 14.6% of all families with children were poor; **40.8% of black women who headed households with children under 18 were poor.** (BOC)
- **POVERTY AND GENDER:** In 2006, there were about 40% more women of working age (18-64) than men in poverty. (BOC-ACS)
- **POVERTY AND AGE:** Poverty rates have been steadily declining since the early 1990s for the 75+ and 85+ populations, but poverty seems more persistent among 65-74 year-olds, and increased to 9.4 percent in 2004. (BOC)

In 2006, over 7% of grandparents who lived in all households with children under 18 were responsible for them, but in poverty households over 56% of the grandparents had responsibility for their grandchildren. (BOC-ACS)

- **WORK AND EDUCATIONAL ATTAINMENT:** Nationally in 2006, 8.6% of those 16 years old or above in poverty were working full-time, full-year; 37% were working part-time or part-year; and 54% were not working. (BOC-ACS). Almost 36% of the poverty population 25 and older had not earned a high school diploma. (BOC-ACS)
- **HEALTH AND REPRODUCTIVE HEALTH:** Poverty, social isolation, and stressful working environments dramatically increase the risk of heart disease through greater exposure to risk factors such as cigarette smoking, physical inactivity, high-fat diets, and psychological stress. (CDC) The growth in single-parent families is the most important reason for increased poverty among children. (NCPTP) Teens' babies suffer from higher rates of low birth weight and related health and developmental problems that continue into childhood. They receive less medical treatment than children of older mothers, often receive inadequate parenting and fall victim to abuse and neglect. They frequently do poorly in school – they are 50% more likely to repeat a grade, do much worse on standardized tests, and are less likely to complete high school. (NCPTP). People without health insurance are more likely to postpone prevention services or treatment early in an illness, and therefore to develop serious conditions or perish. Approximately half of all personal bankruptcies are caused by medical expenses. (JHA)
- **PARENTING:** Eighty percent of brain growth occurs between the ages of 0 and 3. The connections within the brain are strengthened and pruned by the responses an infant/toddler receives to his or her exploration of the world and the relationships in it. Maternal depression, particularly among poor women without strong support networks and with other health/substance abuse problems, causes mothers to have trouble giving their infants the consistent, loving interaction they need to thrive. Stressful lives communicate unease and insecurity to the growing child, with detrimental effects on social, emotional, cognitive, and physical development. In comparison to a randomly assigned control group, Early Head Start children show significantly better development, and their parents (fathers as well as mothers) are more likely to pursue healthy parenting strategies, read to their children more, avoid subsequent births, and be moving toward self-sufficiency. Families that were enrolled in the program during pregnancy have the strongest results. Both home- and center-based services are beneficial, and the combination is especially powerful. Inadequate preschool opportunities and experiences are correlated strongly with high rates of illiteracy, school dropout, crime (both juvenile and later, adult), and welfare dependency; greater need for remedial and special education; and loss of workforce productivity by parents, all at significant human and public cost.

## BALTIMORE CITY ISSUES

- In 2004, 131,827 individuals lived below the poverty line in Baltimore City, 21.5% of the total population. Of Baltimoreans under age 18, 26.6% were in poverty. This compares to 159,731 people (24%) in 1995 and 118,844 (19.1%) in 2000. (BOC-SAIPE)
- In 2006, the Baltimore City poverty rate was 19.5%. Of the working age population (18-64) 67% more women were in poverty than men. (BOC-ACS)
- Median household income in Baltimore City was \$29,792 in 2004. (BOC-SAIPE)
- In Baltimore City in 2006, 5% of those 16 years old or older in poverty were working full-time, full-year; 28% were working part-time or part-year; and 66% were not working. Over 42% of the poverty population 25 years old or older had not earned a high school diploma. (BOC-ACS)
- Over 16 percent of Marylanders under the age of 65 were uninsured in 2004, a total of 805,000 citizens (671,100 adults and 134,000 children under age 18). The percentage of uninsured is increasing. (Census) Two-thirds of uninsured Marylanders work full-time. Reductions in employer-based coverage accounts for the growth in the ranks of the uninsured. (MHCC) The uninsured are found at every income level. In 2002-03, 49% were low income, 28% were of modest means (incomes at 200-400% of federal poverty levels), and 23% had above median incomes. (MHCC)
- In 1999, there were 3,124 women age 65-74 and 4,263 women 75+ living below the poverty level in Baltimore City (7,387 total, 31% of all elderly women). Of these poor women, 6,413 (87%) were living alone. Of Baltimore County's 26,104 elderly women, 14% live below the poverty level, 79% of them living alone. (BOC) In 2006, about 14% of Baltimore grandparents who lived in households with children under 18 were responsible for them. In poverty households, over 56% of the grandparents had responsibility for the children. (BOC-ACS)

- Only three percent of eligible Baltimore children and their families are enrolled in Early Head Start programs.
- EAST BALTIMORE (Perkins-Middle East Community Statistical Area): 2000 Census Data – Higher percentage of young people under 18 than the citywide average; 70% of households earning less than \$25,000 (citywide average=43%). Vital Signs (BNIA): 22% (2001), 23% (2002), 29% (2003) vacant and abandoned properties (citywide average 2003=7%); \$32,000 (down from \$65,000 in 2000) median house sales price 2003 (citywide average \$81,000); 34% owner-occupied housing (citywide average=63%); 43% of renters and 37% of owners pay more than 30% of their household income for housing costs; declining domestic violence rate by 2003, but higher than citywide average; latest data on reported and substantiated cases of child abuse and neglect/1000 children was 19.7 in 2001 (citywide average 13.44); juvenile arrest rate 35% higher than citywide average; juvenile arrest rate for violent offenses 80% higher than citywide average; juvenile arrest rate for drug-related offenses 84% higher than citywide average; crime rate and violent crime rate 68% and 75% higher than citywide average, respectively; median household income \$14,900, compared to \$30,078 citywide; over 71% of married couple families with fewer than six children under 18 earning below the Maryland Self-Sufficiency wage standard; 99% of “other” families with fewer than six children under 18 earning below the Maryland Self-Sufficiency wage standard; higher teen birth rates, lower maternal and child health index, lower percentage of full-term births; lower percentage of satisfactory birth weight births; significantly lower percentage of births to mothers who received early prenatal care; 41% of working age population not employed and not looking for work (citywide average 34%); higher than city average rates of illegal dumping, but lower than average rates of dirty streets and alleys, clogged storm drains, abandoned vehicles, and rat incidents; 1.93% of area covered by tree canopy (citywide average is 19.86); higher than average high school dropout rate; and lower percentages of youth employed or in school. (BNIA)
- EBDI project area (zip codes 21205 and 21213): 21205 – 9% higher (than citywide average) percentage of children with elevated lead levels, 74% higher rates of vaccine-preventable diseases (e.g. hepatitis A & B, measles, flu, meningitis), 58 children hospitalized with asthma, and 706 people in drug treatment. 21213 – 14% lower percentage of children with elevated lead levels, citywide average rates of people with preventable diseases; 114 children hospitalized with asthma, and 1254 drug treatment clients (BNIA)
- Income eligibility requirements for Maryland supports: (NOTE: Federal Poverty Level for a family of 4 is \$20,444)

<b>Program</b>	<b>Eligibility established by:</b>	<b>Eligibility requirements – maximum income</b>		
Early Head Start	US HHS	Of the children served in a Head Start program, 90% must have family incomes below the federal poverty level (FPL); in addition, ten percent of the enrollment slots must be made available to children with disabilities.		
Maryland Children’s Health Program (MCHP) (eff. 4/1/05)	MD and US HHS	<b>Family size</b>	<b>Children</b>	<b>Pregnant women (family size includes unborn child)</b>
		1	\$19,140	N/A
		2	\$25,660	\$32,075
		3	\$32,180	\$40,225
		4	\$38,700	\$48,375
		5	\$45,220	\$56,525
	For each add’l family member add →	\$6,520	\$8,150	
MCHP Premium (eff. 4/1/05)	MD	<b>Family size</b>	<b>Children above 200% through 250% FPL</b>	<b>Children above 250% through 300% FPL</b>
		1	\$23,925	\$28,710
		2	\$32,075	\$38,490
		3	\$40,225	\$48,270
		4	\$48,375	\$58,050
		5	\$56,525	\$67,830
		For each add’l family member add →	8,150	\$ 9,780
Patient premium	\$42	\$53		

Child Care Subsidy Program (CCDF)	MD, to maximum set by USHHS	<b>Family size</b>	<b>Maximum annual gross income</b>
		1	18,565
		2	24,277
		3	29,990
		4	35,702
		5	41,414
		6	47,127
		7	48,198
		8	49,269
		9	50,340
		10	51,411
TANF*	MD DHR	Applicant earnings limit for single parent family of three is 46% of FPL. Annual maximum benefit for a family of three is 37% of FPL. Assets (except for one vehicle) are not disregarded in eligibility determination.	

## ADVOCACY OPTIONS

- Ask any candidate running for office who seeks your contribution what he or she has done or plans to do to address the problems of low income women in Baltimore.
- For a public policy agenda related to poverty, see Maryland Budget and Tax Policy Institute, [http://www.marylandnonprofits.org/html/policy/02\\_04.asp](http://www.marylandnonprofits.org/html/policy/02_04.asp). The Institute is a provider of independent, nonpartisan research and analysis of state budget and tax policy priorities. Its particular focus is how policy decisions affect low- and moderate-income families, other vulnerable populations, and the important community programs that serve them.
- Maryland Alliance for the Poor, [www.mdpoverty.org](http://www.mdpoverty.org), is a statewide network that advocates on behalf of state residents who lack basic necessities and Welfare Advocates is a statewide coalition of 500 community-based human services agencies, faith-based organizations, advocacy groups, and consumers coordinated by Linda Meade at Catholic Charities that advocates true welfare reform that improves the well-being of families.
- For a public policy agenda related to low income workers, see the Job Opportunities Task Force website at [www.jotf.org](http://www.jotf.org).
- For a public policy agenda related to helping needy families and caregivers raise healthy children prepared to be successful in school and life, see Friends of the Family [www.friendsofthefamily.org](http://www.friendsofthefamily.org).
- For a Maryland affordable housing legislative agenda, see the website of the Maryland Affordable Housing Coalition, <http://www.mdahc.org/>
- The Maryland Citizens Health Initiative has developed a comprehensive plan for achieving health care for all Marylanders. The plan and its history, implementation progress to date, and current advocacy opportunities can be found at [www.healthcareforall.com](http://www.healthcareforall.com).

*SOURCES: BNIA Baltimore Neighborhood Indicators Alliance [Vital Signs 3](#); BOC U.S. Bureau of the Census; BOC-ACS U.S. Bureau of the Census American Community Survey; BOC-SAIPE U.S. Bureau of the Census, Small Area Income and Poverty Estimates; CDCP Centers for Disease Control and Prevention, Medicare Current Beneficiary Survey; HHS U.S. Department of Health and Human Services; JHA Journal of Health Affairs (Feb 2005);; NCPTP National Campaign to Prevent Teen Pregnancy*

## GRANTEE NEEDS

All of the Baltimore Women’s Giving Circle’s grantees serve low income women.