

**A Profile of Poverty and Disability
Among Children, Working-Age Persons and the Elderly**

Prepared for

The Jewish Federation of Metropolitan Chicago

by

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OVERVIEW OF POVERTY, DISABILITY AND HEALTH STATUS

As part of its Proactive Grants Program, the Michael Reese Health Trust has funded the Jewish Federation of Metropolitan Chicago to assist the Trust in the development and implementation of the public policy components of the foundation's grantmaking. This study was commissioned by the Federation's public policy team and underwritten by the Trust through its grant to the Federation.

This report discusses the extent of poverty, disability and indicators of poor health among populations in metropolitan Chicago and downstate Illinois. Poverty, disability and health status indicators are fundamental measurements of the social and economic health of the Chicago region. Poverty data are important because they indicate how many persons are in need of poverty reduction efforts, be they governmental programs that provide income, nutrition, housing, health or other assistance, or be they programs managed by social service agencies to administer to a local community. Disability information is critical because having a physical or mental disability can seriously affect an individual's ability to participate in the labor force and contribute economically to a household and a community. Health data are similarly important because they indicate the extent to which individuals and communities may be self-sufficient and prosperous.

Organization of the Report

The data in this report are based on a larger statistical profile produced for the JFMC that contained detailed socioeconomic and health profiles for 172 geographic areas in Illinois. The socioeconomic data were derived from the 1990 and 2000 censuses, and the health data were obtained from the Illinois Department of Public Health.

The maps in this report include Chicago community areas and a set of suburban areas agreed upon in consultation with Jewish Federation staff and advisors. Tables that accompany the maps provide percentage and numerical rankings of Chicago community areas for the various indicators. Another set of tables at the end of this report provide rankings of the poverty, disability and health indicators for a set of areas that includes both Chicago community areas, suburbs and downstate areas. Also at the end of this report is a list of all geographic areas that were included in our analysis.

Poverty

The federal government first created a formal definition of poverty in the 1960s, based on the estimated income needed to sustain a family. At that time, the U.S. Office of Management and Budget created a poverty level that was pegged to the cost of food. The U.S. Department of Agriculture (USDA) had previously determined that food costs should constitute no more than one-third of a family's monthly spending. The USDA had determined what the cost of a typical monthly food bill was for a family. The federal Office of Management and Budget took this food cost and multiplied it by three to come

up with a dollar amount considered minimally necessary for a family. The poverty level has been calculated in essentially the same way ever since.

The definition of poverty is issued each year by the federal government, and the level is adjusted for different family size. In 2002, a family of four was considered to be living below the poverty level if it had income below \$18,100 dollars. (See table below.)

U.S. Department of Health and Human Services
Poverty Guidelines for 2002

Size of Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 8,860	\$11,080	\$10,200
2	11,940	14,930	13,740
3	15,020	18,780	17,280
4	18,100	22,630	20,820
5	21,180	26,480	24,360
6	24,260	30,330	27,900
7	27,340	34,180	31,440
8	30,420	38,030	34,980
For each additional person, add	3,080	3,850	3,540

As of 2001, the latest year for which we have data (from the Current Population Survey), the poverty rate in Illinois stood at 10.1 percent. This represented a decrease in poverty since the prior year, when the rate was calculated at 10.7 percent. The recent levels of poverty are well below those of the early 1990s, when the rate hovered near 15 percent in 1991, 1992 and 1993. The U.S. and the Illinois economies, however, have clearly entered a period of mixed economic progress, particularly since September 2001 (i.e., unemployment rates have climbed even while the stock market has recently posted gains), and poverty rates may begin to climb in the coming years.

Approximately 8.1 million persons live in the six-county metropolitan Chicago area, with 66 percent residing in Cook County and 36 percent in the city of Chicago. Poverty, however, is concentrated in Cook County and in Chicago, which are home to 85 and 66 percent, respectively, of the regional poverty population.

The overall poverty rate masks important differences in poverty levels among racial and ethnic groups, persons with disabilities, and different types of families. In metropolitan Chicago, for example, the overall poverty rate in 1999 (based on the 2000 census) was 10.6 percent. Among White Non-Latinos the rate was only 4.3 percent. In contrast, some 24.6 or one quarter of all African Americans were in poverty, along with 16.3 percent of Latinos and 8.6 percent of Asians.

While the White Non-Latino population has a low poverty rate, it is a large population overall (4.5 million persons in metropolitan Chicago). This means that a low poverty rate can still translate into a large group of poor persons. Some 197,000 White Non-Latinos are in poverty in the metropolitan area, a large number, though still lower than the 370,000 African Americans and the 227,000 Latinos in poverty. (At the state level, however, White Non-Latinos in poverty -- 515,000 persons -- are more numerous than Blacks in poverty -- 463,000 persons.)

Even within racial and ethnic groups there can be considerable differences in poverty levels. Among Latinos, Puerto Ricans have considerably higher poverty rates than the other principal groups such as Mexicans and Guatemalans. In the Asian population, Indian immigrants have a relatively high socioeconomic status with a low poverty rate, in contrast to high poverty seen in southeast Asian groups (who principally arrived as refugees) such as Vietnamese, Cambodians, and Laotians. For Latinos and Asians, poverty furthermore varies according to whether the individual is native or foreign-born. Persons with a disability have much higher rates of poverty than the remainder of the population. In metropolitan Chicago, some 15.8 percent of disabled individuals were below the poverty level, compared to 9.0 percent of persons without a disability. (Disability is discussed in more detail below.)

The type of family that a person lives in can have a significant effect on the amount of income available to the family and thus on their poverty level. In particular, married-couple families by definition increase the likelihood that more than one adult in the household has some kind of employment, and thus these kinds of families have lower poverty rates than households headed by a single female or a single male. Married-couple families have a poverty rate in metropolitan Chicago of only 3.9 percent.

The well-documented disparities in education, opportunity and salaries afforded to women and men reveal themselves in the high poverty rates of families (most of which include children) headed by single females. These types of families have poverty rates of 22.8 percent, compared to 11.8 percent for families headed by a single male. It should also be noted that female-headed families are far more numerous than male-headed families, with 376,000 female-headed families in metropolitan Chicago compared to 124,000 families headed by single men.

In general, poverty rates are higher among younger persons in metropolitan Chicago. Some 14.5 percent of children are poor in the area as are 15.7 percent of persons 18-24 years of age. Poverty among the elderly is below 10 percent in the region. Among children, more time is needed to assess whether the restructuring of income supports for families with children (welfare reform) will raise child poverty levels. Many children whose families have previously received welfare have unfortunately lost not only their access to cash assistance but, more importantly, their eligibility for Medicaid health care.

Child poverty rates exceeding 50 percent are found in nine Chicago community areas, with the highest rates in Riverdale (68.8 percent), Washington Park (64.8 percent) and

Douglas (62.7 percent). In Ford Heights, 62.0 of children are poor. Downstate, the highest child poverty rate is 48.8 percent, in East St. Louis.

Of persons aged 65 years and older, some 8.8 percent are in poverty. Lower poverty rates among the elderly are due in part to the income supports available to the population, such as the Social Security and Supplemental Security Income programs. The elderly, however, often have prescription drug costs and other health-related costs that consume large portions of their disposable income, even though their annual income may be above the poverty level. The highest elderly poverty rates in Chicago are in Oakland (50.9 percent), Armour Square (42.9 percent) and the Near South Side (40.9 percent). Some 29.1 percent of the elderly are poor in Ford Heights in south suburban Cook County, and 25.2 percent of elderly are below poverty in downstate East St. Louis.

Poverty rates vary importantly when age and race are looked at in combination. The table below compares the age structures of the poverty populations in a White Non-Latino community area, Norwood Park, on the far northwest side of Chicago, an African American community area, North Lawndale on the city's west side, and a Mexican community area, the Lower West Side. Norwood Park is 88.4 percent White Non-Latino, North Lawndale is 93.8 percent African American, and the Lower West Side is 88.9 percent Latino (primarily of Mexican origin).

As seen in the table, more than a third (34.8 percent) of poor persons in the White area of Norwood Park are elderly, compared to 5.2 percent in North Lawndale and 4.5 percent in the Lower West Side. In Norwood Park, less than 13 percent of poor persons are children whereas nearly half of the poor in North Lawndale are children and 43 percent of the poor in the Lower West Side are children. It may be said that in these cases, White poverty is elderly poverty, and African American and Latino poverty are child and working-age poverty.

The fact that so many of the poor in Norwood Park are elderly may be due to the relative prosperity of working-age persons and their children. The working-age population in a heavily White area is likely to have relatively high education and good job prospects. The elderly, however, are subject to fixed incomes and, often, the inability to work. Furthermore, the White population in Chicago has been leaving the city for decades now, and the area may disproportionately contain, as do many other Chicago neighborhoods, empty-nest, older householders whose grown children do not reside in the area. The older households are sometimes described as "aging in place."

A different dynamic is likely to be at play in North Lawndale and the Lower West Side. African Americans and Latinos are often at a disadvantage in the labor market due to relatively lower education levels, and are more likely to have low incomes. These same groups have larger family sizes and thus more children than the White population. In the case of Latinos, the Lower West Side consists of many recent immigrants, who tend to be of working age or younger. The largely African American North Lawndale community area is the only one of the three areas in which children, rather than working-age persons, are a plurality of the poverty population.

Poverty Rates by Age in Three Chicago Community Areas

	Norwood Park	North Lawndale	Lower West Side
< 18 Years	12.8%	49.4%	43.4%
18-64 Years	52.5%	45.4%	52.1%
65+ Years	34.8%	5.2%	4.5%
Total	100%	100%	100%

The above discussion suggests that the highest overall poverty rates in the metropolitan areas will tend to track the African American population, given that this community has a much higher poverty rate than the other major groups. To a somewhat lesser extent, poverty rates will also track the Latino population, whose poverty is lower than that of African Americans but higher than that of Whites or Asians. Indeed, as seen in the maps in this report, poverty rates exceeding 25 percent are located precisely in the community areas of major African American settlement in Chicago and in some of the principal Latino settlement areas. With regard to African Americans, the areas of highest poverty in Chicago are generally East and West Garfield Park, North Lawndale and the Near West Side on the west side of the city, and in roughly a dozen community areas on the south side that are fairly close to the original “Black Belt” to which Black participants in the Great Migration to Chicago were confined in the early decades of the Twentieth Century. (An exception should be made for Armour Square, which includes China Town; its 2,050 poverty-level Asians outnumber the 1,202 poverty-level African Americans.) On the far south side, the community area of Riverdale has more than 56.3 percent of its residents (of whom 96.6 percent are African American) in poverty.

In suburban metropolitan Chicago, some of the highest poverty rates in the region are found in a set of suburbs in southern Cook County, including Robbins, Dixmoor and Ford Heights.¹ These suburbs have been frequently featured in the local news media for high poverty, high crime incidence, and strained local government finances. African Americans are the majority in each suburb (94.8 percent in Robbins, 56.5 percent in Dixmoor and 95.4 percent in Ford Heights). In Lake County, the city of North Chicago has 15.1 percent of its population below the poverty line. White, Non-Latinos are a plurality (39.1 percent) of North Chicago, with African Americans constituting 35.8 percent of the city. The Latino population is increasing rapidly there, growing by 9.0 percent in the 1990s.

Higher-than-average poverty rates in the city of Chicago to some extent track the Latino population’s settlement areas, as mentioned. In the city, these principally include Humboldt Park, South Lawndale and the Lower West Side on the west side. They also include New City and South Chicago on the south side. The Humboldt Park Latino population is primarily comprised of persons of Puerto Rican origin, as opposed to the other community areas cited, where the majority of Latinos are of Mexican ancestry. In

¹ The city of Volo, in western Lake County, has a high poverty rate of 33.0 percent, yet has only 180 residents.

the suburbs, poverty rates in the range of 15-20 percent may be seen in Cicero, which is 77 percent Latino, and in Summit, where the Latino population has been increasing rapidly.

The locations of high rates of child poverty closely track the sites of overall high poverty. That is, the highest rates of child poverty are found predominantly in Chicago and in areas of high African American and Latino population. Some exceptions may be noted. The Near North Side in Chicago does not figure among the areas of highest overall poverty in the 2000 census data, yet it does fall among the areas of highest child poverty. This is likely due to the presence of the Chicago Housing Authority Cabrini Green complex in the Near North Side. This complex has been largely demolished since the time of the 2000 census, and actual child poverty rates in the Near North Side are doubtlessly lower today.

The sites of high senior poverty (among persons aged 65 years or older) also are found in the general pattern described for overall poverty. An exception is the Chicago community area of Uptown, which has a high senior poverty rate of 35.4 percent. This may be due to the presence of many elderly refugees in the area.

Poverty is of course not confined to metropolitan Chicago, and it bears noting the existence of high poverty rates downstate. East St. Louis and Urbana, Illinois, for example, both have poverty rates of 35.1 and 27.3 percent, respectively. Peoria has a poverty rate of 18.8 percent, which includes 20,220 persons.

Disability

The 2000 census permitted respondents to indicate whether they had one of five types of disability:

Sensory Disability -- Blindness, deafness, or a severe vision or hearing impairment

Physical Disability -- A condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying

Mental Disability -- A condition lasting 6 months or more that makes it difficult to learn, remember or concentrate

Self-Care Disability -- A condition lasting 6 months or more that makes it difficult to dress, bathe or get around inside the home

Employment Disability -- A condition lasting 6 months or more that makes it difficult to work at a job or business

It was solely the responsibility of the individual respondent to report whether they had a particular disability. In the metropolitan Chicago area, approximately 17.5 percent of the population reported one or another type of disability.

Physical, mental, sensory and self-care disabilities are reported by the census for all persons aged five or more years. Of these categories, the most common type of disability

is physical: some 6.5 percent of the population reports this condition, while 3.8 percent report a mental disability, 2.7 percent report a sensory disability, and 2.4 percent report a self-care disability.

The incidence of disabling conditions increases with age. While only 5.1 percent of children aged 5-15 years have some kind of disability, some 40.5 percent of seniors are disabled in some way. Similarly, only 1.0 percent of children 5-15 years are reported to have a physical disability; this increases to 27.7 percent for seniors.

The most common *type* of disability varies somewhat by age. For children 5-15 years, the most frequently reported disability is mental, affecting 3.8 percent of the population. For working-age persons and seniors, the most common disability is physical, affecting 4.6 percent and 27.7 percent, respectively.

For persons aged 16 years or older, the 2000 census compiled information on whether an individual had difficulty going outside the home alone to shop or visit a doctor’s office. This is defined as a “going outside the home disability.” Some 6.9 percent of working-age persons reported this disability, but one-fifth or 21.3 percent of elderly persons reported a “going outside the home disability.”

In the case of persons aged 16-64 years, the census reports on how many persons have an “employment disability” that makes it difficult for them to work at a job or business. In the metropolitan Chicago area about 11.3 percent of persons reported having an employment disability.

**Percent of Persons with a Disability
in Metropolitan Chicago, 2000**

	All Ages	5-15 Years	16-64 Years	65+ Years
Disabled	17.5%	5.1%	17.0%	40.5%
Physical	6.5	1.0	4.6	27.7
Mental	3.8	3.9	2.8	10.0
Sensory	2.7	0.9	1.7	12.4
Self care	2.4	1.0	1.6	9.6
Go outside home	N/A	N/A	6.9	21.3
Employment	N/A	N/A	11.3	N/A

It could be expected that having a disabling condition would tend to limit an individual’s access to educational opportunities and/or limit access to employment. Indeed, while 9.0 percent of persons without a disability are in poverty, some 15.8 percent of disabled individuals are below the poverty line.

Within metropolitan Chicago, the locations of the highest rates of disability track poverty rates. Thus the highest incidences of disability are seen in Chicago community areas on the west and south side of the city such as West Garfield Park and South Lawndale (west

side) and Grand Boulevard and Oakland (south side). Similarly, the highest suburban poverty rates are in southern Cook County in Robbins and Phoenix.² Downstate, some 32.1 percent of East St. Louis residents report being disabled, as do 24.1 percent of persons in Kankakee, 23.9 percent of persons in Alton, and 23.7 percent of persons in Danville.

Just as poverty and race are interconnected, disability and race are closely related. The table below compares the disability status of persons in three Chicago community areas selected to represent racial/ethnic groups: Norwood Park (White Non-Latino), North Lawndale (African American) and the Lower West Side (Latino). The table shows that disability increases with age for persons in each community area, but disability rates are higher for North Lawndale, for each age group, than they are for either Norwood Park or the Lower West Side. For example, the disability rate increases by a factor of at least seven going from children to the elderly (i.e., 5.5 percent of Norwood Park children are disabled in some way compared to 39.5 percent of elderly Norwood Park residents.) But while 5.5 percent of Norwood Park children have a disability, 6.3 percent of North Lawndale children are disabled. While 39.5 percent of Norwood Park seniors are disabled, 57.3 percent of North Lawndale seniors have a disability. In almost every age category, Lower West Side disability rates are lower than those of North Lawndale but higher than those of Norwood Park (an exception is the disability incidence among children, which in the Lower West Side is lower than in Norwood Park).

	Percent of Persons Who Are Disabled		
	Norwood Park	North Lawndale	Lower West Side
All Persons 5+ Years	19.4	25.5	23.1
5-15 Years	5.5	6.3	4.9
16-64 Years	14.5	28.9	26.5
65+ Years	39.5	57.3	46.0

The next table examines the types of disabilities found in the three communities. Again, a pattern emerges in which the largely African American North Lawndale community has higher disability rates for each type of disability than in Norwood Park. However, disability rates among persons in the largely Latino Lower West Side are actually lower than those in White, Non-Latino Norwood Park in every instance except for employment disability.

² Pingree Grove in Kane County has a disability rate of 31.5 percent, but has only 124 residents overall.

Percent of Persons with Particular Disabilities

	Norwood Park	North Lawndale	Lower West Side
Disabled	19.4%	25.5%	23.1%
Physical	8.4	10.9	5.9
Mental	3.9	6.4	3.6
Sensory	4.5	3.8	3.4
Self care	2.5	4.0	2.1
Going outside home ¹	20.8	32.0	26.4
Employment ²	10.8	14.8	18.7

¹Persons 65+ Years

²Persons 16-64 Years

Health

Relatively little data on the health of the U.S. population is collected in a regular, systematic fashion. The census, for example, does not inquire about health other than disability status. The public health system, however, does collect and maintain certain statistics on births, deaths and reportable diseases. With regards to births, statistics are reported on whether the mother is a teenager, whether she had medical care during the first trimester of her pregnancy, and on the weight of the infant. Information is also available on the cause of deaths in the population and on incidence of tuberculosis, AIDS, syphilis and elevated lead screenings. These data are compiled and made public by the Illinois Department of Health and by local health departments such as the Chicago Department of Health.

In metropolitan Chicago, about one in five births overall occur to women under 18 years of age. A fifth of these women, 20.0 percent, received no prenatal care in the critical first trimester of pregnancy. Almost one in ten or 8.3 percent of births have low birth weight. Some 11.0 of 1,000 births ended in infant death in Chicago.

Lack of prenatal care is related to both infant mortality and low birth weight. The lowest rates of prenatal care in metropolitan Chicago are seen in Ford Heights (51.2 percent of births lack care in first trimester), North Chicago (39.5 percent) and West Garfield Park (39.3 percent). In downstate East St. Louis, prenatal care is lacking in 45.0 percent of births.

Causes of death are expressed as incidences per 100,000 persons. In these terms, the most common cause of death is coronary heart disease, representing 209 deaths per 100,000 population. This is by far the most common cause of death, followed by cancer (90.3 per 100,000). With regard to the reportable diseases, the leading disease is AIDS, affecting 13.5 of 100,000 population.

To investigate the link between health indicators and race, the following table examines the Chicago community areas that have been previously used in this report as a proxy for race. The data suggest powerful relationships between race/ethnicity and health status.

In terms of births, the African American and Latino community areas of, respectively, North Lawndale and the Lower West Side have birth rates (approximately 23 births per 1,000 population) twice those of the White, Non-Latino area of Norwood Park (at about 11 births per 1,000). North Lawndale far surpasses Norwood Park with regard to the percentage of birth mothers who are under 18 years of age (14.5 percent vs. 0.5 percent), who received no prenatal care in the first trimester (33.3 percent vs. 10.1 percent), and who give birth to infants of low birth weight (15.8 percent vs. 5.7 percent). The corresponding birth statistics for the Lower West fall between those of the White and African American areas.

The overall death rate of Norwood Park (1,423.8 deaths per 100,000 population) is substantially higher than in North Lawndale or the Lower West Side, suggesting in part a higher average age of the population. The rate of death due to coronary heart disease and various cancers are substantially higher in Norwood Park than in the other community areas. This is due again in part to the overall lower death rate in the African American and Latino areas. North Lawndale, however, has a much higher rate of homicide than either of the two other areas. Some 55.7 of homicide deaths occur per 100,000 population, a rate that is fifteen times higher than in Norwood Park and twice that in the Lower West Side.

Morbidity data show North Lawndale to have incidence of tuberculosis, AIDS and syphilis that are far higher than in either Norwood Park or the Lower West Side. It is in the area of lead poisoning, however, where the greatest disparity exists. The 2,280.5 persons per 100,000 population who have elevated lead screenings in North Lawndale represent more than *two percent* of the entire population having been exposed to too much lead, a substance linked to neurological damage and impaired cognitive function, particularly when ingested in childhood.

Vital Statistics			
	Norwood Park	North Lawndale	Lower West Side
Live Births 1997-1999	10.8	23.2	23.7
Mother under 18 years	0.5%	14.5%	7.3%
No care first trimester	10.1%	33.3%	26.3%
Low birth weight	5.7%	15.8%	6.9%
Infant deaths 1997-1999	3.3	11.4	8.3
Deaths 1994-1998	1423.8	979.4	443.5
Coronary heart disease	445.8	214.0	100.8
Cancer (specified sites)	165.0	103.1	35.8
Lung	88.6	63.9	22.0
Colorectal	48.3	21.0	7.2
Breast (female)	26.0	14.6	5.4
Cervical (female)	2.1	3.6	1.3
Cerebrovascular disease	109.3	48.8	21.5
Chronic liver disease & cirrhosis	15.4	14.6	14.8
Motor vehicle accidents	8.5	15.5	9.9
Homicide	3.7	55.7	27.8
Suicide	9.0	5.5	4.9
All other causes	667.1	522.3	228.0
Morbidity			
Tuberculosis	8.0	26.1	15.9
AIDS	8.0	37.9	15.9
Syphilis	0.0	28.4	0.0
Elevated lead screenings	10.6	2280.5	858.4

live birth rate per 1,000 population

infant death rate per 1,000 live births

death and morbidity rates per 100,000 population

As may be expected from the above discussion, the health indicators related to infant mortality, lack of prenatal care, low birthweight and teen motherhood geographically follow the patterns seen with relation to poverty and disability. That is, the highest rates are found in African American community areas on the west and south sides of Chicago, as may be seen in a review of the maps in this report. To a great extent the same is true for persons with AIDS in Chicago (data are not available for suburban areas). However, a relatively high incidence of AIDS is also seen in four Chicago community areas found along the lake shore on the city's north side, including Lake View, Uptown, Edgewater and Rogers Park. These areas include a large portion of Chicago's gay community.

High School Education

This report contains a set of maps and tables that look at the geographic concentrations of persons without a high school degree. Possession of a high school diploma is a basic requirement for many entry-level jobs, and thus can be considered somewhat of a predictor of economic opportunity. The areas of Chicago with the lowest high school completion rates are found in the northwest and southwest sides of the city. However, these should not be confused with the high poverty, African American areas. Indeed, the community areas with low rates of high school graduation are more generally Latino areas such as Logan Square and Humboldt Park on the North Side, and South Lawndale and the Lower West Side on the South Side of the city.

Comparison of Poverty and Medicaid

Medicaid is the primary source of health insurance for low-income persons, and the extent to which low-income persons are accessing Medicaid is an important concern of advocates and policy makers, given that health care is critical to allowing families and individuals to stay in the work force, do well in school, and otherwise enjoy a healthy future. Some populations may receive Medicaid coverage even though their income is above the poverty line, such as children in KidCare. Other populations may be ineligible for Medicaid even though their income is below poverty (e.g., recently arrived adult legal immigrants and nondisabled, working-age, childless adults).

It should be expected, however, that the number of Medicaid recipients in a given area should exceed the number of poor persons, given the existence of KidCare and the spenddown “program,” both of which cover persons above poverty. A geographic area in which Medicaid enrollment is lower than the poverty population may have individuals eligible for Medicaid who have not been enrolled .

The final tables in this report compare, for state legislative districts, the discrepancy between poverty and Medicaid enrollment. As may be seen in the table, 14 House districts have Medicaid enrollment that is lower than the poverty population. The greatest discrepancies are seen in the districts of Naomi Jakobsson (103rd District), Sara Feigenholtz (12th District) and Kenneth Dunkin (5th District), each of whom have apparently low rates of Medicaid enrollment given the numbers of poor persons in their districts. In the Senate, the greatest apparent gap in Medicaid coverage are seen in the districts of John J. Cullerton (6th District), Richard J. Winkel, Jr. (52nd District), and Carol Ronen (7th District). It should be noted that most of these districts (Feigenholtz, Dunkin, Cullerton and Ronen) have significant immigrant populations that are ineligible for regular Medicaid coverage.

Implications of the Data

Poverty in metropolitan Chicago affects communities throughout the area, but is highly concentrated in the city of Chicago, particularly on the west and south sides of the city. The maps of poverty found in this report can be used to focus philanthropic investment where it is needed most. Although poverty has become a significant issue in many suburban areas particularly in certain older suburbs such as Cicero, Elgin, Aurora and Waukegan, the highest overall poverty rates are still found in Chicago. An exception is the extremely high poverty rate found in the south Cook suburbs of Dixmoor, Ford Heights and Robbins. Investigation is needed to determine the extent of government and philanthropic intervention in these hard-hit suburban areas, especially because their poverty population may grow as the low-income African American community in Chicago becomes to some extent displaced by the Plan for Transformation of the Chicago Housing Authority, under which virtually all gallery-style high rise public housing projects are or will soon be demolished, and under which low-rise CHA housing is also being rehabbed, often leading to a net decrease in available units.

Poverty is tightly connected with race and ethnicity, and African Americans are clearly the community most impacted. As noted earlier, some 24.6 percent of African Americans are in poverty in the city of Chicago compared to 4.3 percent of White Non-Latinos and 16.3 percent of Latinos. It is also true, however (perhaps contrary to public perceptions), that there are numerically more whites in poverty than Blacks at the state level. This fact could help to develop multi-ethnic coalitions to address poverty, particularly in the state legislature.

Poverty has different characteristics among Whites, Blacks and Latinos. A greater portion of whites in poverty are elderly, at least in some Chicago community areas, while Black and Latino poverty is more likely to involve children. The relative concentration of poverty among Black and Latino children means these communities are more likely to be affected by public policies, such as welfare reform, aimed at welfare use by families. In general terms, the white population may be more affected by policy changes related to income support and health care for the elderly, in programs such as Supplemental Security Income and in aspects of Medicaid and aging services that support independent living. Philanthropic investment in advocacy related to particular safety net programs will therefore be likely to have differential impacts on the major racial/ethnic communities

Latinos and Asians are not a monolithic community, and sub-groups within these populations can have markedly different characteristics. Mexican and Puerto Rican communities, for example, have different poverty rates, family structures and other characteristics. The rate of AIDS in Puerto Rican neighborhoods is higher than in Mexican neighborhoods. National-origin differences among Asians are arguably more extreme, involving different languages and a wider disparity between the wealthiest and the poorest. Programs to address poverty, then, need to distinguish between the various national-origin groups that make up the Latino and Asian populations.

Census data on the disabled population show a close link between disability and age. Overall, the elderly have the greatest incidence of disability, and programs that are designed to foster independent living may experience the greatest need among the elderly. Disability also tracks poverty, and policymakers and philanthropic organizations working with the disabled will find the greatest concentrations of need in the same areas where poverty-related efforts are in place.

As has been shown in this report, the health status of the diverse communities in metropolitan Chicago is, like poverty and disability, closely tied to race and ethnicity. The White, Non-Latino population in Chicago is generally an older population whose health needs will tend to involve the elderly, i.e., needs for long-term care, independent living, transportation for daily activities like shopping, and mental health issues related to living isolated and alone. The African American and Latino populations on the whole are younger, with less mortality overall. However the extraordinary level of homicides in African American neighborhoods like North Lawndale call for attention to violence, gun control and policing strategies. The extremely high incidence of lead poisoning in places like North Lawndale require public education campaigns, zoning enforcement, and continued health screenings.

The data on high school education in this report show that the lowest rates of attainment of a high school diploma are generally found in Latino areas in the city of Chicago. Much of this is undoubtedly due to the presence of large numbers of persons from Mexico, where educational attainment rates are much lower than in the U.S. Drop out rates for Latino youths are also high. A key issue to address, then, in regards to the Latino community is the access that adults have to GED and other nontraditional schooling, and dropout prevention programs among young persons.

This report identifies several Illinois House and Senate districts that have particularly low Medicaid coverage among their poor constituents. Data on these and other districts could be used to educate their elected officials on barriers to that program and on the need to expand eligibility for certain populations such as immigrants.