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**US Senate Committee on Health, Education, Labor and Pensions
Subcommittee on Primary Health and Aging
Subcommittee Hearing – “Dying Young:
Why Your Social and Economic Status May Be a Death Sentence in America”**

Good morning, Senators Sanders and Burr. Thank you for the opportunity to participate in this panel. I know the effects of poverty both personally and professionally. I grew up in New York City in public housing. My grandparents were immigrants, and my parents' families were on relief during the Great Depression. As a teenager, I was in a gang before being rescued by social workers at the local Y. I was fortunate. Sometimes, you get dealt the right cards in life. Sadly, most people who live in poverty do not.

From my research and professional practice experience, I have learned that poverty is not merely a statistic, a snapshot of individual and family well-being, although we often treat it in such abstract terms. For tens of millions of Americans, it is a persistent barrier to full participation in our society, economically, politically and socially. Of greater significance, poverty is also a thief. Poverty not only diminishes a person's life chances, it steals years from one's life itself.

Poverty in the United States

In 2012, using new methods of calculation, the U.S. Census Bureau found that almost 50 million people in the U.S. were poor, 3 million more than in 2010. This is the largest number of people in poverty since the U.S. began to measure poverty and the highest poverty rate in a generation (U.S. Bureau of the Census, 2012a). Nearly 16% percent of the U.S. population now

lives below the *official poverty line*, which in 2013 is slightly above \$23,000/year for a family of four.

The majority of people who are poor are the most vulnerable members of our society. Thirty-five percent are under the age of 18. Eight percent are over the age of 65; nine percent are between the ages of 18 and 64 and suffer from some type of disability (U.S. Census Bureau, 2012a). Over one-quarter of African Americans and Latinos now live below the poverty line; since 1980, they have been 2 ½ - 3 times more likely to be poor than white, non-Hispanic Americans. Over 1/3 of African American children and all young families are poor. Women, particularly elderly women and single parents, are also more likely to be poor at every educational level. Poverty among unmarried female-headed households is nearly 40% -- the highest rate of poverty for female-headed households among 22 industrialized nations, about three times higher than average (U.S. Bureau of the Census, 2012b).

Poverty in the U.S. is no longer confined to depressed inner city neighborhoods or isolated rural areas. Since 2010, the number and percentage of people in poverty increased in 17 states, particularly in the South and West, and in suburban areas as well. It is estimated that half of all adults in the U.S. today are at economic risk in terms of their levels of literacy, education, and health care.

Poverty is not only more extensive, it is also deeper and more persistent. More than 20 million Americans, including nearly 12% of African Americans and over 10% of Latinos experience “deep poverty,” defined as below 50% of the official Federal poverty line (U.S. Bureau of the Census, 2012b; Acs & Nichols, 2010; Buss, 2010). Almost half of the families living in poverty actually live below one half of the official poverty line (U.S. Census Bureau,

2012a). Four million Americans, half of them children, live in extreme poverty and try to survive on \$2/day.

Over 20% of poor individuals are chronically poor (i.e., remain poor for a year or more). African Americans, Latinos, and female-headed households are over five times more likely than whites to experience chronic poverty (U.S. Census Bureau, 2011). On average, individuals in poverty have a one in three chance of escaping poverty in a given year, although this probability is much lower among African Americans, Latinos, female-headed households, and larger families. Roughly half of those who escape poverty become poor again within five years. Race, household status, and level of education are the key factors determining whether an individual can permanently escape poverty.

The duration of poverty spells is compounded by the widespread experience of poverty among Americans. Nearly 60% of the population experiences an episode of poverty during their lifetime of one year or more between the ages of 20-75, and over 3/4 of the population experiences at least a year of near poverty. Even more striking is that 91% of African Americans will experience poverty at some point in their lives (Rank, 2004).

Many analysts believe that the poverty rate is underestimated by half because it excludes homeless persons, people who are incarcerated, and people “doubled up” and living with family members. It also fails to consider the high cost of living in many metropolitan areas. Three-fourths of Americans have incomes under \$50,000/year, considerably below what it takes to live a minimally decent life in major cities. The official poverty line has not been adjusted to increases in real income and changes in living standards since it was formulated nearly 50 years ago. If the poverty line was raised by 10%, about one-third of the U.S. population (100 million persons) would be poor (Buss, 2010).

Given our knowledge about the long-term effects of poverty on health, psychological development, and educational attainment, these figures indicate the extent to which large numbers of the U.S. population, particularly in communities of color or immigrant communities, are at risk of a wide range of health, mental health, and social problems (Monea & Sawhill, 2010; Edelman, Golden, & Holzer, 2010; Pavetti & Rosenbaum, 2010; Lim, Coulton, & Lalic, 2009; Fertig & Reingold, 2008; Auerbach & Kellermann, 2011; Galea, Tracy, Hoggatt, DiMaggio, & Karpati, 2011). The impact of cycling in and out of poverty has a profound impact on people's health and longevity and on stability of American communities (Acs & Nichols, 2010; Pavetti & Rosenbaum, 2010; Turner, Oliff, & Williams, 2010).

Poverty among Children

Children constitute the demographic cohort most likely to be poor, a phenomenon unprecedented in industrialized nations. Nationally, nearly 22% of children under the age of 18 and over ¼ of children under the age of 5 were in poverty. Among African American children, the figure was 36%. Children who experience extended periods of poverty are less likely to finish high school and go to college. They are more likely to become involved with the criminal justice system and to develop chronic illnesses. The life course risk of poverty appears to have increased during the past several decades especially for individuals in their 20's, 30's, and 40's (Sandoval, Rank, and Hirschl, 2009; Alesina & Glaeser, 2004; Gornick & Jantti, 2012; Smeeding, 2005)

Children in poverty are nearly three times as likely to have fair or poor health and over twice as likely to have parents who report symptoms of poor mental health (Loprest & Zedlewski, 2006; Case, Fertig, & Paxson, 2005). Children in poverty are more likely to suffer from various health ailments, such as lead poisoning, asthma, and injury from accidents and

violence (Aber et al., 1997). Poverty and poor nutrition produce a wide range of health and behavioral problems, slower psychological development, greater frequency of learning disabilities, and lower academic achievement. Nonwhite children in particular are routinely exposed to high levels of neighborhood poverty when growing up compared to their white counterparts (Drake & Rank, 2009). Exposure to such levels of poverty can have a profound impact upon one's life chances and life expectancy.

For example, children growing up in neighborhoods marked by high poverty are much more likely to encounter a variety of environmental health and social hazards. These include elevated exposure to toxic pollutants, greater likelihood of being victimized by crime and violence, dropping out of school, higher arrest rates, increased risk of substance abuse, and greater exposure to sexually transmitted diseases (Evans, 2004). All of these can detrimentally affect a child's health, which in turn, can have a profound impact upon that child's health and economic well-being as an adult.

In addition, the infant mortality rate in the U.S. is higher than in some developing nations and the U.S. life expectancy ranks near the bottom among comparable industrialized countries. While in neighboring Mexico 90% of all children under five are immunized against childhood diseases, in some U.S. cities the rate is below 50% (Children's Defense Fund, 2006). As a result of persistent health disparities, Americans in the top 5 percent of the income distribution can expect to live approximately 9 years longer than those in the bottom 10 percent (Jencks, 2002). In two neighborhoods in Baltimore, just 2.5 miles apart, the difference in life expectancy is almost 20 years regardless of race (LaVeist, et al, 2010).

Children born into low income families also have far less opportunity to be upwardly mobile than in the past. As educational attainment and job skills become increasingly important

determinants of economic success in the global market, children from lower SES backgrounds face mounting obstacles due to the inadequacy of the schools most of them attend (Economic Policy Institute, 2012; Collins & Mayer, 2010; Allard, 2009; Wacquant, 2009; Blank & Kovak, 2008). Yet, in order to compete effectively for economic opportunities today, the quality and the quantity of their education are critical. On both counts, poverty and lower income status stunt the educational process. Those growing up in poor households are likely to live in lower-income areas which have fewer financial resources to spend on their school systems. This results in a significant reduction in the quality of education that students who are poor receive.

Racial and class gaps in education, particularly in regard to workforce preparation at the secondary school level, create especially acute problems for African American, Latino, and American Indian youth. These problems are even more serious for the children of recent immigrants, documented or undocumented, and for children in single family female-headed households (Bureau of Labor Statistics, 2010; Collins & Mayer, 2010; Wacquant, 2009; Soss, Fording, & Schram, 2011; Braveman, et al, 2011). They are, in effect, trapped in the vise of poverty with all of its deleterious health effects.

Finally, child poverty is also a drain on the nation's economy. Six years ago, a study (Holzer, Schanzenbach, Duncan, & Ludwig, 2007) concluded that "the costs to the U.S. associated with childhood poverty total about \$500 billion per year, or the equivalent of nearly 4 percent of GDP" (p. 1). Each 1% increase in child poverty costs the nation approximately \$28 billion/year.

Poverty and Hunger

Hunger is, perhaps, the most visible and painful symptom of poverty. Today, over 50 million people in the U.S., nearly one out of every six Americans, experiences what is

euphemistically call “food insufficiency.” This number has nearly doubled since 2000. Nearly 17 million people endure “very low food security.” Their food intake is below levels considered adequate by nutritional experts. They regularly run out of food several days each month.

Poverty and hunger in the U.S. are not confined to any geographic region or segment of the population. Although less visible, they exist in startling and increasing numbers in suburbs and rural areas. About 1/8 of suburban households and over 1/7 of rural households experience food insecurity; almost 5% experience very low food security. Nearly half of all Americans who receive food assistance live in these communities. The problem is particularly severe in Southern and Western states.

About one-third of the people who are hungry in America are children and over 22% of all children nationally live in households that experience hunger. In 36 of the 50 states, over 20% of children are hungry. Over 25% of African American and Latino households experience food insecurity. Here, in the nation’s capital, nearly 31% of all children live in households without consistent access to food – the highest rate in the nation (Cohen, Mabli, Potter, & Zhao, 2011).

It has been clearly established that hunger, particularly in the first three years of life, has dramatic implications for children’s future physical and mental health, academic achievement, and economic productivity. Children’s hunger contributes significantly to a wide range of health problems, to slower psychological development, greater prevalence of learning disabilities, and lower academic achievement. Children growing up in food insecure households are more likely to require hospitalization, have more frequent instances of oral health problems, and may be at higher risk for conditions such as anemia and asthma. They may also be at higher risk for behavioral issues, such as school truancy and tardiness, and more likely to experience a range of

behavioral problems including hyperactivity, aggression, anxiety, mood swings, and bullying. Children who are chronically hungry often lag behind in academic development, with clear implications for their ultimate life chances.

The problem of hunger is slightly less severe, but still quite serious, for working adults and the elderly population in the U.S. Among adults, food insecurity correlates strongly with a variety of negative physical health outcomes, such as diabetes, hypertension, and various cardiovascular risk factors. There is also a demonstrated relationship between hunger and higher levels of aggression and anxiety. Pregnant women who experience food insecurity are at risk of premature births, low birth weight babies, and other birth complications. Women who experience hunger may be at greater risk of major depression and other mental health problems. Food insecurity among the children of mothers who are food insecure has also been linked with delayed development, poorer parental attachment, and learning difficulties during the first two years of life (Gundersen, Waxman, Engelhard, Del Vecchio, Satoh, & Lopez-Betanzos, 2012).

Over 8% of households with one or more elderly Americans experienced hunger in 2011, the last year for which complete data are available. Seniors are more likely to be food insecure if they live in a Southern state, are younger, live with a grandchild, and are African American or Latino. Nearly one-third of these households have to choose each month between purchasing food and paying for medical care and over one-third of these households have to choose monthly between buying food and paying for heat or other essential utilities. As a result, over 14% of individuals in the U.S. who seek emergency food assistance are over 65. Within slightly more than a decade, the number of seniors experiencing food insecurity is projected to increase by 50% when the youngest of the “Baby Boom Generation” reaches age 60 (Coleman-Jensen, Nord, Andrews, & Carlson, 2012).

Growing hunger and poverty merely constitute the tip of the iceberg. They reflect the widening gap in income, wealth, education, employment, and health status between classes and races in the U.S. The relationship between family income and the lack of opportunity to escape poverty and its lasting consequences is clear. Yet, while there is a clear connection in the U.S. between poverty and unemployment, the possession of a job itself does not eliminate the risk of hunger. According to the Census Bureau, in 2010, nearly 10% of all American families, almost 21 million people, who are officially poor have at least one family member who is working (De Navas-Walt, Proctor, & Lee, 2011). Their poverty is a direct consequence of wage stagnation. From the late 1950s through the 1970s, a full-time worker earning the minimum wage could maintain a family of three at or above the poverty level. Today, this is no longer true (Economic Policy Institute, 2012; Mishel & Shierholz, 2011).

Poverty and Health

Adults who are poor are more likely to have higher rates of heart disease, cancer, diabetes, and virtually every other major illness and cause of death (Kaler & Rennert, 2008). Among adults, poverty leads to higher incidences of diabetes, hypertension, cardio-vascular problems; depression and other mental health problems among women, and, among pregnant women, more premature births, low birth-weight babies, and birth complications. For them, poverty and hunger are not merely statistics. They are, in the words of the Chilean poet, Pablo Neruda, “the measure of man.”

Compounding these problems, people in poverty experience a wide range of disparities in health and mental health care. These include (1) *absence of care*, especially preventative and primary care, rehabilitation services, long-term care, oral health, and the availability of affordable prescription medications; (2) *poor access to care*: over 20% of African Americans

and over 1/3 of Latinos have no health insurance and there is a maldistribution of health care providers in urban and rural areas; (3) *inability to afford adequate care* as health care costs rise faster than inflation and states cut back funding for Medicaid; (4) *inappropriateness of care*, particularly a lack of sensitivity to the specific needs of impoverished persons among health care providers; and (5) wide variations in the *quality of care*. Today, the typical (or median) state provides medical assistance to working parents who make less than 63% of the poverty line (\$12,790 a year for a family of three) and non-working parents with incomes below 37% of the poverty line (\$7,063 a year). Only a handful of states provide coverage to *any* low-income adults without dependent children, regardless of how far below the poverty line they fall.

Let me illustrate these problems with some statistics from the Baltimore area where I live and work. In Baltimore, less than half of the population has a college education, the lowest percentage in the state of Maryland. Only 58% of city residents have incomes twice that of the poverty line. If 5% more people attended some college and 5% more had incomes higher than twice the federal poverty level, we could expect to save 247 lives, prevent 27,000 cases of diabetes, and eliminate \$202 million in diabetes costs every year. In Baltimore County, if 5% more people attended some college and 3% more had an income higher than twice the federal poverty level we could expect to save 266 lives, prevent 305 cases of diabetes, and eliminate \$2 million in diabetes costs every year.

The lack of mobility out of low-income neighborhoods, particularly for racial minorities, compounds the health effects of poverty. Nearly half of African Americans who live in high poverty census tracts, for example, still reside in a high poverty census track 10 years later Quillian (2003). In addition, 72 percent of African American children who grew up in impoverished neighborhoods live in similar neighborhoods as adults. The absence of social

mobility, generally associated with the American Dream, demonstrates that neighborhood poverty has prolonged and lasting consequences on the health, well-being, and life expectancy of poor children, particularly children of color.

These consequences, however, are not limited to impoverished children. Each night an estimated one million Americans have nowhere to call home and over the course of any year three million Americans experience homelessness for an extended period (National Coalition for the Homeless, 2012). The U.S. Conference of Mayors' annual survey of homelessness and hunger found that homelessness among families increased by 16% from 2010 to 2011, with unemployment, lack of affordable housing, and poverty being cited as the leading causes (U.S. Conference of Mayors, 2011). For over 30 years, the impact of sub-standard housing conditions and homelessness on people's health and life expectancy has been well documented. In 2005, the National Health Care for the Homeless Council reported that people experiencing homelessness are three to four times more likely to die than their housed counterparts, with the average age of death between 42 and 52 years of age (O'Connell, 2005).

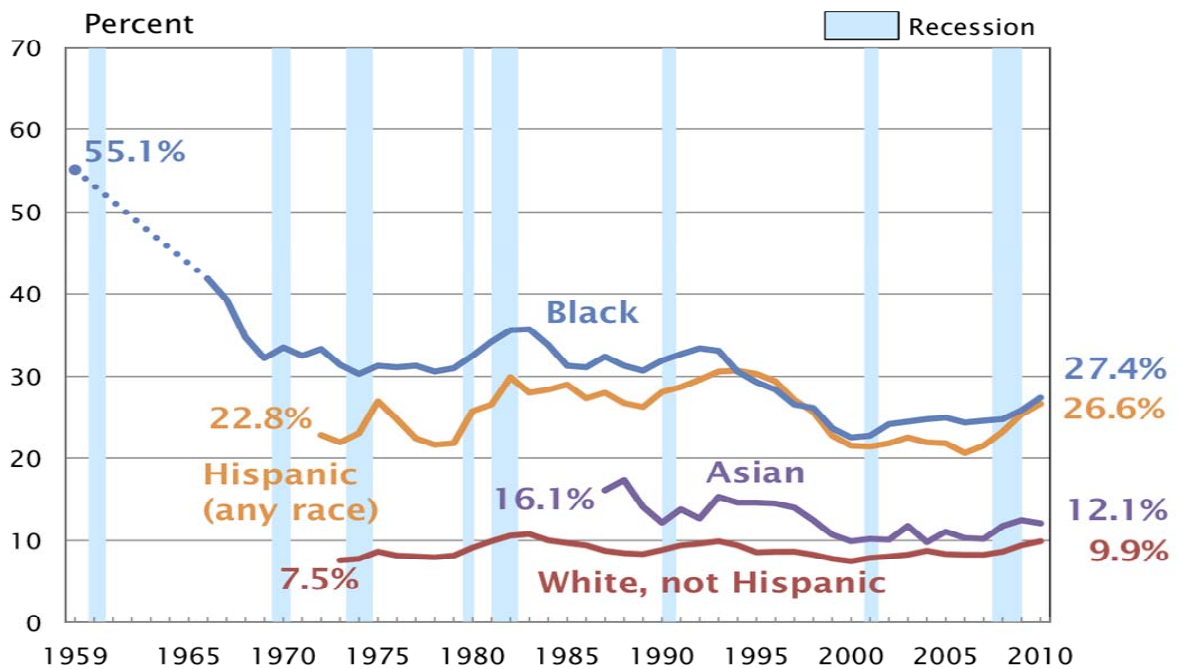
Individuals who are homeless are the most desperate of the over 20 million households (17.7% of all U.S. households) who pay more than half of their income for housing (Joint Center for Housing Studies, 2012). The absence of a sufficient supply of affordable housing contributes substantially to the high rates of poverty and near poverty in the U.S. and to the millions of Americans who are homeless, at risk of homelessness, or live in substandard, unhealthy, and often dangerous housing. To illustrate: A family of four with an income at the Federal Poverty Level (\$23,050) has only 60.7% of the income necessary to afford a two bedroom apartment at the Fair Market Rent of \$949/month; a single adult whose income is at the Federal Poverty Level has only 39.6% of the income required to afford an efficiency apartment at the Fair Market Rent

of \$705/month. To state this situation another way, a renter earning the minimum wage must work 101 hours to afford a two-bedroom unit at the Fair Market Rent (Bravve, Bolton, Couch, & Crowley, 2012). Even an efficiency apartment is out of reach for the minimum wage worker, who earns 53.4% of the amount necessary to make market rate housing affordable.

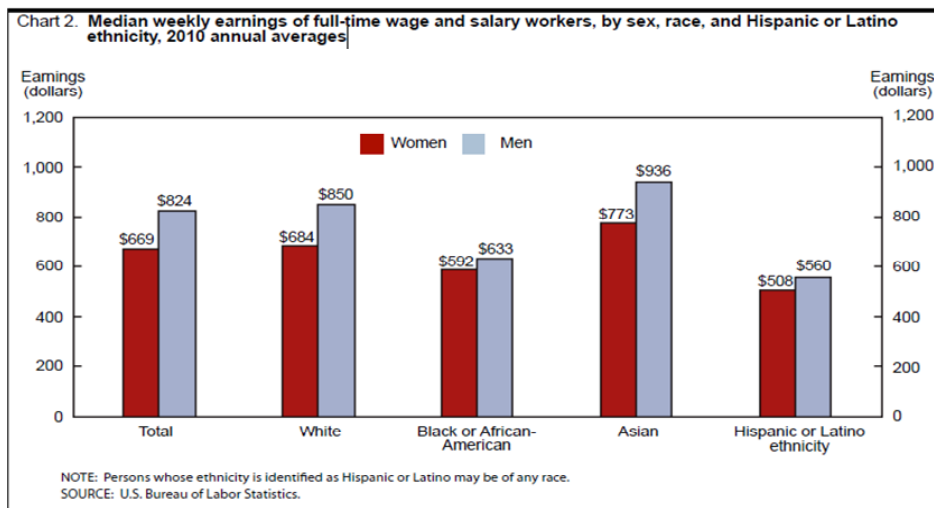
The impact of poverty on the health and life expectancy of millions of Americans illustrates the growing importance of our fraying social safety net. Without unemployment insurance, food stamps, Social Security, and the Earned Income Tax Credit millions more nationally would be vulnerable to the consequences of poverty outlined in my testimony. In 2011, these programs lifted 40 M people out of poverty, including nearly nine million children. They lowered our official poverty rate by almost 14%. Given the long-term effects of poverty on people's life expectancy and the damage it does to the well-being of our communities and our nation, this is a time to expand and not reduce these essential life-giving programs.

Thank you for your attention.

Poverty Rates by Race and Hispanic Origin: 1959 to 2010

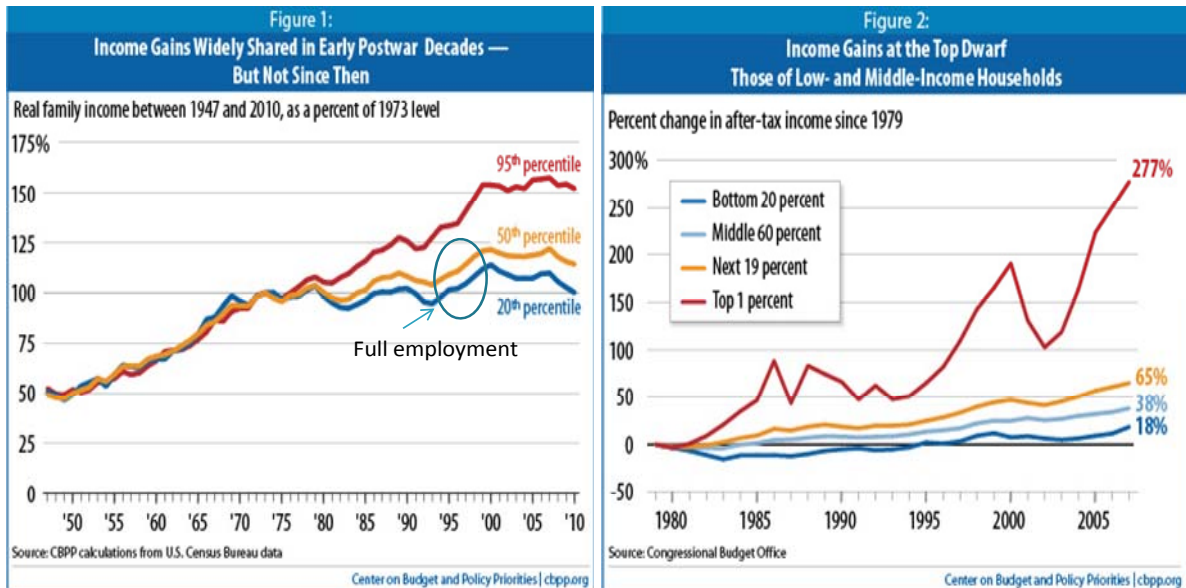


Greater Income Inequality



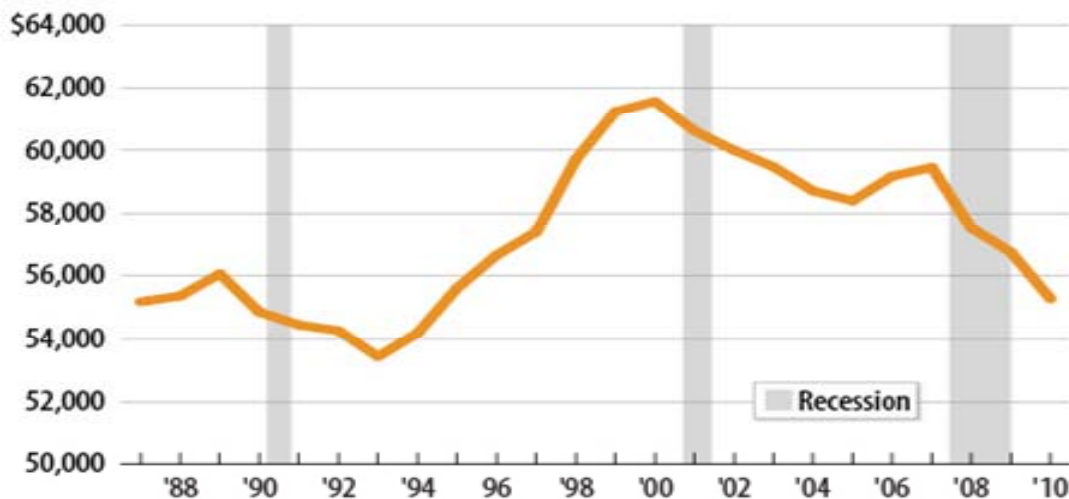
Growing Inequality Among Middle Income Households and Higher Poverty

Changes Have Occurred Primarily in Past 3 Decades



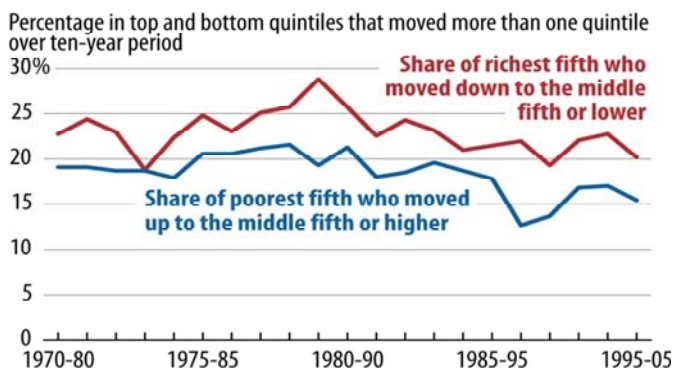
Real Income for Working-Age Households Reaches Lowest Level Since 1994

Non-elderly median household income (2010 dollars)

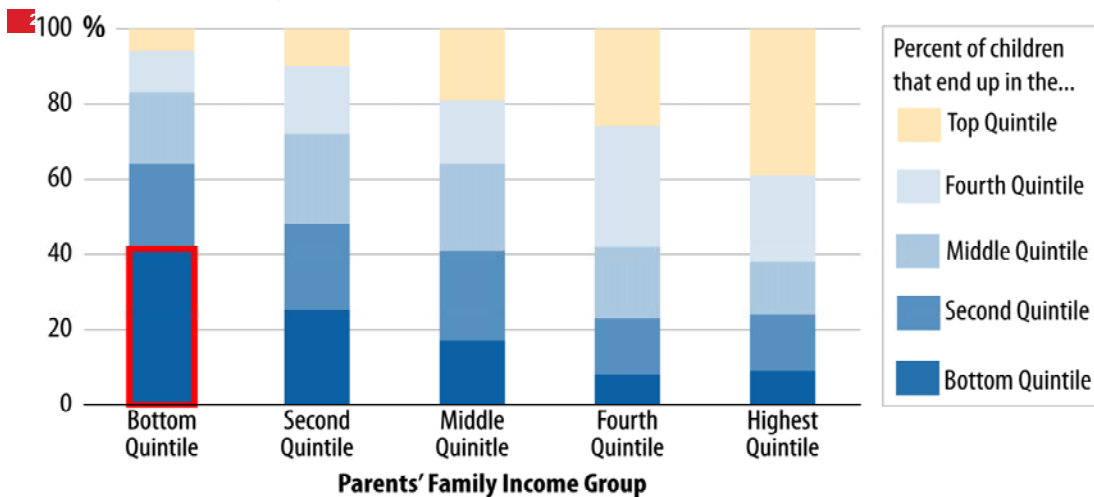


Declining Social Mobility

(Sources: Katherine Bradbury, 2011; Miles Corak, 2011)



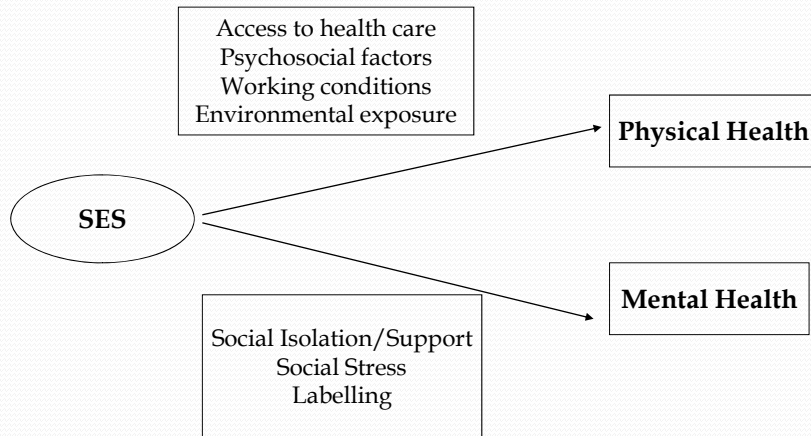
Children's Chances of Getting Ahead or Falling Behind by Parents' Family Income



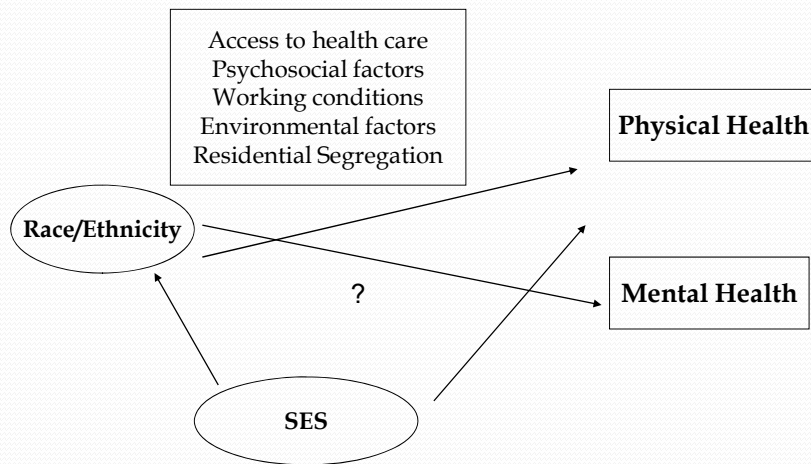
Source: CBPP based on Pew Economic Mobility and the American Dream Presentation

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Poverty Affects Health in Multiple Ways



These Effects Are Compounded by Race



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