

Poverty in Vermont: Reduction and Profiles

*A profile of Vermont residents in deep poverty
prepared for the Vermont Child Poverty Council*

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Prepared by:

Travis W. Blalock
David R. Lumbert II

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Contact:

Nelson A. Rockefeller Center, 6082 Rockefeller Hall, Dartmouth College, Hanover, NH 03755
<http://rockefeller.dartmouth.edu/shop/> • Email: Ronald.G.Shaiko@Dartmouth.edu

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I. EXECUTIVE SUMMARY

This report has been prepared for the Vermont Child Poverty Council, a special coalition of lawmakers, state officials and social workers tasked by the legislature to study ways to decrease child poverty by fifty percent by 2017. The Vermont Child Poverty Council asked the Policy Research Shop to address two main tasks. First, we were asked to create a profile of Vermonters living in deep poverty and not receiving government benefits to assist the Council in targeting efforts toward reaching this population. The second task was to determine the best practices used by other governments which Vermont could implement to reduce child poverty.

The report provides an overview of deep poverty in the United States and then addresses how Vermont's deep poverty population differs from the national population. These differences and a comparison between rural and urban poverty help shape a better understanding of how national trends and solutions may differ from those in Vermont. The report presents a profile of those in deep poverty, combining data from those currently receiving government benefits, homelessness statistics, and the limited data available on this "hidden population."¹ The second part of this analysis outlines potential methods for reducing deep poverty. After a summary of Vermont's current assistance programs, best practices from other states are examined.

In the report the "deep poverty" population is defined as those residents living at or below fifty percent of the federal poverty line. In 2009 the poverty line was set at \$11,161 for a single-person household under 65 years of age, while that line adjusts for a family of five to \$26,686. Thus, residents living at 50 percent of the poverty line would be living on incomes of less than \$5,581 and \$13,343, respectively. Few data sources examine families at this low of a poverty level. The lack of precise data on individuals in deep poverty required the use of multiple data sources that do not speak directly to this population. While imperfect, the available data on the more general poverty population, those receiving government benefits, and the homeless help create a profile of the likely characteristics of those in deep poverty in Vermont.

Overall, this report offers three conclusions from the research:

1. Vermont children in deep poverty share many characteristics with the national demographics of people in deep poverty. However they differ on three key demographics. The Vermont population is almost entirely white, they live in much more rural areas, and they seem to have more educated parents relative to the national average.
2. Existing evidence suggests many individuals in deep poverty may not have any connection to government benefits or support systems, making their exact number and characteristics difficult to determine.
3. The most effective measures to reduce deep poverty may involve programs designed to alleviate transportation costs associated with living in rural areas. These programs will likely increase productivity and lead to less poverty and increased self-sufficiency.

2009 VERMONT CHILD POVERTY COUNCIL FINDINGS

In January 2009 the Vermont Child Poverty Council published its first report, *Improving the Odds for Kids*. This report included poverty reduction goals and measures, a ten-year strategy for reducing child poverty in Vermont that includes five main components. Twelve key goals emerged from community forums on poverty across the state, while eleven steps were outlined by the Council on how to move toward the ultimate goal. A summary of their findings, along with the goals and suggested steps can be found in the appendix of this report.

II. DEEP POVERTY IN AMERICA

POVERTY BACKGROUND

Poverty itself is a rather ambiguous term. For most federal benefit programs, being in poverty is defined as having an income below a federally determined poverty threshold. Poverty thresholds are set by the Census Bureau and change every year. The threshold represents a federal government estimate of the point below which a household of a given size has cash income insufficient to meet minimal food and other basic needs. They were developed in the 1960s, based largely on estimates of the minimal cost of food needs, to measure changes in the poor population. The thresholds form the basis for calculating the guidelines for poverty. They differ by household size and are adjusted annually for overall inflation.² The number is different depending on the number of people in the family as well as the State that people are living. While this metric does show some interesting information it still leaves much to be desired. It does not tell us much about the condition in which people live, not does it include after tax benefits such as TANF and food stamps that people receive.

The concept of deep poverty is even more ambiguous. Unlike regular poverty there are no federal guidelines and little agreement on what constitutes deep poverty. For this report we considered deep poverty to be 50% or below of the poverty line.

In some locations throughout this report, the number of people in poverty in Vermont was too small to make accurate calculations. In these cases we sometimes had to look at a more general poverty population.

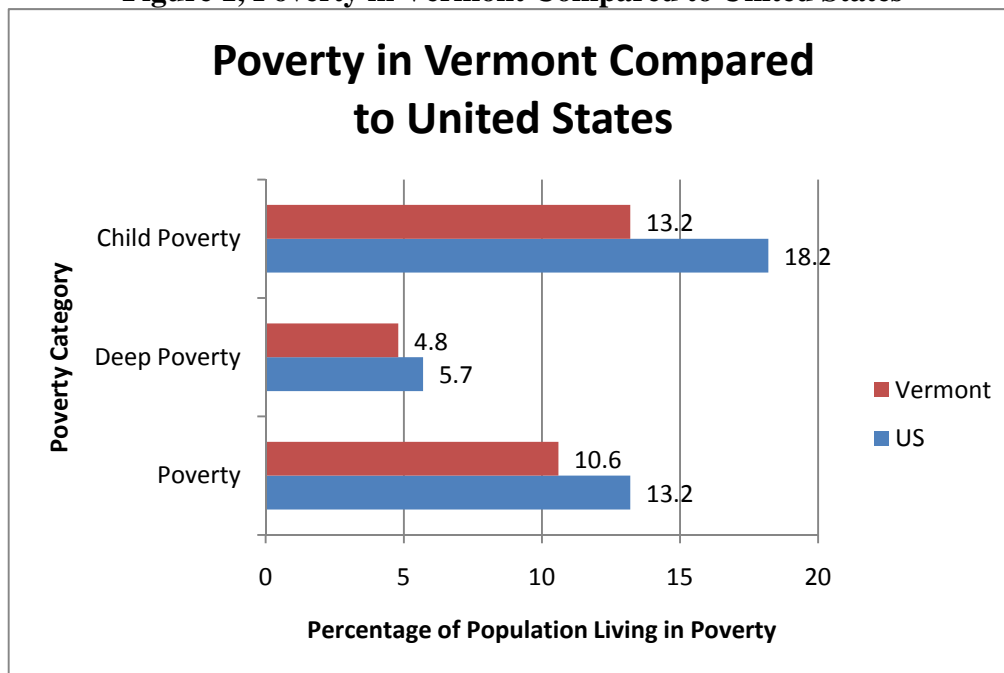
Today there are an estimated 30 million American children who are below this line.³ These children are a diverse population. They come from every race and ethnicity, they live in every type of environment from urban cities to rural farms, and their parents have educational backgrounds ranging from PhDs to less than high school. But even though there is a large amount of diversity within the population, there are still some characteristics that are fairly common amongst people in poverty in the United States.

At the national level, the majority of people in deep poverty are from minority populations. Around 40 percent are white, 20 percent are black and 30 percent are Hispanic. They also tend to have less education than their wealthier counterparts. In general they tend to be single parents in higher rates than in the population as a whole. Approximately 40 percent live in urban areas, 40 percent live in suburban areas and 20 percent live in rural areas.

COMPARING VERMONT TO THE NATIONAL STATISTICS

The chart below⁴ shows Vermont's poverty levels compared to those of the United States as a whole. Vermont's poverty levels are low compared to the national average, but still present a great challenge to the state. Vermont has the 11th lowest percentage of children in poverty at 13.2 percent and the 14th lowest percentage of people in poverty overall⁵.

Figure 1, Poverty in Vermont Compared to United States



Source: 2008 American Community Survey Tables R1701-1704⁶

Poverty in Vermont does not meet many of the characteristics of the poverty population nationwide. Vermont poverty is for the large part white and rural.⁷ While Vermont is not the only state where such a phenomenon exists, the different demographic profile potentially poses a unique set of challenges when it comes to alleviating poverty. Despite some key differences, the deep poverty population in Vermont shares many other characteristics with the poverty population in the nation as a whole.

One challenge when it comes to looking at poverty data for Vermont is that the raw numbers are very small compared to other states, and some key data sources lack representative samples of Vermont's poverty population. The American Community Survey, which is one of the main

sources of data for poverty research, did not obtain a large sample size in Vermont, and warns that their data for the Vermont poverty population is likely unreliable⁸. This leads to the possibility that a large portion of the demographic information could be highly inaccurate.

The following chart compares several statistics of people in poverty in Vermont to the National average. In order to get a larger data sample we looked at anyone with an income less than 200% of the federal poverty line for the in poverty sample. We also included a comparison of people with an income over 200% of the poverty line to get a better understanding for general trends in population. State data was calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2007, 2008, and 2009, representing information from calendar years 2006, 2007, and 2008. An average of three years of data was created because of small sample sizes in less populated states. The national data was calculated from the 2009 data, representing information from the previous calendar year. The table shows that Vermonters below 200% of the poverty line are very similar to the national population in many ways, but are much less ethnically diverse, live almost entirely in rural areas, and have higher levels of education than the national average. While the table looks at a more general poverty population, we can assume that the differences between the Vermont and national populations in deep poverty closely resemble the numbers presented in the table below.

Table 1, Comparison of Vermont Demographics to National Demographics

	Vermont Low Income (at or below 200% of the poverty line)	USA Low Income (at or below 200% of the poverty line)	Vermont (Above 200% of the poverty line)	USA (Above 200% of the poverty line)
Racial Demographics	Approximately 100% White	38% White 22% Black 3% Asian 34% Hispanic 1% Native American	Approx. 100% White	66% White 9% Black 4% Asian 13% Hispanic 0.4% Native American
Type of Residential Area	Approximately 100% Rural	20% Rural 40% Suburban 40% Urban	Approx. 100% rural	16% rural 61% suburban 23% urban
Parental Marital Status	48% Married	48% Married	83% married	84% married
Parental Education Status	10% Less than HS 36% High School 55% College	24% Less than HS 36% HS 40% College	1% NO HS 19% HS 81% College	3% NO HS 16% HS 81% College
Parental Employment	Full time = 55% Part time = 32% None = 13%	Full time = 51% Part time = 29% None = 20%	Full Time = 90% Part Time = 9% None = 1%	Full Time = 90% Part Time = 8% None = 2%

	Vermont Low Income (at or below 200% of the poverty line)	USA Low Income (at or below 200% of the poverty line)	Vermont (Above 200% of the poverty line)	USA (Above 200% of the poverty line)
Not Moved In One Year	89%	81%	92%	91%

Source: Annual Social and Economic Supplement

Parental Education Levels

While the level of parental education decreases with increased poverty, Vermont’s impoverished families seemed to be far more educated than the rest of the country’s impoverished population. This suggests that although people in Vermont may have enough human capital to be productive in a job, there could be some other barrier to entry preventing them from working. Likely causes of this could be the lack of job opportunities in Vermont or the high travel costs to get to work from a rural area.

Geographic Density

One important characteristic about those below the 200 percent FPL in Vermont is how spread out they are. Unlike urban areas where poor people live in relatively close proximity, Vermont is a far more rural area. As shown in Table 1 above, This situation causes two main problems. First it makes it hard for support services to reach them. Some of the more innovative ways of addressing contemporary poverty, such as the New York City cash transfer program⁹ and Step Up Savannah,¹⁰ are based on the assumption that people in poverty all live in the same area and that it is cost effective to simply try to perform improvements on that area. The population of people in poverty in Vermont is far too spread out for this to be effective. Perhaps the more important implication of the geographic dispersal of poverty is that it makes it much harder to get a good idea about who these people really are and determine their specific characteristics.

The best source of data on the location of the poverty population in Vermont comes from state benefits data. Below is a chart showing the percentage of TANF recipients in each Vermont county to give an illustration of the geographic density of poverty in the state. Note that the most concentrated poverty is in Franklin and Orleans counties, while Addison and Lamoille counties enjoy the least amount of poverty by percentage. The rural nature of Franklin and Orleans counties¹¹ may account for this discrepancy, but the close proximity of Lamoille to both of these counties brings up an interesting question of the geographic impact on poverty. A graph displaying these percentages can be found in the appendix as Figure 11.

Table 2, TANF Recipients per County

County	Total Population	TANF Recipients	Percent of Population Receiving TANF
Addison	36,760	446	1.2%
Bennington	36,411	1068	2.9%
Caledonia	30,252	678	2.2%
Chittenden	152,313	2976	1.9%
Essex	6,394	134	2.1%
Franklin	48,182	1470	3.0%
Grand Isle	7,560	162	2.1%
Lamoille	25,958	468	1.8%
Orange	28,896	580	2.0%
Orleans	27,301	810	3.0%
Rutland	63,014	1775	2.8%
Washington	58,696	1397	2.4%
Windham	43,471	1118	2.6%
Windsor	56,552	1241	2.2%
Unknown	N/A	111	N/A

Source: Vermont Department for Children and Families May 2010 TANF Recipient Data¹²

III. PROFILE: WHO IS IN POVERTY IN VERMONT?

One of our two main tasks was to develop a profile of the number, characteristics, and location of those in deep poverty in Vermont. To do so we contacted state and nonprofit employees asked them how one could find those Vermonters living in poverty but not receiving benefits. The responses were strikingly alike with three recurring themes: it is very difficult to profile this “hidden population,” data is only available for those residents receiving benefits, and any estimates that have been used in the past greatly vary due to different variables analyzed.

As a result of these difficulties, it is impossible to get entirely accurate information about this population. However, below we summarize what data is available and use it to make inferences about the population in deep poverty in Vermont. First, those currently receiving benefits in Vermont are described and analyzed to provide a sense of how many Vermonters currently receive assistance and where they reside. Next, we examine the homeless population in Vermont, while acknowledging the shortcomings of available data on the homeless population. Finally, we estimate the benefit-population gap using data from the 2008 American Community Survey that reports on several demographic characteristics of the state’s population.

ADDITIONAL CONSIDERATIONS ABOUT THE DEEP POVERTY POPULATION

Sexual Assault and Child Abuse

Anecdotal evidence from professionals working in support groups for people in deep poverty seems to suggest that people in deep poverty are exposed to sexual violence at a rate far greater than the population at large.¹³ There is little published research on the connection between sexual assault and poverty, but the little information that is available seems to suggest that this problem is just as present in other states we did not examine firsthand.¹⁴ Almost all of the research on the topic is done by surveying people who interact with the populations in poverty rather than interviewing them directly. The studies have found that the link is very clear. One study found that people with a household income less than a \$7,500 are twice as likely to be victims of sexually assault as the general population.¹⁵ Many current researchers believe people in poverty are not as connected to support resources and thus more susceptible to sexual violence.¹⁶ Some research has shown that sexual assault causes people to lose economic self-reliance. Further research is needed to determine the extent of this link.

Mental Illness

In a similar manner to sexual assault, there seems to be a consensus that many people in deep poverty suffer from some form of a mental illness.¹⁷ The most common forms of documented mental illness for homeless people are schizophrenia and post traumatic stress disorder.¹⁸ The numbers of individuals in Vermont who suffer from this is unknown. Of all the compounding factors relating to poverty this has the least amount of research.

Substance Abuse

Experts agree that there is a strong link between substance abuse and poverty. There is a very strong relationship between poverty and drug use.¹⁹ There are several different theories as to the cause of this connection. Some say that people in poverty have a natural predisposition to drugs; others say that people using drugs are less productive, and some people drug users are in poverty because they spend all their money on expensive illicit drugs.²⁰

Compounding Issues

The most troubling information these other factors is that they appear to compound off of each other. Research shows that individuals exhibit one of these conditions are more likely to also possess another characteristic.²¹ Not only do these conditions increase the likelihood of being in poverty these also make it much more difficult to get out. Evidence shows that each of these factors is negatively correlated with income and that the further someone is in poverty the more likely they have experienced one of these factors. In order to better treat people with these conditions more research must be done on their causes and effects.

BENEFITS DATA

In developing a profile of Vermont's impoverished population, this report examines residents currently receiving benefits. Many Vermonters are enrolled in more than one program, so overlap between the numbers listed is unavoidable. While this contributes to determining the gap between those who receive benefits and those who do not, it is a limited method of profiling the population in poverty for two reasons. First, the guidelines for receiving benefits vary depending on income, family situation, disability, and age. Second, those programs requiring work or with eligibility limits may offer perverse disincentives to potential participants and exclude some residents who would decrease the size of their benefit gap if they qualified. Despite these drawbacks, examining those Vermonters who are receiving benefits is the first step toward finding those residents not receiving benefits.

3SquaresVT

Food stamps contribute to the safety net that those in poverty rely on for simple survival. Further, nutritious food is essential for family success and individual health, so impoverished families rely on 3SquaresVT to meet these needs. In May 2010 there were 86,243 residents, or 7.2 percent of Vermont's population, receiving food assistance through 3SquaresVT.²² This is substantially less than the national average of approximately 10.9 percent of Americans receiving Supplemental Nutrition Assistance Program (SNAP) benefits.²³ Residents under the age of 20 compose 39.2 percent of recipients, indicating the program is important in reducing child poverty. Within the last few years, Americans have had more difficulty affording adequate food resources. In New York City, 48 percent of residents reported having trouble paying for food²⁴ and Vermont has seen the number of families receiving food stamps increase from 28,000 in 2008 to 46,000²⁵ in 2010. These numbers indicate a growing need for food assistance and Vermont is currently working to serve this new population more efficiently. Steve Dale, director of Vermont Department for Children and Families, noted a streamlined system currently in development should increase the efficiency of application processing and provide better service to Vermonters.²⁶ This information suggests that the number of Vermonters needing food assistance is growing, so the number of residents overall in poverty may also be growing.

TANF

Vermont's TANF program services clients through three programs: Reach Up, Reach First, and Reach Ahead. According to this data, 14,434 Vermonters, or 2.3 percent of the state's population, received TANF benefits in May 2010. Nationwide only 1.2 percent of Americans²⁷ receive TANF benefits, but Vermont's data includes all three sections rather than one TANF program. As a result the number in Vermont is higher, whereas other states may distribute benefits through different state programs. TANF significantly benefits children under 20 because of the qualifications and family-target of the programs. Of those receiving benefits, 65 percent were children 0-19. In May 2010 there were 14,434 recipients, with 9,457 participants under the age of 19. This magnifies the importance of focusing on maintaining a simple TANF application process and an efficient approval practice in order to reduce child poverty in Vermont.

Healthcare

Vermont’s unique healthcare system makes it difficult to compare its recipients to national Medicaid recipients. Vermont has 9,100 uninsured children, while 10.3 percent of the overall population is uninsured compared with 15 percent²⁸ of Americans who are uninsured nationally.²⁹ Nearly 30 percent of Vermont residents are enrolled in some state-sponsored healthcare or with a state partner plan. A less steep slope in healthcare benefits by age than with 3SquaresVT or TANF can be observed because of the inclusiveness and variety of available programs. In reducing poverty it may be helpful to also look at the discrepancy between Vermont’s per capita healthcare spending and the national average. Vermont spends about \$6,069 per capita compared to \$5,283 at the national level.³⁰ The Congressional Budget Office predicts healthcare spending could rise to as much as 50 percent of national GDP by 2082.³¹ Understanding the rising costs of healthcare will help Vermont legislatures and government departments to develop innovative ways of reducing healthcare spending, which will naturally increase the amount of money Vermonters have to pay for other necessities.

Table 3, Vermont Program Enrollment Compared to National Enrollment

Vermont Program Enrollment Compared to National Enrollment		
	Vermont	United States
SNAP (3SquaresVT)	7.2%	10.9%
TANF	2.3%	1.2%
State Healthcare Programs	30%	N/A
Uninsured Residents	10.3%	15%

Source: Vermont Department for Children and Families

Childcare Subsidies

Families with young children face great challenges in finding affordable childcare for their children. If affordable childcare is not found, parents must forego working in order to care for their children or leave them in unsafe situations. In February 2010, 5,388 Vermont families received childcare subsidies.³² From those families the program served 7,801 children, with 7.3 percent of new families entering the system in February. TANF income was declared by 8.9 percent of families, while the average cost of childcare per month was \$406 per child. This figure includes state subsidy plus the copay that 43.7 percent of families paid, equivalent to about 5 percent of their income. Children ages 6 and older composed 31.4 percent of the childcare population. Over 25 percent of families had incomes less than 25 percent of the poverty measure.

A report prepared by the Windham Regional Commission³³ entitled *Guidelines for Addressing the Vermont Child Care Planning Goal*, offered suggestions for financing childcare in the state. They suggested using town-wide funding options, Average Daily Membership (ADM) funds, collaborating with other nonprofits and local banks, and considering tax

abatement for family child care providers. Minnesota conducted a survey of parents and found that 20 percent reported childcare problems interfering with finding or keeping a job, while 37 percent reported having missed lost time or income due to caring for a child.³⁴ The infrastructure of childcare must be improved to discourage a cycle of poor childcare availability leading to poor workplace performance.

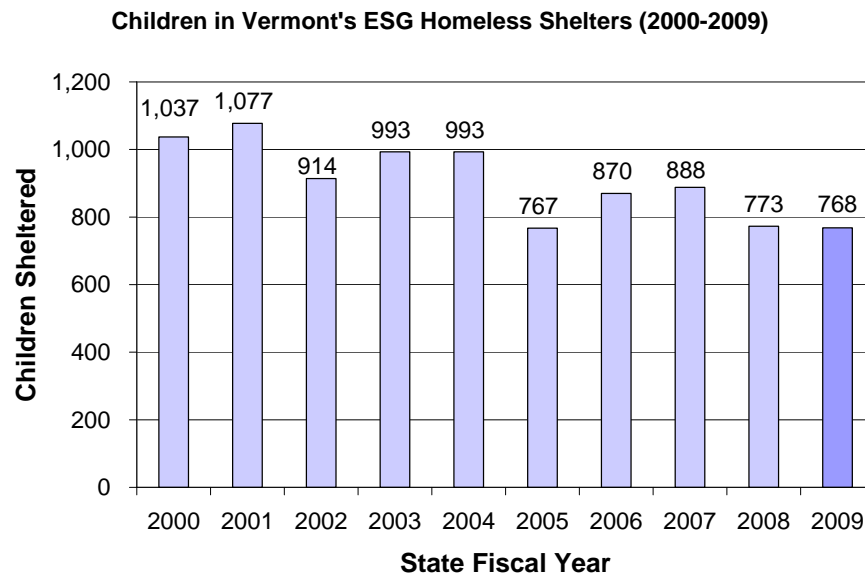
HOMELESS POPULATION

When examining child poverty in Vermont, one must investigate homelessness in the state because 41 percent of the homeless population nationwide is families.³⁵ It is likely that the population in deep poverty in Vermont has some proportion of overlap with the homeless population. Homeless residents often have insufficient education, employment history, and income, along with suffering from mental illness, health issues, and substance abuse problems.³⁶ This combination of factors, as well as the lack of information on rural homeless families,³⁷ contributes to the difficulties homeless individuals may have in applying and qualifying for benefits.

The National Alliance to End Homelessness suggests one major difficulty for homeless individuals to receiving housing assistance is because many jurisdictions require a family to be the primary leaseholder, despite the fact that multiple families who live together are more likely to enter homeless shelters.³⁸ Further, the Social Security Administration found that mentally ill homeless clients often misrepresent their information when applying for Supplemental Security Income (SSI) or Social Security Disability Income (DI), so their applications are not processed or denied.³⁹ Finally, myths around government programs also discourage homeless clients from applying for fear they will not qualify or will have to pay back the benefits.⁴⁰ One query that arose during this investigation was analyzing the sufficiency of benefits available against those applying for them. Further research on this topic is strongly encouraged.

Vermont has 22 state-funded shelters⁴¹ and served 3,559 clients in 2009. According to a November 2009 one-night census count in Vermont homeless shelters, there were 391 clients in the shelter, 118 of whom were children.⁴² The chart below shows the number of children sheltered in Vermont each year from 2000 to 2009. Over the past four years the number of children sheltered in Vermont has decreased, but the average stay at shelters has increased from 25 nights in 2006 to 33.8 nights in 2009. Likewise the shelter bed nights, or the total number of beds filled in one year, have increased from 98,786 to 120,464 respectively. This leads to the inference that fewer people are homeless now, but those who are homeless are staying in shelters longer than in 2006.

Figure 2, Number of Children in Vermont’s Shelters, 2000-2009



Source: Vermont Department for Children and Families

When analyzing the given data, one must consider the fact that homeless shelter data is not precise because of the transient nature of these clients. One homeless shelter executive director noted the close proximity of Vermont to parts of Massachusetts and New Hampshire that attracts residents from these states and can skew data. Understanding the course of residential instability is a large gap in national literature, as are the reasons for several families with different demographics falling into homelessness.⁴³ Nevertheless, increasing homelessness awareness and capability of applying for benefits must be improved to reduce child poverty.

BENEFIT-POPULATION GAP

The chart below shows the demographics of individuals living in poverty in Vermont based on the 2006-2008 American Community Survey. These estimates are then used to calculate a benefit-population gap based on TANF Reach Up! data. The poverty estimates refer to families living at or below the Federal Poverty Line and an explanation of the gap calculation can be found after figure 13.

Table 4, Estimates of Vermont Population Living in Poverty

Estimates of Selected Vermont Demographics Living in Poverty		
Demographic	Percent of VT Population	Estimated Number Living in Poverty (100% FPL)
All families	6.6	40,969
Families with related children under 18 years	11.4	5,358
All people	10.5	65,178
Under 18 years	13.2	17,289
18 years and over	9.7	47,507

Source: 2006-2008 American Community Survey

Table 5, Residents Living in Poverty Compared to Amount Spent on Programs

Residents Living in Poverty Compared to Amount Spent on Programs					
	Total Number of Vermont Residents in Poverty	Number of Vermont Residents Receiving Benefits	Total Amount Spent on Program	Total Amount Spent per Recipient	Benefit Gap
TANF – Only Reach Up	65,178	14,434	\$2,778,292	\$192.48	\$9,767,205
3SquaresVT	65,178	86,243	\$9,888,622	\$114.66	-\$2,415,313
Healthcare	<i>Wide range of programs do not make this calculation applicable.</i>				

Sources: Vermont Department for Children and Families and 2006-2008 American Community Survey

The table above shows the benefit gap of the TANF program and the seemingly overpayment of 3SquaresVT. Due to the overlap in benefits coming from 3SquaresVT, TANF, and healthcare programs, TANF will be used for comparison because of the breadth of individuals it reaches. Note that the total number of Vermonters receiving TANF in May 2010 was 14,434 and the total number of Vermont residents in poverty was 65,178. At a spending of \$192.48 per recipient according to Reach Up data, the state spent \$2,778,292 on the program, but did not cover a significant number of Vermonters who potentially could have qualified for \$9,767,205 in additional aid. On the other hand, 3SquaresVT paid benefits to more recipients than those living under the federal poverty line. This is understandable because qualifications for 3SquaresVT are based on gross household income, participation in the Vermont Earned Income Tax Credit, and disability status for senior citizens.⁴⁴

This benefit gap still does not bring recipients up to the poverty level and those Vermonters in deep poverty are likely suffering much more. The estimate provided of those in poverty not receiving benefits is skewed because of the overlap between TANF, 3SquaresVT, and healthcare benefits. Childcare benefits differ greatly based on location and family circumstance, so they have not been included in the figure. This “thought experiment” suggests that many Vermont residents are living in poverty but not receiving the selected government benefits. Further research is encouraged to analyze more government programs, such as Social Security Insurance and disability payments to more precisely determine the benefit gap.

IV. POVERTY REDUCTION METHODS

In addition to exploring the impoverished population of Vermont, the Council asked for a review of best practice poverty reduction methods. Compared to other states, Vermont fares well in poverty rankings. Yet other states provide some innovative models for deep poverty reduction that could help reduce poverty in Vermont even further. To better evaluate Vermont’s efforts to curb child poverty against non-profit and federal programs, this section provides an overview of federal government, state, and non-profit programs that have achieved success in other regions. An overview of current Vermont programs is located in the appendix of this report.

FEDERAL PROGRAMS

Community Development Block Grants (CDBGs)

The United States Department of Housing and Urban Development provides CDBGs to fund a wide range of local community development activities. They work to implement affordable housing, retain jobs in the community, provide services, and promote business growth. Recipients of CDBGs are divided into entitlement and non-entitlement communities, with entitlement communities having metropolitan cities of over 50,000 residents. States distribute non-entitlement funds to communities, while “HUD determines the amount of each grant by using a formula comprised of several measures of community need, including the extent of poverty, population, housing overcrowding, age of housing, and population growth lag in relationship to other metropolitan areas”⁴⁵.

After a community receives a CDBG, they must follow a detailed plan that encourages citizen participation, especially low and moderate-income citizens. 70 percent of CDBG funds must be used to benefit this population as well. The program must meet one national objective, which include:

Benefit low- and moderate-income persons, prevention or elimination of slums or blight, or address community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community for which other funding is not available.⁴⁶

Vermont communities in deep poverty may find applying for CDBGs beneficial to reducing poverty and helping to develop sustainable economic activity. In 2000, Vermont received only two CDBGs compared to six in New Hampshire and five in Maine.⁴⁷ In Atkinson County, Georgia and the City of Willacoochee, a CDBG helped purchase an abandoned railroad for a new company to use with an engineered wood mill that invested millions of dollars in the local economy and produced several jobs.⁴⁸ The \$500,000 grant eventually led to a \$76 million investment by the company Langboard and 135 jobs. Another example is Community-Based Development Organizations using CDBG funding to build new houses as part of a neighborhood vitalization program.⁴⁹ The increased use of CDBG could be very helpful in reducing the number of families in deep poverty in Vermont.

STATE PROGRAMS

Current Vermont legislation that created the Vermont Child Poverty Council is an exceptional step in the right direction. Several other states have enacted similar laws that create committees to study poverty reduction and made recommendations for further legislation. Alabama has suggested requiring businesses that receive economic assistance to pay wages equivalent to the area median-income level, provide more funding to Head Start, and eliminate sales tax on groceries and food.⁵⁰ Iowa's Family and Child Center recently implemented an annual report called *The Challenges of Getting By and Getting Ahead*, which tracks legislative actions in five poverty-related areas. Rhode Island's Commission on Family Income and Asset-Building has recommended increasing financial literacy education in the state as a way of helping people retain their earnings.⁵¹

The state of these recommendations is very much similar to those of Vermont's Council wherein several government agencies and nonprofits are coordinating to implement them now. Unfortunately very little progress has been made by these states because the ideas are recent and implementation is time-consuming. Vermont should monitor the progress of these other states as they are embarking on a mission of substantially reducing child poverty similar to that of Vermont.

Increasing funding for vital programs, streamlining benefit application processes, and changing tax codes to help low-income workers have all improved poverty levels. The recent move by the Vermont Department of Children and Families to combine all applications into one simplified document is an important step toward increased accessibility.

Transportation

People in poverty often depend on public transportation in order to gain job access, send children to school, receive job training, and purchase goods.⁵² This need is the same for people living in urban and rural areas; however people living in rural areas are far less likely to have access to public transportation. In fact 40% of people living in rural areas have no access to public transportation.⁵³ The Rockefeller Center at Dartmouth College Policy Research Shop previously wrote a report on public transportation in Vermont. The report found Vermont's public

transportation to be unorganized, complicated and inefficient.⁵⁴ Research conducted by the University of Vermont, found that Vermont was in dire need of a new funding structure for its transportation system.⁵⁵ Without further transportation options people in poverty and will not be able to access the services they need to help themselves.

NON-PROFIT SECTOR

In addition to federal and state programs, the non-profit sector plays a large role in poverty reduction, both in Vermont and nationally. The Vermont Foodbank, the Vermont Children's Aid Society, and the CASH Coalition all work with clients in poverty to help them meet basic needs. Vermont is seventh nationally for volunteerism, as 36.3 percent of residents volunteer and contribute \$431.2 million of service annually.⁵⁶ Using non-profits in the state's plan to reduce poverty will help the organizations advance their missions and will be beneficial to directing services at the same population.

V. RECOMMENDATIONS AND NEXT STEPS

Our research suggests two general approaches for reducing deep poverty in Vermont. One option is to redevelop benefit programs and target money toward those residents most in need of assistance. This will require further research into what programs work successfully and how Vermont can adapt them to fit the unique situation of the state. Transportation issues in Vermont continue to hinder greater development and if improved have the potential to provide much greater accessibility to rural families. Another option is to invest in improving data-gathering techniques to find Vermonters who are living in deep poverty but not receiving benefits and the most effective way to reach them. Both tracks are reviewed in this section, but legislative debate is highly encouraged to choose a direction and the magnitude of effort that will be placed on each track.

POLICY RECOMMENDATIONS

Continuing to study child poverty in Vermont and poverty reduction strategies are the best approaches to reaching the Council's goal by 2017. Transportation issues are a particular challenge in Vermont due to the rural nature of the state. Investigating public transportation and reimbursement options will likely improve mobility among low-income families. The United States Department of Agriculture's Economic Research Service has examined the Transportation Equity Act for the 21st Century and explored public transportation systems for nonmetro America.⁵⁷ Organizations such as "United We Ride" offer support on receiving federal funds to improve public transit. Increasing Vermont's public transit systems, especially in the most rural areas, will help make the current benefit plans more effective.

Legislative action on this issue will be required for successful intervention. Further research on the role of the legislature in poverty-reduction is advised, as they can pass laws targeting minimum wage requirements, tailoring state benefits, and alter sales and income taxes to eliminate perverse disincentives for Vermonters to work. The Urban Institute's work on low-

income working families⁵⁸ serves as a rich resource for tracking the experiences of low-income families and the components necessary for a safety net to support these families. Currently they are focusing on the fact that the federal government spent \$746 billion on programs to promote economic mobility in 2006, but about 72 percent of that money went to employer-provided work subsidies, homeowner subsidies, and savings incentives. Since these programs tend to help middle to upper-class Americans and those in poverty seldom pay taxes, very little of this went to actually alleviating poverty. Instead those in poverty rely on Pell grants, TANF, health insurance programs, and children's Medicaid. The Urban Institute researchers can work with the Council to develop successful ways to spend money on reducing poverty..

DATA-GATHERING RECOMMENDATIONS

Throughout this study it was very difficult to find data on impoverished residents in Vermont who were not receiving benefits. Additionally many homeless shelters had limited support staff to document clients and look for common patterns. Regularly analyzing these patterns may prove beneficial as the Council looks for ways to reach a hidden population. Creating partnerships with government, educational, homeless, and non-profit organizations to develop a consortium of knowledge on who is in poverty and why could help serve this population better. The New England Consortium links child research and policy organizations together in six states,⁵⁹ so Vermont could certainly develop a similar, smaller-scale model. This improved data-gathering method would greatly assist the Council in targeting child poverty and getting impoverished residents enrolled in government programs. Face-to-face interviews, web surveys, and rating scales for effectiveness of benefits should all be researched for practicality in Vermont.⁶⁰

FURTHER RESEARCH AND NEXT STEPS

This report describes many key factors in analyzing child poverty in Vermont, but several pieces to the puzzle are still missing. Below is a list of research topics that are encouraged to complement the findings presented here.

1. Conduct interviews with representatives from every homeless shelter to determine the amount of assistance homeless families are provided when enrolling for government benefits.
2. Closely examine school lunch data to find correlations between benefit-rich areas and free or reduced lunch numbers. Over the last four years, free and reduced lunch recipients have composed 29 percent of the school population.⁶¹ School may be an opportune avenue for reaching impoverished children.
3. Develop test programs to be run on small numbers of Vermont residents, such as the New York City conditional cash transfer,⁶² to see if these programs will work in a rural state. Such a program would provide impoverished residents with small cash loans to residents who meet certain criteria, such as enrolling children in public schools, receiving vaccinations, and getting regular physicals by a pediatrician. The loans are distributed based on a social contract where recipients agree to build social capital within the community, which then leads to greater stability and wealth. Several countries, such as

Honduras and Turkey, offer variations of cash transfer and Vermont may wish to examine the successes and failures of such programs.

4. Follow up on the eleven goals outlined in the Vermont Child Poverty Council's 2009 *Improving the Odds for Kids* report. These are located in the appendix of this report as Section D.
5. Run the poverty gap equations with more variables and search for better ways to determine such an experiment. Including factors such as Supplemental Security Insurance, childcare subsidies, student grants, unemployment insurance, veteran's benefits, and tax credits will provide a more accurate portrayal of a true benefit gap.

Child poverty is likely to remain an important issue in Vermont and following the steps outlined above will further the Council's mission toward reducing child poverty by 50 percent by 2017. This report has contributed to the literature available by profiling those residents in poverty and offering suggestions on how to gather data on impoverished residents in the future. It should serve as a starting point for a very difficult task: finding a hidden population.

VI. APPENDIX

A. 2009 VERMONT CHILD POVERTY COUNCIL FINDINGS

In January 2009 the Vermont Child Poverty Council published its first report, *Improving the Odds for Kids*⁶³. This report included poverty reduction goals and measures, a ten-year strategy for reducing child poverty in Vermont that includes five main components. These elements are highlighted in special sections: an analysis on mending the safety net for families, the importance of education, employment, economic stability, and strengthening families and communities.

Twelve key goals emerged from community forums on poverty across the state, while eleven steps were outlined by the Council on how to move toward the ultimate goal. The following is a summary of the key sections to provide strong background material for this report.

1. Poverty Reduction Goals and Measures

The Vermont legislature has set a goal of cutting child poverty in half from 2007 levels by 2017. This poverty level is most often measured in accordance with the Federal Poverty Level (FPL), but since it is low the Council set a goal to reduce the number of families living at 200 percent of the FPL. This measure presents many difficulties and a more-inclusive poverty level should be developed to fit Vermont's standards. The report suggests that a child's health, family stability, and educational success should all factor in to the new measure.

2. Ten-year Strategy for Reducing Child Poverty in Vermont

The Council determined that the first strategy to reduce child poverty in Vermont is about simple survival. Long-range solutions that reduce child poverty rates includes changes in family support systems, early child care, education, and job training that all require commitment from numerous actors. Those strategies which the Council decided were most important to improving Vermont are outlined below, while an exhaustive list of strategies from the report has been reproduced in this appendix as well.

3. Mending the Safety Net

Meeting basic needs was recognized as a major problem for low income families and their children in Vermont. The safety net that assists residents with housing, heating, food, and other needs is dependent on state and federal funding. According to the report, this net has been severely underfunded and those who depend on the net have been neglected. Three main areas have been identified as composing the safety net: homelessness, energy, and food and nutrition. Each of these problems undermines the ability of Vermont families to climb out of poverty because their basic needs are not being met. Goals and recommendations accompany the problem descriptions by providing steps the legislature, governor, and state Commissioners can take to mend the safety net that is vital to reducing child poverty.

4. Education

In addition to mending the safety net, education is examined as a critical element of healthy childhood development. Children in poverty are less likely to be prepared for kindergarten, fall

behind their peers in standardized test scores, and as a result are more likely to drop out of high school. The Council identified a goal of helping every Vermont child achieve his or her maximum potential from pre-K to higher education and each Vermonter earning a high school diploma. Recommendations for reaching this goal include tasks for the Commissioner of the Department of Education, Commissioner of the Department for Children and Families, Early Head Start programs, and the Secretary of the Agency of Human Services. Each goal works toward improving accessibility and enhancing educational programs.

5. Getting Ahead Through Employment

Improving employment accessibility is a key element toward helping Vermonters support their families. The Council identified the perverse disincentive toward working that currently exists. Fixing the benefit cliff issue is complemented by improving career and workforce development, career pathways, and rural economic development. Overall, the Council recommended further research into improving benefit conditions, state aid in workforce development, programs for career pathways, and the expansion of economic development programs in rural Vermont. Each of these improvements will lead to greater job stability and a reduction in child poverty.

6. Economic Stability

Employment is only one aspect of economic stability and the council recognized four other factors that affect stability. First, home ownership is difficult to attain for impoverished families. Federal housing assistance has been reduced, while rental properties where low income families live are often substandard and poorly insulated. Work on greater housing availability is coupled with better health for poor children. Some families have moved into poverty because of high healthcare costs and health care providers frequently deny Medicaid and Dr. Dynasaur. The state was encouraged to continue moving toward universal access to high-quality healthcare and promoting pediatric healthcare, insurance coverage, and preventative programs for children.

Further, child care for working families was acknowledged as a major challenge that should be dealt with through state subsidies and greater care availability. Finally, transportation, as outlined in this report as well, is a significant setback for families in poverty. Vermont's Reach Up program provides some families with transportation assistance, but many continue to need funding to get to work. Public transportation in rural areas, programs allowing for vehicle savings, and public service changes were all recommended for examination.

7. Strengthening Families and Communities

The cycle of poverty is exacerbated by poor family relationships, including domestic violence, teen pregnancy, addiction, and sudden life changes. To strengthen families and communities, support is needed from local government, school, community, and religious organizations. Prevention programs to deter crises, state support for nonprofit organizations, and sharing best practices in community strengthening are all steps toward family successes.

8. Moving Forward: Next Steps

Improving the seven areas outlined above are all contingent on the next steps Vermont takes and how they move forward. Eleven actions the Council could take to help the state reach its goals

were identified and have been reproduced in the appendix of this report. Many of these goals promote agency cooperation, spreading public knowledge, and continued evaluation of the Council's progress.

B. SUMMARY OF CURRENT PROGRAMS IN VERMONT

Programs in Vermont aimed at alleviating poverty are currently divided into three main sectors: food assistance, TANF, and healthcare support. The benefits are heavily concentrated in the age 0-19 categories

3SquaresVT

First, 3SquaresVT, formerly food stamps, administers aid to help families buy better food and allows them to put three square meals on the table. Free school meals and assistance with phone bills are also covered under this program. Eligibility for 3SquaresVT is based on gross household income, participation in the Vermont Earned Income Tax Credit, and disability status for senior citizens. Applicants approved for benefits receive an EBT card known as *Vermont Express* with the value depending on household size, income, and expenses. Among Vermont children in school, 28.1 percent qualify for free or reduced-price school lunches.

Temporary Assistance for Needy Families

Temporary Assistance for Needy Families (TANF), known as Reach Up in Vermont, is divided into three separate programs. Reach First provides temporary financial aid to families needing short-term help. The family must move out of the program within four months, but can move into another program if resources are still needed. Reach Up provides income support for low-income families with children and has income eligibility requirements. To qualify for this program, participants must work or participate in activities that will lead to a job. The third program is Reach Ahead, designed for low-income employed families or families receiving 3SquaresVT benefits. This provides food assistance of \$100 for the first six months and up to \$50 for the next six months. Each of these programs are primarily targeted toward children, with over 65 percent of benefits being received by children 0-19. In May 2010 there were 14,434 recipients, with 9,457 participants under the age of 19.

Healthcare

Vermont's involvement in healthcare is very strong, as 173,335 residents were enrolled in some type of state or partner-sponsored health program in May 2010. No or low-cost health insurance programs are covered under the umbrella of *Green Mountain Care* and divided into five subsections.

The first division is Catamount Health, which targets residents over the age of 18 and families that do not qualify for other programs that have been uninsured for twelve months or have lost insurance due to a life change. Catamount does not have income restrictions but may provide

assistance in paying premiums based on income. Pregnant women, children, and teenagers under the age of 18 are offered no or low-cost health coverage through the Dr. Dynasaur program. Dynasaur eligibility is based on family income and size. Uninsured Vermonters who need assistance paying employer-sponsored insurance premiums can receive assistance if they meet four criteria based on income, type of employer plan, and the cost-effectiveness of Vermont assisting with these premiums oppose to enrolling the individual in another program. Medicaid provides low-cost or free coverage for children, young adults under 21, parents, pregnant women, disabled residents, and those aged 65 or older. Finally, the Vermont Access Health Plan (VHAP) covers uninsured adults over age 18 who have been uninsured for twelve months or have recently lost coverage because of a life change.

C. VERMONT CHILD POVERTY COUNCIL: COMMUNITY FORUM THEMES

The following has been reproduced from the Vermont Child Poverty Council's 2009 report: *Improving the Odds for Kids*⁶⁴. Community forums were held across the state to discuss poverty and twelve themes emerged:

1. Vermont is experiencing the same growing income inequalities as is the nation as a whole. The Council heard many stories of people slipping from middle class status to living lives in poverty or on the edge. Those already living in poverty are suffering even more.
2. There are many reasons why families are living in poverty. Many low income parents grew up in poverty themselves. Some slip from a middle class life because of job loss, divorce or separation, or leaving an abusive relationship. Many others lost what they had due to addictions from alcohol, drugs, or gambling. Still others are children raising children. Each of these factors then complicates a family's ability to succeed in the workforce, get an education, or take advantage of training programs. These factors make it more likely that children in these families will also struggle to succeed.
3. Vermonters want to work. They are looking for more employment opportunities and better jobs. As Vermont competes in a global economy, workers are looking for the state to improve its job creation efforts.
4. There are gaping holes in the safety net. Survival for poor and low income families is becoming more tenuous because the federal safety net has been dramatically underfunded. There is a serious lack of affordable housing in Vermont, and federal programs have not kept up with the high costs of housing. Together with the challenges of feeding families and heating homes, many Vermont families are forced to choose between "heat or eat."
5. Family supports for low-wage workers are critical. Many workers need support from government-funded child care, transportation, and health care programs. However, the situation is even more dire for low-wage workers. Absent this support, the lowest wage workers, including those who have been welfare recipients, literally cannot get to the job.

6. Most children have access to health care coverage but do not always get needed services. All low income children are eligible for health care coverage through Medicaid and Dr. Dynasaur, but not all are enrolled. As health care costs rise every year, more families find increased premiums, co-pays, and other costs unaffordable. An additional problem is that an increasing number of health care providers are not accepting families with Medicaid and Dr. Dynasaur, making access to services problematic.

7. Working families receiving assistance are still struggling to make ends meet and are too often falling farther behind. Families receiving governmentfunded supports are eligible up to a certain income, but not at one dollar more. As families earn additional income, they often find that their increased earnings lead to a significant reduction in benefits. This is a perverse disincentive for work. When workers get a raise or an increase in hours, too often that means the end of help with child care or other family supports. Those working hard to get ahead lose assistance, and sometimes the family loses stability (such as child care or housing help) because of work. In many cases, a raise can actually leave families worse off, despite increased earnings.

8. It is nearly impossible to build assets for unexpected life events. Savings make access to assistance impossible in most programs. That is because even a few assets, such as a small savings account, may make a family ineligible for some government programs. Without savings, low income families are an illness or a major car breakdown away from economic disaster.

9. Working parents are often stuck in dead-end jobs, with little hope for advancement. They are looking for the chance to gain more education and to improve their work skills, but find that challenges such as child care and transportation hinder their ability to take advantage of available opportunities.

10. Educational opportunities are key. Parents were universally emphatic in their hopes that their children would receive a good education, and they saw this as a prerequisite for a better life. They acknowledged their own struggles in school and saw better experiences as critical for the success of their own children.

11. Community supports are often making all the difference in the lives of low income Vermont children. Struggling families can overcome many problems with the assistance of neighbors and local organizations. Parent-child centers, community action agencies, mentors, houses of worship, and teen centers are all contributing to providing more opportunities for Vermont's children.

12. Stigma hurts. Over and over, the Council heard stories of children suffering from the stigma of being poor. Children know that they are different when they are "free and reduced lunch" kids. They feel humiliated when they do not have the same clothes as others. They often cannot or choose not to participate in sports and other school activities because they do not have the money needed. They are feeling the effects of the "blame the poor" social mentality that has replaced the "war on poverty."

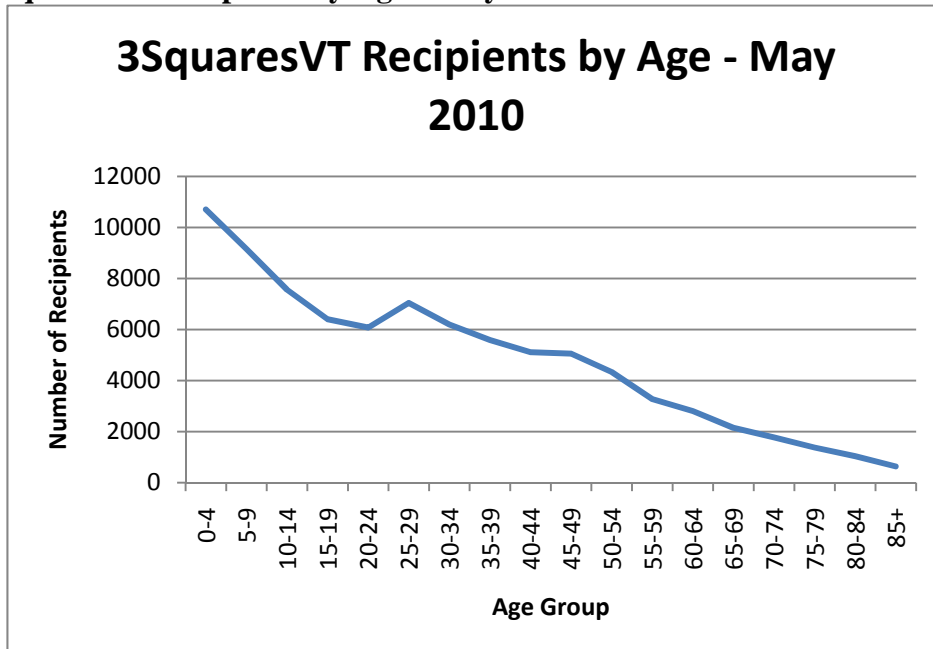
D. VERMONT CHILD POVERTY COUNCIL'S 2009 GOALS

The 2009 report also included eleven goals⁶⁵ for the Council to work toward to reduce child poverty in Vermont. These goals have been reproduced below:

1. Articulate specific goals and benchmarks that can be measured and evaluated over time in order to ensure that mid-course corrections can be made if the ideas and policies being tested should be improved over time.
2. Follow through on its recommendations with state agencies and legislative committees and develop a short-term agenda to advance its recommendations. The agenda will include recommendations for the General Assembly, the executive branch, schools, communities, and nonprofit organizations, including identifying best practices.
3. Request updates from agencies on the progress toward the goals and measures that will be publically available.
4. Explore state tax policies and their impacts on low income families, including the state earned income tax credit, renters rebate, a refundable child tax credit, and other current policies. The Council will request the tax department to analyze the take-up rates for the state earned income tax credit and renters rebate.
5. Broadly distribute this report to the public, media, and opinion leaders.
6. Develop a web site for this report and as a focus for public discussion of child poverty.
7. Identify and involve constituencies that were not well represented in the Council's public forum process, with an emphasis on business leaders, religious leaders, educators, and community leaders.
8. Regularly evaluate the goals and progress toward the goals to ensure that the goals remain dynamic and responsive to progress and current needs by issuing an annual progress report each January.
9. Sponsor conferences for legislators, state officials, and the public to broaden the discussion in each of this report's areas of strategic emphasis.
10. Provide a forum to explore new strategies to address the causes of poverty and create opportunities to test these strategies.
11. Act as an advocate for the interests of Vermont children living in poverty.

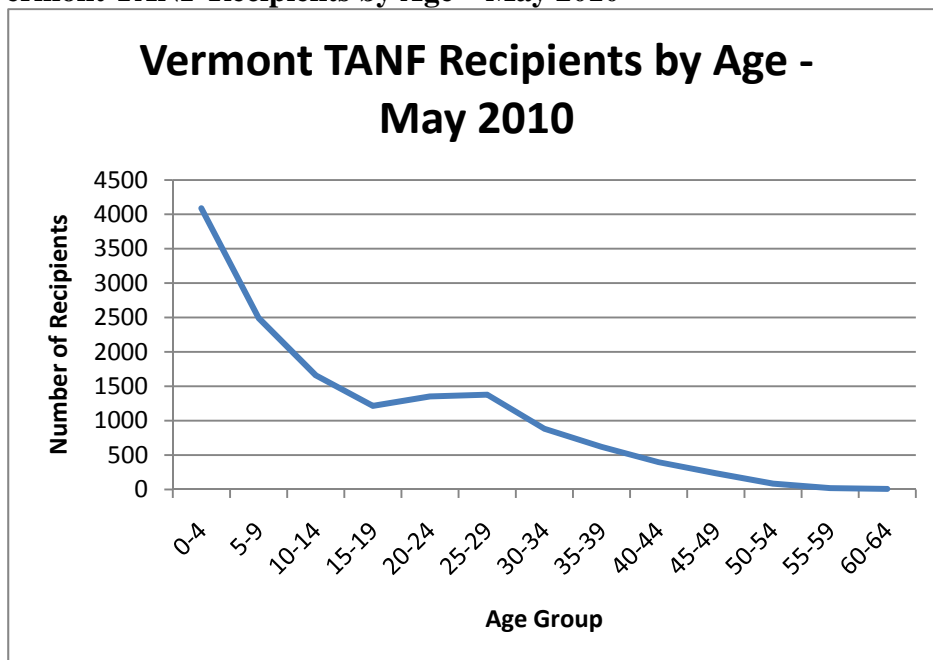
E. VERMONT PROGRAMS – RECIPIENTS BY AGE

Figure 3, 3SquaresVT Recipients by Age – May 2010



Source: Vermont Department for Children and Families

Figure 4, Vermont TANF Recipients by Age – May 2010



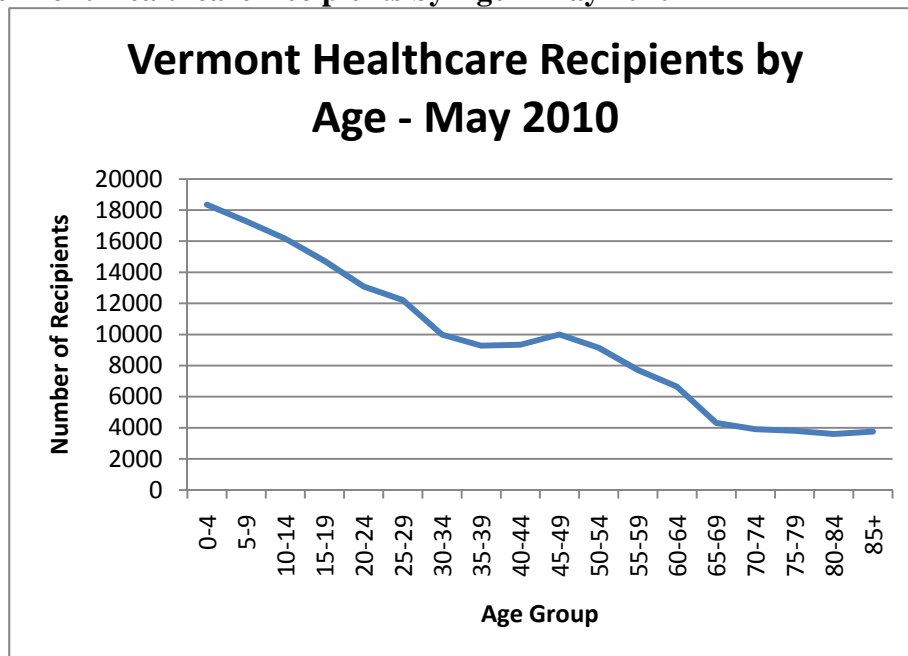
Source: Vermont Department for Children and Families

Table 6, Percent Distribution of TANF Recipients, VT & US

PERCENT DISTRIBUTION OF TANF RECIPIENT CHILDREN BY AGE GROUP OCTOBER 2007 - SEPTEMBER 2008 ⁶⁶						
	Age Group					
	0-1	2-5	6-11	12-15	16-19	Total
United States	16.0	25.5	30.4	18.5	9.5	2,911,079
Vermont	19.5	28.6	29.2	14.7	7.9	5,692

Source: US Department of Health and Human Services Administration for Children and Families

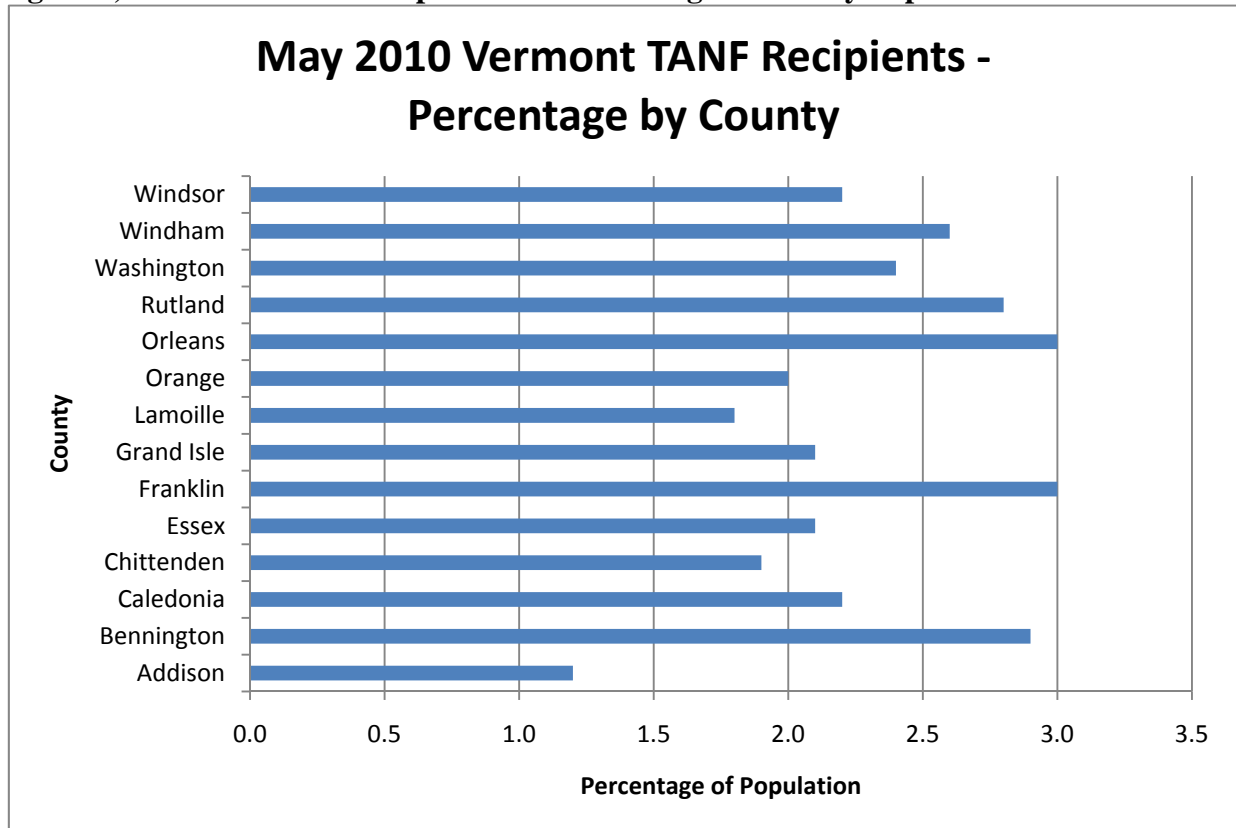
Figure 5, Vermont Healthcare Recipients by Age – May 2010



Source: Vermont Department for Children and Families

F. VERMONT TANF RECIPIENTS BY PERCENTAGE OF COUNTY

Figure 6, Vermont TANF Recipients as a Percentage of County Population



Source: Vermont Department for Children and Families May 2010 TANF Recipient Data⁶⁷

G. VERMONT BENEFITS BY COUNTY

Table 7, Number of Vermont Benefit Recipients by County

County	TANF Recipients	3SquaresVT Recipients	Healthcare Recipients
Addison	446	3844	9220
Bennington	1068	6387	11926
Caledonia	678	5267	10754
Chittenden	2976	15043	30539
Essex	134	1193	2322
Franklin	1470	7980	14747
Grand Isle	162	964	1874
Lamoille	468	3394	7578
Orange	580	3764	8101
Orleans	810	5874	11301
Rutland	1775	10677	19901

County	TANF Recipients	3SquaresVT Recipients	Healthcare Recipients
Washington	1397	6926	15481
Windham	1118	7094	14133
Windsor	1241	7397	14943
Unknown	111	439	515

Source: Vermont Department for Children and Families

H. 2009 USDA FEDERAL POVERTY GUIDELINES

Table 8, 2009 Federal Poverty Guidelines

2009 Federal Poverty Guidelines			
Family Size	Extreme Poverty (0-49% FPL)	Poverty (0-99% FPL)	Low Income (100-199% FPL)
1	\$5,415	\$10,830	\$21,660
2	7,285	14,570	29,140
3	9,155	18,310	36,620
4	11,025	22,050	44,100
5	12,895	25,790	51,580
6	14,765	29,530	59,060

Source: United States Department of Agriculture⁶⁸

I. AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES

Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months
Data Set: 2008 American Community Survey 1-Year Estimates

Table 9: 2008 American Community Survey, Selected Characteristics

Subject	Total	Margin of Error (+/-)	Less than 50 percent of the poverty level	Margin of Error (+/-)	Less than 100 percent of the poverty level	Margin of Error (+/-)	Less than 125 percent of the poverty level	Margin of Error (+/-)
Population for whom poverty status is determined	599,715	832	4.8%	0.6	10.6%	0.9	14.2%	1.1
SEX								
Male	294,085	1,474	4.3%	0.6	9.8%	0.9	12.9%	1.2

Subject	Total	Margin of Error (+/-)	Less than 50 percent of the poverty level	Margin of Error (+/-)	Less than 100 percent of the poverty level	Margin of Error (+/-)	Less than 125 percent of the poverty level	Margin of Error (+/-)
Female	305,630	1,530	5.2%	0.8	11.3%	1.1	15.4%	1.2
AGE								
Under 18 years	126,434	933	6.3%	1.5	13.2%	2.2	17.3%	2.5
Related children under 18 years	124,939	1,143	5.3%	1.5	12.2%	2.2	16.3%	2.5
18 to 64 years	390,259	913	4.8%	0.6	10.1%	0.8	13.2%	1.0
65 years and over	83,022	663	2.4%	0.7	8.5%	1.4	13.8%	1.6
EDUCATIONAL ATTAINMENT								
Population 25 years and over	424,294	1,104	3.0%	0.4	8.0%	0.6	11.6%	0.8
Less than high school graduate	38,490	2,506	5.7%	1.6	20.0%	3.1	28.6%	3.5
High school graduate (includes equivalency)	139,714	4,807	3.4%	0.8	9.2%	1.3	13.5%	1.8
Some college or associate's degree	108,881	3,835	2.9%	0.7	7.9%	1.0	11.0%	1.2
Bachelor's degree or higher	137,209	4,653	2.0%	0.5	3.6%	0.7	5.4%	0.9
CITIZENSHIP STATUS								
Native	576,061	2,394	4.7%	0.6	10.6%	0.9	14.2%	1.1
Foreign born	23,654	2,328	5.9%	2.5	10.1%	3.0	13.6%	3.5

Subject	Total	Margin of Error (+/-)	Less than 50 percent of the poverty level	Margin of Error (+/-)	Less than 100 percent of the poverty level	Margin of Error (+/-)	Less than 125 percent of the poverty level	Margin of Error (+/-)
Naturalized citizen	13,575	1,656	4.8%	2.2	10.6%	3.3	12.4%	3.5
DISABILITY STATUS								
With any disability	82,753	3,936	7.1%	1.3	21.6%	2.4	29.0%	2.5
No disability	516,467	4,029	4.4%	0.7	8.8%	0.9	11.8%	1.1
WORK STATUS								
Population 16 to 64 years	408,176	1,298	4.9%	0.6	10.3%	0.8	13.4%	1.0
Worked full-time, year-round	216,359	4,283	0.5%	0.2	1.7%	0.4	2.8%	0.6
Worked less than full-time, year-round	133,695	4,034	8.4%	1.4	16.0%	1.8	21.2%	2.1
Did not work	58,122	3,365	13.4%	1.9	29.3%	2.7	35.1%	2.9

Source: 2008 American Community Survey⁶⁹

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- ¹ “Hidden population” in this report refers to those Vermonters who are living in poverty, but for whom data is not available due to their lack of involvement in the benefit process. In other scholarly literature “hidden population” has been used to refer to sex workers, disabled individuals, and those hiding from political persecution.
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