

Using Demographic Data to Locate At-Risk Populations

Rob Eitenbruch, Ph.D.

Go to [www.congress.com](#) to watch this video clip. Listen to Rob Eitenbruch, member of the Board of the National Coalition Against Homelessness, in Policy Advocacy's Challenge Video 5.8 as he discusses why policy advocates must often collect data from the census or from other sources to buttress their case to decision makers that a specific issue or problem should receive priority. Please ask the following questions: Why is a map showing the distribution of homeless persons in a jurisdiction an important device when talking with elected officials in that area? Why is a map important, as well, to providers and other agencies?

Policy advocates need not confine themselves to census material. Local public health offices, various state agencies, municipal and county authorities, and some federal agencies, such as the National Institute of Mental Health, regularly collect and compile various kinds of population-based data.³²

Census and other public data can also shape marketing, outreach, and advertising strategies. An agency could publicize its services in certain neighborhoods with a high concentration of specific groups. For example, the agency could market its services to areas with working women (day care), adolescents (substance abuse), or elderly people (home health care services). Policy advocates can even inspect neighborhoods to decide where persons with specific kinds of problems live. As a tenant organizer, for example, I discovered that I could easily locate substandard housing by observing the window frames in specific neighborhoods; from flaking paint and the absence of putty, I could often predict the overall condition of the rental unit.

Understanding Social Problems as Slippery Concepts in Step 1

Flowcharts such as the ones in Figures 7.2 and 7.3 are useful, but they do not reveal the subtle distinctions and philosophical issues that confront policy advocates. Social problems are human constructs, not purely objective phenomena. Indeed, by referring to social phenomena as social problems, people define them as requiring human intervention to be solved. They invent terms and classification systems, sometimes even when demonstrable problems do not exist or when it is unclear how many people have them. Part of the subject of this chapter, then, the analysis of problems, is a consideration of the basic concept of *social problem*. Let us analyze some ambiguities and philosophical issues that most social workers will confront during their careers.

When Are Social Problems Real, and When Are They Invented?

Because social problems are social conditions invested with human meaning, all of them are "invented."³³ Pestilence and famine were regarded in medieval times as inevitable and not solvable, but they are widely regarded in contemporary society as problems that demand solutions, at least in developed nations where the resources and technology exist to address them. Myriad conditions, such as dyslexia, many mental disorders, and

physiological conditions such as menopause, have only recently been called problems. (Successive versions of the *DSM*, which describes mental conditions for mental health professionals, have included scores of additional conditions, often with no credible evidence that they are important mental problems.³⁴)

Most of us would agree, however, that we can be relatively confident in declaring some conditions to be problems. Conditions such as malnutrition, heart disease, cancer, and severe mental depression bring demonstrable suffering and death to their victims. Moreover, human service and health workers diagnose these conditions with high levels of reliability by using diagnostic tests that have been perfected through decades of research. But other social conditions are called problems without evidence that they are regular and identifiable phenomena in the real world. Critics of *DSM-IV* contended, for example, that research demonstrates that qualified clinicians cannot reliably make distinctions among many of the disorders listed.³⁵

Social workers should view problems with healthy skepticism. As they proliferate with scant evidence that they are truly problems, human service workers are likely to treat subjects unnecessarily, label them, and apply remedies to conditions that do not require treatment. Indeed, the attitude toward some problems must be reversed, as is illustrated in the medical field by childbirth. For centuries, when childbirth was viewed as a normal condition rather than as a problem, women delivered their babies at home with the help of a midwife, a practice still prevalent in some European nations. Once childbirth was declared a medical problem by American obstetricians, women were taken to hospitals for delivery, drugged heavily, and subjected to extraordinarily high rates of cesarean section, policies that vastly increased the cost of childbirth without lowering the infant death rate.³⁶ Only recently has the pendulum reversed, as increasing numbers of women use midwives, either in hospitals or in their own homes.

Some social conditions are so complex that it is difficult to know when they are problems. Take the case of teen pregnancy, which is widely viewed as a problem. Considerable medical evidence suggests that when girls of 12 or 13 give birth, they imperil themselves and their infants, who experience high rates of birth defects. Such risks diminish sharply, however, as girls enter their mid and late teens. One researcher contends, moreover, that on a variety of indicators, including wages and amount of schooling, low-income women who have children in their mid to late teens are not worse off than those who wait to have children.³⁷ (The researcher contended that because they do not have to interrupt their careers with pregnancies and child rearing, women who have children early may be more able than those who wait to concentrate continuously on work and careers.) Even this cursory discussion suggests that teen pregnancy may not always be a problem. Indeed, we might well ask whether the decision of some teen mothers to have children is a legitimate lifestyle choice, particularly in light of evidence that some of them do not harm themselves or their children.

Many Social Problems Defy Simple Solutions, but Many People Favor Panaceas

Most social problems are complex phenomena that do not lend themselves to simple solutions. Yet people frequently demand panaceas, as American history amply suggests.³⁸ This familiar pattern reasserted itself with respect to welfare reform in the mid- and late 1990s with the adoption of a deterrent strategy to deal with a complicated problem. Because of its roots in the social and economic fabric of American society, welfare dependency cannot be solved by deterrence; it is caused by factors such as low-wage jobs; residential segregation; and lack of access to housing, medical care, and transportation.

Moreover, solving problems requires persistence rather than time-limited crusades. As existing welfare recipients enter the job market, additional women will require job-seeking assistance or welfare when they have children and can find only low-wage jobs. Many women who secure jobs will lose them during recessions. When welfare recipients do receive jobs, they will displace some current workers (male and female) from the labor force, particularly in areas that do not have high rates of economic growth. As even this brief discussion suggests, many social problems cannot be solved but merely ameliorated through continuing efforts.

The panaceas are sometimes promoted by class and racial prejudice. Because they have not experienced the actual circumstances of living in many inner-city and rural areas and are not subject to the structural factors that cause and sustain social problems such as high levels of crime, unemployment, disease, delinquency, welfare dependency, bad housing, homelessness, and dropping out of school, many affluent Americans seek simple solutions aimed at changing the values and viewpoints of low-income persons. Some believe that sex education programs preaching abstinence will eradicate teen pregnancy. Some favor the widespread use of volunteers to teach children to read or to offer middle-class models to impoverished children. Some support deterrent policies to diminish crime rates and welfare dependency in inner-city communities. These solutions do not take into account the realities of living in these communities.

Priorities Are Not Chosen Rationally

The literature on policy analysts sometimes conveys the misleading impression that decision makers rely on research to shape public priorities. We have already mentioned, for example, that policy analysts often try to gauge the costs to society of specific problems, such as the work absenteeism, death, and lost wages that derive from alcoholism. However, the reality that politics ultimately shapes the selection of priorities can be shown by two examples: antismoking policies and the magnitude of the resources devoted to children's programs. An extraordinary body of research has implicated smoking in hundreds of thousands of deaths annually, yet strong gains were made in regulating tobacco as a drug only in the late 1990s. Many researchers have argued that interventions directed at children, such as children's health programs, have a high benefit-to-cost ratio. Yet the United States devotes only a small fraction of its domestic budget to children and continues not to fund medical coverage for many of them. Researchers contended in 2016 that substance abuse and alcoholism are the nation's largest health problems, far surpassing even cancer.

Solving One Problem Can Create Others

Even if some problems can be solved, others often emerge in their wake, as in the case of welfare reform. While saving money by paying reduced welfare costs, society incurs new costs as some (or many) former recipients receive lower resources from employment or general relief. As some become homeless, they require shelter care and develop health problems that local authorities have to fund. Foster care costs rise as some mothers become unable to provide adequately for their children. Economic desperation is likely to bring increases in family violence, crime, and substance abuse. As some recipients exceed their allotted time on welfare and still are unemployed, counties and cities will have to expend more funds for general relief.³⁹

The precise amount of these new costs to society will depend partly on rates of economic growth. In parts of the country with robust growth, job creation will absorb large numbers of former welfare recipients, but they will compete with other unemployed people, new job seekers (such as recent graduates from high school), and immigrants for scarce jobs in other areas. When former recipients do find jobs, some other job seekers will not find work and will be forced onto general relief. Were a recession to occur, moreover, the relief and unemployment rolls would vastly expand.

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Variations in Problems

When pointing to the issues in defining, measuring, and conceptualizing social problems, many policy advocates stress the differences between groups in the population. Alcoholism appears, for example, to have different causes and take different forms in men and women.⁴⁰ Unlike men, whose alcoholism often stems from occupational stress and peer pressure, many women develop alcoholism during times of family crisis, such as marital discord, divorce, or a child's death. Unlike alcoholic men, who tend to drink in public—in bars or with friends—many alcoholic women drink secretly. These differences in both the causes and the manifestations of alcoholism suggest that men and women need different kinds of treatment as well as different kinds of preventive services.

Moreover, cultural differences affect people's responses to services. Spanish-speaking families, for example, often defer to male heads of household before seeking assistance for specific problems. In white families, women often take the initiative in seeking services for specific problems. If they want to be successful, social service agencies that serve Latinos must try to include male heads of household in service transactions.⁴¹ Some ethnic groups require bilingual and bicultural staff who can interpret nuances of expression and probe for the meaning of verbal and nonverbal cues that would escape staff from the dominant culture. Some persons respond favorably to one approach, such as a specific kind of counseling, whereas others respond to behavior modification or membership in support groups, such as Alcoholics Anonymous. Deterrent measures, such as increasing the cost of alcohol or cigarettes, appear to decrease some people's use, but they may be even more effective when supplemented with counseling programs and reductions in advertising.

The vast literature that has recently evolved on "culturally sensitive practice" and "multidiversity" stresses the need to adapt programs to specific populations.⁴² This sensitivity must occur on two related levels. First, we need to examine the differences in specific social problems in different populations, as our discussion of alcoholism among males and females suggests. Second, services must be adapted to the culture and norms of specific ethnic and racial groups.

We should also remember that the problems of oppressed populations are often caused or exacerbated by the hostile environments and extreme poverty that many of their members encounter, particularly in inner-city communities. The rules of mental health, for example, whether in diagnosis or in treatment, must be modified when social workers are helping persons who live in areas that look like bombed-out cities, who are exposed to violence daily, who cannot obtain secure jobs that will allow them to escape poverty, and who can obtain amenities such as health care only by waiting for days in clinics. Terms such as *paranoia*, *inability to make long-term plans*, and *flight*, which can be used in the diagnosis and treatment of mental conditions or problem-solving deficits in middle-class citizens, must be used cautiously in labeling persons in these high-stress environments, where trust, planning, and permanent social arrangements are less feasible.

The term *empowerment* helps us reconceptualize some of the services that social workers provide to persons in high-stress environments. (While empowerment is not limited to persons in high-stress environments, it may have particular relevance to them.) When seeking to empower persons, social workers often emphasize survival. In these environments, persons cope with the fragmentation of services, understaffed

Challenges for Policy Advocates in Step 1

We have noted that policy advocates who help oppressed populations encounter particular challenges in policy arenas because their issues are frequently unpopular. Certain kinds of issues and populations have a relatively privileged position in American culture, as can be seen by their success in securing a disproportionate share of resources. Fund-raisers for hospitals, certain cultural undertakings, and privileged educational organizations such as private schools have an enviable job in raising funds compared to shoestring organizations that help stigmatized populations.⁴⁴

Moreover, the broader population views the problems of stigmatized conditions, such as homelessness or AIDS, through prejudiced lenses. Rather than viewing homelessness, such as stemming from an absence of halfway houses, decent social services, and affordable housing, many persons stress the personal failings of those who are homeless as the major, even the sole, cause of this condition. Rather than viewing AIDS as an epidemic, similar to cholera in prior eras, some persons view many who have this disease through the lens of homophobia, seeing it as stemming from an aberrant lifestyle choice. Problems of oppressed populations are, moreover, often viewed as relatively hopeless and unsolvable, unlike those of more powerful populations.

When policy advocates suggest that inequalities in American society, such as discrepancies in the incomes and opportunities of the social classes, should be rectified, they are often dismissed as left-leaning radicals. In a society that lacks a strong radical tradition, the rhetoric of social equality is often dismissed. But advocates for powerless populations and unpopular issues often realize that without a fundamental redistribution of resources and opportunities, specific groups, such as inner-city African Americans, will remain on the periphery of American society. They will be unable even to imagine themselves significantly improving their lives.

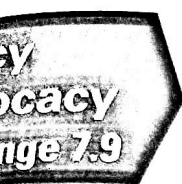
These common perceptions of the problems of oppressed populations underline the need for their advocates to educate people, whether through the mass media or through personal discussions with highly placed officials. They must contest the definitions and conceptualizations of specific social problems, such as equating welfare with bad character rather than with limited, low-paying jobs. They have to resist people's stereotypes by arguing that certain groups do, in fact, have different needs and problems.

Chapter Summary

you are now equipped to do the following:

- Identify the six steps of the policy analysis, proposal-writing, and presentation framework (Figure 7.1), and understand how this framework combines Tasks 4 and 5 of the policy practice and policy advocacy frameworks.
- State why policy analysis is important.

... that shape the solutions that persons develop for specific social
... solutions to specific social problems.
... Grapple with nonrational factors that shape how persons view specific social problems and the kinds of solu-
... tions that they propose.
... Develop policy solutions that take into account the culture, ethnicity, race, and social class of specific
... populations.
... Discuss strategies for defending and presenting policy proposals in Chapter Eight.



Analyzing Effects of and Solutions to Concentrated Poverty in the United States and Globally

Bruce Jansson, Ph.D.

Some social scientists and public officials have long hypothesized that persons in neighborhoods with concentrated poverty would be better off if they resided in mixed-income areas.¹ Their logic seemed unassailable since the residents would have better housing, schools, medical facilities, grocery stores, and other amenities in mixed-income areas. They would live closer to places of employment and have more employment options than in areas of concentrated poverty. African American youth would, they hypothesized, benefit from living in neighborhoods with sharply lower rates of crime, school dropouts, and availability of illicit drugs, and they would be more likely to obtain employment as they established networks with relatively affluent youth.

Jonathan Crane's research, published in 1991, appeared to confirm the deleterious impact of "ghettoes" on their residents.² His data indicated that problems such as dropping out from schools and teen pregnancy rapidly escalate once they reach a certain threshold. He conjectured that teens spread these problems to their peers once they reach high thresholds, growing to "epidemic levels."

Based largely on such theories, relocation of low-income persons to mixed-income areas has been implemented in cities throughout the nation for decades. To settle a class-action suit against the Chicago Public Housing Authority 1969, for example, 7,100 African American families were relocated from areas of concentrated poverty to integrated or largely Caucasian areas with the use of housing vouchers. Congress funded the movement of 4,600 low-income families to more affluent areas in five cities in so-called Moving to Opportunity (MTO) demonstrations in the mid-1990s. And beginning in 1992, President Bill Clinton's Housing Opportunities for People Everywhere (HOPE) VI program converted tens of thousands of public housing projects into mixed-income ones in 166 cities throughout the country.

Unfortunately, however, data that were gathered at these various sites could not definitively show that the relocation of low-income persons had necessarily been responsible for encouraging outcomes, such as increased income, lower rates of dropouts, and less drug usage. Since an experimental design had not been used, it was possible that the persons who agreed to be relocated were already more motivated than those who chose to remain in their neighborhoods. Some data also suggested that some relocated persons did not fare

(Continued)

better than those who remained, particularly among African American male adolescents who sometimes developed relatively high rates of drug usage and were prone to dropping out of school. These initial follow-up studies took place between two and seven years after initial assignment.

Interestingly, however, a researcher from Harvard University decided to obtain data from youth who were part of the MTO experiment years later and made some surprising findings.¹ When a time period of roughly 20 years had elapsed since youth had moved from inner-city, low-income areas of New York City had elapsed, these persons, now adults, had average annual earnings of \$14,747 as compared to \$11,270 for youth who had not relocated from their inner-city neighborhoods. Twenty-two percent of them had attended college as compared to 17 percent of their counterparts. Only 23 percent had become single parents as compared to 33 percent for their counterparts.

Quite apart from social science theory and data, however, an excellent ethical rationale could be articulated for giving low-income African Americans a range of choices so that they can decide where they want to live. It seems only fair to give these low-income residents choices that more affluent residents possess. With use of housing vouchers and Section 8 rent subsidies, they ought to be able to choose whether to live in mixed-income areas or in low-income areas. These choices could not exist, however, if the federal government was not determined to fund mixed-income housing projects or to help low-income African Americans find rental housing with vouchers or even to purchase homes with subsidized mortgages, in mixed-income areas.

Segregation of persons by social class is a global problem as tens of millions of persons move into urban cities from rural areas in developing nations such as China, India, Mexico, and Brazil. Living in segregated communities, these impoverished persons often exist at the periphery of these nations. They often cannot find work. Their children are often denied education. They often lack medical services and are subject to legal and other forms of discrimination. Often possessing relatively small budgets for social spending, these nations mostly ignore the problems of this vast population.

Explain how this case example illustrates:

1. How public officials and policy advocates need to engage in problem analysis in order to determine the best course of action for residents in areas of concentrated poverty.
2. How definitive data often do not exist when important policy decisions must be made, but public officials often need to proceed with pilot projects anyway using best information about the issue at stake—but then conducting research to see if they are effective.
3. How negative short-term findings are sometimes eclipsed by long-term positive findings as with MTO.
4. Why public policy should often seek to give vulnerable populations choices that more affluent persons take for granted.
5. Why developed nations should augment foreign aid to developing nations so that they can help destitute rural populations that have migrated to their cities.

¹Julie Kosterlitz, "The Katrina Experiment," *National Journal*, November 5, 2005, 3436–3441.
²Jonathan Crane, "The Epidemic Theory of Ghettos and Neighborhood Effects on Dropping Out and Teenage Childbearing," *American Journal of Sociology*, Vol. 96, March 1991, 1226–1259.
³Raj Chetty, Nathaniel Hendren, and Lawrence F. Katz, *National Bureau of Economic Research Working Paper* (2015).