



SUSTAINABLE DUBUQUE 2012: PORTRAIT OF POVERTY STUDY

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Project Statement

Dubuque has experienced a renaissance in recent years, reviving its industrial river town roots while developing state-of-the-art industries, technologies, and cultural attractions. However, the city has experienced its share of growing pains as it has entered the 21st century. Like many Midwestern communities of similar size, Dubuque has seen a decline in manufacturing jobs, slow population growth, a shift of services from the central city to the suburban fringe, concentration of poverty in a few key neighborhoods, and increasing racial/ethnic diversity and tension. The community feedback we received suggests that residents have competing perceptions of these changes—some see them as threats, while others welcome them as opportunities.

In 2006, the City of Dubuque City Council placed its support behind the proposal of Mayor Roy D. Buol to launch a sustainability initiative with extensive citizen input.¹ The resulting initiative, known as “Sustainable Dubuque,” adopts the “three-legged stool” model of sustainability: to be sustainable, a community must simultaneously pursue the ideals of environmental integrity, economic prosperity, and sociocultural vibrancy. To further its sustainability efforts, the City of Dubuque partnered with the University of Iowa School of Urban and Regional Planning in 2011. Through this partnership, ten projects were undertaken that collectively address these three principles.

One of the issues the City identified as needing further exploration is poverty. The city leaders asked the Community Foundation of Greater Dubuque to partner with one of the student groups from the School of Urban and Regional Planning to research poverty in Dubuque so that sustainable initiatives could be provided that address the needs of the poor in an informed and efficient manner. This report, the Portrait of Poverty in Dubuque, is a result of that partnership and research effort and is weighted heavily toward the economic prosperity and sociocultural vibrancy components of sustainability. Our purpose was threefold: 1) determine who is in poverty and where they live, 2) identify barriers to getting out of poverty, and 3) develop recommendations for best practices in anti-poverty initiatives and find successful model programs from other communities.

Our underlying belief is that for sustainability to work, all citizens must contribute to and benefit from it. If a community fails to address social equity, low-income residents may pay disproportionately high costs for sustainability measures or receive fewer benefits from them. Low-income residents, in turn, may not participate in sustainability efforts if they see no benefit to themselves. This report will describe how social equity fits into Dubuque’s sustainability efforts, investigate the nature of poverty in Dubuque, and highlight successful anti-poverty initiatives from other communities.

¹ Cited from <http://www.cityofdubuque.org/index.aspx?NID=1257>. 3/9/12.

Project Overview

Researching poverty in Dubuque requires both a qualitative and quantitative methodological approach. To achieve as comprehensive an understanding as possible of poverty in Dubuque, we conducted the following tasks:

1. Review of scholarly literature on poverty in Iowa and the U.S.
2. Analysis of quantitative government data on poverty and related factors
3. Survey of social and community service providers
4. Projections of future demographic changes in Dubuque
5. Focus groups with consumers of social and community services
6. Questionnaire of neighborhood residents on quality-of-life issues
7. Development of a GIS-based affordable housing siting model for Dubuque
8. Analysis of transportation accessibility to low-income Dubuque residents

The first three steps provided a theoretical, empirical, and anecdotal background on Poverty in Dubuque, and were compiled in a progress report in December 2011. The following report refines the preliminary research and uses it as a springboard for the remaining four steps. We conclude with recommendations of policies and best practices for combating poverty and improving quality of life in Dubuque.

Key Findings

1. In 2010, Dubuque had a poverty rate (10.1 percent) that falls within the 2-point margin of error of 2010 state averages (12.6 percent). The national rate of poverty in 2010 was slightly higher, at 15.3 percent. However, Dubuque's poverty rate has increased over the past decade, along with poverty rates at the state and national levels.
1. Dubuque's poverty rates are highest for children, women, racial minorities, Hispanic/Latinos, and individuals with less than a high school diploma. The disparity in poverty rates between women and men, and between Blacks and Whites, is higher for Dubuque than for the state and the nation.
2. Poverty is most concentrated in Dubuque's historic core. It has increased throughout much of the city in the past decade, but especially in neighborhoods that already had high poverty rates.
3. Over half of Dubuque's poor residents of eligible working age—16 and over—are either minors or seniors.
4. Poverty rates in the Dubuque Metropolitan Statistical Area (MSA) track unemployment rates in the MSA, which are closely related to state and national unemployment rates.

5. Dubuque has had more job growth over the past decade on average than the state of Iowa or the nation. Dubuque's wage growth over the past decade is lower than the state's, but higher than the nation's. However, wages for Dubuque's lowest-paying jobs declined over the past decade, suggesting that the city's least-skilled workers are worse off now than in 2000.
6. Trends in racial/ethnic diversity and Free/Reduced Lunch (FRL) eligibility in the Dubuque Community School District (DCSD) have resembled its poverty rates. Dubuque has lower percentages of Black and Hispanic/Latino students than the state, but the percentages have increased more rapidly in Dubuque than in the state. FRL eligibility is also increasing in the DCSD, and has consistently been higher than the state's. The percentage of FRL-eligible students in the DCSD is higher than that of racial/ethnic minority students, and has been increasing at a faster rate. This suggests that Dubuque's increased diversity has not "caused" the increase in low-income students and schools with SINA status.
7. Dubuque County's current population (93,000) is projected to exceed 100,000 in the next 15-20 years. After that, projections suggest the population will then stabilize and decline shortly thereafter. The White population is projected to decline, while the non-White population is projected to increase.
8. By 2040, Dubuque County can expect a shift toward older populations. However, non-White residents will be disproportionately highly represented in younger age brackets.
9. The residents who participated in our focus groups and questionnaire generally describe Dubuque as having a high quality of life. Both residents and social service providers tend to agree that Dubuque has a comprehensive and effective network of services.
10. However, service providers on average have experienced increased demand and declining budgets.
11. Both service providers and residents report problems with key services, especially Mental Health and Substance Abuse Services. Other problematic services include Medical/Dental Services, Legal Services, Emergency Shelters, Housing Services, Cash Assistance, and Employment Services. Many of these services are considered high quality for those who can access them, but they do not have enough capacity to meet all demand.
12. Both providers and residents observed a shortage of jobs that pay a living wage in Dubuque. Residents also observed that affordable housing has become scarcer in recent years.
13. Residents described Dubuque's culture as parochial and frequently unwelcoming to those who are "different," particularly racial/ethnic minorities, LGBT persons, and the disabled.

14. Dubuque fares well among similar-sized Midwestern cities in terms of its affordable housing programs. However, with poverty increasing and a prevalence of mentally ill persons among the homeless population, Dubuque may do well to expand its Homelessness Prevention and Rapid Re-Housing Program.
15. Dubuque is on par with similar Midwestern cities in terms of its job readiness programs, but its offerings could be more comprehensive. In particular, job readiness programs tailored to workers at or near retirement will become critical as the city's population ages.
16. Low-income Dubuque residents spend less time commuting to key destinations (e.g. work, school, grocery stores) than high-income residents, especially when they use public transit. Lower-income residents spend a higher percentage of their household incomes on the costs of owning an automobile. Additionally, residents provided feedback that accessing parts of Dubuque is difficult, and that transit schedule limitations make many evening and weekend activities impossible. There is room for improvement in transit access to workplaces.
17. Dubuque's affordable housing is distributed throughout the city, although it is disproportionately located in the historic core. By steering new affordable housing developments to areas west of the Kennedy Mall and north of the Clark University campus, Dubuque may even the spatial distribution of affordable housing, while ensuring that the new developments have transit access and avoid pockets of poverty and crime.
18. The total population of Dubuque County is projected to increase moderately between now and 2030. The cohort component analysis shows that Dubuque's non-white residents will comprise the more significant population gains. While no projection is perfect, the series of projections done for Dubuque and Dubuque County gives a general idea of how the future population of Dubuque may look. Thus, we suggest that projections be updated as more data become available.

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Our goal has been to provide the Community Foundation, the City, local nonprofits, and area businesses with an array of tools that can assist them with the coordination, and continuation of promising locally driven anti-poverty initiatives. Thank you to the Dubuque area social service agencies and residents who provided us with materials, insights, and advice that brought this project to fruition.

Please direct any inquiries about Iowa Initiative for Sustainable Communities, or the content of this report to Dr. Charles Connerly, Chair of the School of Urban and Regional Planning: Charles-Connerly@uiowa.edu, or (319) 335-0039. Thank you.

Chapter 1: Introduction

Before launching into a detailed examination of poverty in Dubuque, it is necessary to be clear about what poverty is, how it fits into its historical and social context, and why it is a relevant policy concern. This chapter opens with a brief history of the City of Dubuque to orient the reader to its place in America's political economy. We then explore definitions and alternate measures for poverty, and address the theoretical and empirical reasons to make it a policy priority. The chapter concludes with a discussion of the relationship between poverty alleviation and sustainability. The review of poverty theories and research in this chapter is relatively brief; for an expanded discussion, see Appendix A.

Dubuque History

Dubuque is the county seat of Dubuque County, Iowa, and is located along the Mississippi River. It covers approximately 26.5 miles² and had a population of 57,637 persons in 2010.² Known as "Masterpiece on the Mississippi," Dubuque has a long history of rich culture, and serves as the main commercial, industrial, educational and cultural center for the Tri-State Area.

In 1785, the Quebecois pioneer named Julien Dubuque arrived at the Louisiana Territory to mine the area's rich lead deposits and became the first permanent settler in Dubuque. Julien Dubuque died in 1810, but the local wealth of minerals had already attracted droves of pioneers and settlers, most of who were of French and other European descent. From the mid-19th century to the early 20th century, thousands of German and Irish Catholic immigrants came to work in the city's manufacturing centers, a heritage that is strong today². After lead resources were exhausted, the city became home to a variety of industries, but the most dominant were the timber and millwork businesses.³ Industry remained the mainstay of the economy until the 1980s, when the Farm Crisis led to a great decline in agriculture, with effects rippling through the city's economy as a whole.

Dubuque's population has largely reflected its economic fortunes. The population of the Dubuque has increased only 1.8 percent in the past 50 years, from 56,606 to 57,637 persons⁴, as compared to a population increase of 10.4 percent in Iowa during this same period, from 2.7 million to 3.0 million⁵. In the 1980s, following the demise of the local manufacturing industry, the city's population dropped steeply, from around 62,374 to 57,538 persons. The County's population has recovered some lost ground over the past two decades, as shown below, but the City's population has stayed fairly flat^{6,7}. Taking both the economy and population into account, Dubuque's recent economic

² Cited from http://en.wikipedia.org/wiki/Dubuque,_Iowa. 2/15/12.

³ Ibid.

⁴ City of Dubuque. <http://www.cityofdubuque.org>. 2/15/12.

⁵ Data from <http://www.statista.com/statistics/206199/resident-population-in-iowa>. 2/15/12.

⁶ U.S. Census Bureau QuickFacts. <http://quickfacts.census.gov/qfd/index.html>. 5/9/12.

⁷ Data from <http://publications.iowa.gov/135/1/local/6-3.pdf>.

renaissance has occurred against a backdrop of structural changes seen nationwide: a declining role for manufacturing in local economies, and a shift of people and resources from cities to suburbs.

Defining Poverty

Poverty is a hardship that many Americans could face at some point in their lives. For many people, poverty represents the point at which individuals and families are not able to meet their basic needs. The hardships faced by poor families are simple concepts: substandard housing, inadequate diet, difficulty paying rent and bills, etc. Quantifying basic needs is more difficult, however. Shelter is a need, but what is the minimum amount of space that a person needs? Does the location of the shelter matter? Some might say that depends on whether a person has a car. Is a car a basic need? Defining poverty beyond an “I know it when I see it” threshold is a difficult task. Also difficult is putting a price on basic needs so that a minimum income for self-sufficiency is defined. For example, a higher income might be required for a young family with rent or a mortgage than an elderly couple who owns their home. Additionally, the elderly couple may have less need for transportation if they are retired and no longer need to commute.

Defining an acceptable minimum standard of living may be futile, since poverty is relative to a society’s particular standard of living. Many people in the United States believe poverty is a problem here, despite the fact that in 2008, 22.4 percent of the world population lived on less than \$1.25 a day.⁸ Peter Townsend aptly explained this paradox of impoverished individuals in wealthy societies as individuals who lack a sufficient income to “play the roles, participate in the relationships, and follow the customary behavior which is expected of them by virtue of their membership of society.”⁹

These two perspectives on what it means to be in poverty – basic needs versus a society’s standard of living – have led to two different measurements of poverty: the absolute and relative measures. Measuring poverty, whether in absolute or relative terms, is important because it provides some description of the extent of poverty in an area. Poverty measures also allow policy makers to compare poverty rates among different demographic groups and track chronological trends. The rest of this section will include a more detailed description of the two most widely used poverty measures and a discussion of different perspectives regarding causes of poverty.

How Poverty is Measured

The United States’ official poverty measurement (the “poverty line”) was created in 1963. At the time, government research showed that the typical American family spent approximately one-third of their budget on food. To determine the minimal budget to sustain a family of any given size, policy

⁸ <http://povertydata.worldbank.org/poverty/home/>. 3/12/12

⁹ Cited in Iceland.(2006)

makers calculated the cost of a minimally adequate diet and multiplied it by three. Any family with an income below this minimal value was officially counted as poor.

The US poverty measure is considered an absolute measure because it is adjusted only for inflation, not for increases in living standards. However, living standards increase faster than the rate of inflation, creating large disparities between the quality of life for the poor and the non-poor.¹⁰ As a result, poverty advocates like the National Center for Children in Poverty have criticized the measurement, noting that the typical American family now only spends 17 to 20 percent of their income on food. Health care and childcare costs, meanwhile, comprise a larger share of family budgets than in 1963. On the other hand, the official poverty only counts cash income (e.g. from earnings, Social Security, and Temporary Aid for Needy Families [TANF]), and ignores in-kind benefits (e.g. Food Stamps and housing assistance) and household assets. In 1999, the National Academy of Sciences (NAS) created alternative poverty measure that incorporated the costs and benefits that the official measure ignores. The resulting measure resulted in a slightly higher poverty rate—13.8 percent in 1999, compared to the official rate of 11.3 in 2000¹¹.

As mentioned above, relative poverty measures sidestep the issue of defining basic needs by focusing on variations in standards of living within a country. In many European countries, the poverty threshold is set at some percentage of median income, often 50 percent.

Table 1 below illustrates the difference between the official poverty measure and a relative measure (50 percent of median income) for the U.S., the state of Iowa, and Dubuque County. The U.S. Census Bureau does not report the relative measure of poverty; however, they produce tables that display income distribution in categories (16 categories in the 2000 decennial census and 10 in the 2010 American Community Survey 1-year Estimates), median income, and mean income for families. Using the numbers reported in these tables, a range for relative poverty can be estimated based on the income category that 50 percent of the median poverty would fall into. For example, in 2000 the U.S. median family income was \$50,046. Fifty percent of the median, \$25,023, falls into the income category \$25,000 - \$29,999. Slightly over twenty percent of the families earned incomes below this category, and 5.9 percent earned within this category. This means that at least 20.8 percent of families were in poverty according to this measure, and no more than 26.7 percent were in poverty; though, the actual percentage was likely closer to 20.8 since \$25,023 is much closer to the lower bound of its category. Table 1 shows the median family income, 50 percent of median family income, the income category half the median income falls into, the percentage of the families within and below that category, and the estimated relative poverty rate assuming an even income distribution within that category for the United States, Iowa, and Dubuque County for 2000 and 2010.¹² The relative poverty rates are considerably higher the official rates, although all three geographic levels have seen an increase over the past decade, undoubtedly due to the recession (See Appendix A for a note about methodology).

¹⁰ Schiller. (2008)

¹¹ Iceland. (2006)

¹² America Community Survey. (2010)

Table 1. Relative Poverty Estimate for Families in the United States, Iowa, and Dubuque County – 2000 and 2010

Geography	United States		Iowa		Dubuque County	
	2000	2010	2000	2010	2000	2010
Median Family Income	\$50,046	\$60,609	\$48,005	\$60,917	\$48,742	\$62,235
50 % of Median Income	\$25,023	\$30,305	\$24,003	\$30,459	\$24,371	\$31,118
Income Category	\$25,000 - \$29,999	\$25,000 - \$34,999	\$20,000 - \$24,999	\$25,000 - \$34,999	\$20,000 - \$24,999	\$25,000 - \$34,999
% of Families Below Income Category	20.8%	17.4%	12.2%	14.0%	10.1%	10.9%
% of Families Within and Below Income Category	26.7%	27.0%	18.1%	23.6%	15.9%	23.5%
Relative Poverty Rate Assuming Equal Distribution in Income Category	20.8%	22.5%	16.9%	19.2%	15.2%	18.6%
Official Poverty Rate	12.4%	15.3%	9.1%	12.6%	7.8%	10.1%

Source: U.S. Census Bureau – 2000 Decennial Census and 2010 American Community Survey 1-year Estimates.

Why Should We Care?

A common response in the U.S. to the issue of poverty is, “So what?” The idea that anyone who is capable and hardworking can “get ahead” is deeply rooted in American culture. According to this view, America’s high poverty rate (relative to most other developed countries) is “the price of greater economic mobility”¹³, and the chronically poor are lazy or lacking in innate abilities. Indeed, most poverty spells last only a few months, and only 2 to 5 percent of the U.S. population is chronically poor¹⁴. Before Dubuque or any community spends time and money on an anti-poverty campaign, it is worth considering both the humanitarian and self-interested reasons for alleviating poverty.

Americans who take the humanitarian approach argue that 1) causes of poverty are mainly structural, rather than personal, 2) poverty heavily affects children, who cannot have brought it upon themselves, 3) the impacts of poverty are debilitating enough to shock the conscience, and 4) a majority of Americans will experience poverty at some point in their lives. First, an extensive body of scholarship shows that, since World War II, the U.S. economy has seen a shift from manufacturing, which tends to offer decent-paying jobs with benefits, toward the service industries, which tends to offer low-paid, part-time positions with few or no benefits. The economy increasingly rewards technological and

¹³ Corcoran. (2002)

¹⁴ Schiller. (2008)

professional sectors that require high levels of education and training—which the poor often lack. Other common barriers to gainful employment include lack of transportation¹⁵ or affordable childcare¹⁶.

Second, whether their parents are guilty or innocent, children cannot help being born into poverty. Researchers have observed a strong correlation between child poverty and the following negative effects relative to non-poor children: poorer health elevated infant mortality, higher incidences of learning disabilities, and a greater likelihood of having to repeat a grade or being expelled from school.¹⁷ Researchers have also estimated that 16 to 25 percent of a child’s lifelong earnings are associated with their parents’ socioeconomic status.¹⁸ These effects are particularly acute in neighborhoods with concentrated poverty¹⁹.

Third, many observers find the suffering of the poor to be morally objectionable, and arguably disproportionate to whatever mistakes may have led a person to poverty. In the words of Ermina Soler, a trainer for Dubuque’s Bridges out of Poverty program who grew up in poverty, “That vicious cycle of poverty is always your daily need, whether it’s food or diapers or paying an electrical bill. Once that need is met, then you move on to the next.”²⁰ Inevitably, some needs are not met: families skip meals, share rides until they can fix their car, or take less-than-recommended doses of needed medication. The last of these sacrifices highlights one of the major hardships of poverty. The poor are less likely to have health insurance²¹, and therefore more likely to postpone needed medical care. However, the poor are *more* likely to suffer physical and mental illnesses due to the stresses of living in poverty (anxiety, home and neighborhood environmental hazards, inadequate diet, etc.)^{22,23}. Clearly, the effects of poverty can last long after a person has “pulled himself up by his bootstraps.”

Finally, most Americans will experience poverty or near-poverty at some point, and the evidence presented in the first point suggests that they will not be entirely to blame. Although most poverty spells are brief, a family that has been poor once is likely to slip below the poverty line again if it encounters a disruption such as job loss, illness, or divorce. As a result, more of “us” than “them” will use a safety net program, such as Food Stamps or Medicaid, at some point in our prime working years. In fact, 40% of Americans between ages 20 and 65 will use safety net programs for five or more years (consecutive or not) of their working life²⁴. Since any middle-class person could find him- or herself in poverty, it behooves our society to ensure that poverty is not chronic and debilitating.

Proponents of the “enlightened self-interest” rationale for addressing poverty point out that the non-poor as well as the poor pay the social costs of poverty. The social cost that comes most readily to

¹⁵ Cervero et al. (2002)

¹⁶ Schiller. (2008)

¹⁷ Brooks-Gunn and Duncan. Cited in Corcoran. (2001)

¹⁸ Corcoran. (2002)

¹⁹ Rank. (2011a)

²⁰ Pipe. (2010)

²¹ DeNavas-Walt, et al. (2011)

²² Rank (2004)

²³ Rank. (2011a).

²⁴ Ibid.

mind is crime—the relationship between economic distress and crime is well established^{25,26}. (However, the vast majority of poor people do not engage in criminal activity, and the poor are more likely than the non-poor to be victims of crime are²⁷). Poverty also burdens our nation’s health care system, for two main reasons. First, the uncompensated emergency room care provided to poor individuals (who could not afford to treat the condition before it became an emergency) is reflected in higher insurance premiums. Second, as explained above, the poor are more likely to have health problems. Whether they address their increased healthcare needs through unpaid emergency room care or entitlements such as Medicare and Medicaid, society as a whole pays. Finally, communities’ tax bases and human capital are diminished when poor individuals do not reach their full potential for productivity and earnings^{28,29}.

If poverty imposes substantial costs on the poor and non-poor alike, then an effective anti-poverty program should provide benefits to recipients and the rest of society that outweigh its costs. Benefit-cost analyses (BCAs) for anti-poverty programs are very difficult, because many of poverty’s costs are either 1) indirect and difficult to measure, or 2) difficult to value in dollars and cents, such as the stress of living with high crime or an untimely death due to preventable disease. However, skilled economists have conducted BCAs for several anti-poverty programs, and have found that many (though not all) are cost-effective (Table 2).

As a word of caution, even the most successful anti-poverty programs may be susceptible to “threshold effects.” Some indicators for negative outcomes of poverty – e.g. property values, crime rates, or educational performance – do not increase by the same amount for each percentage point increase in poverty. Rather, the effects appear to be compounded once a certain level, or threshold, of poverty is reached. Some research has indicated that where less than 15 to 20 percent of a neighborhood lives in poverty, negative outcomes associated with poverty may not change significantly. Beyond that threshold, however, those outcomes can increase at an alarming rate for corresponding increases in poverty. An additional threshold may exist in the range of 30 to 40 percent of the neighborhood living in poverty, at which point further increases in poverty do not result in significant changes in undesirable outcomes.³⁰ The second example of the threshold relationship, an intervention factor, is found in Lynn Karoly’s review of federal work training programs for at-risk youth.³¹ In it, she presented benefit-costs analyses for four different programs, and the only program that produced benefits was the most expensive program, suggesting that a certain amount of spending must take place before any positive effects are realized.

²⁵ Clear. (2007)

²⁶ Holzer et al. (2008)

²⁷ Blank, 1997 cited in Rank. (2004)

²⁸ Holzer et al. (2008)

²⁹ Joassart-Marcelli et al. (2005)

³⁰ Brooks-Gunn et al., 1997; Friedrich, 1998; and Galster, 2005 as cited in McClure. (2008).

³¹ Grubb, 1996 as cited in Karoly. (2001).

Table 2. Benefit-Cost Analyses (BCAs) for Poverty Alleviation Programs

Summary of Benefits and Costs (2003 Dollars)				
Estimates as of September 17, 2004	Measured Benefits and Costs Per Youth			
	Benefits	Costs	Benefits per Dollar of Cost	Benefits Minus Costs
	(1)	(2)	(3)	(4)
Pre-Kindergarten Education Programs				
Early Childhood Education for Low Income 3- and 4-Year-Olds*	\$17,202	\$7,301	\$2.36	\$9,901
HIPPY (Home Instruction Program for Preschool Youngsters)	\$3,313	\$1,837	\$1.80	\$1,476
Parents as Teachers	\$4,300	\$3,500	\$1.23	\$800
Parent-Child Home Program	\$0	\$3,890	\$0.00	-\$3,890
Even Start	\$0	\$4,863	\$0.00	-\$4,863
Early Head Start	\$4,768	\$20,972	\$0.23	-\$16,203
Child Welfare / Home Visitation Programs				
Nurse Family Partnership for Low Income Women	\$26,298	\$9,118	\$2.88	\$17,180
Home Visiting Programs for At-risk Mothers and Children*	\$10,969	\$4,892	\$2.24	\$6,077
Parent-Child Interaction Therapy	\$4,724	\$1,296	\$3.64	\$3,427
Healthy Families America	\$2,052	\$3,314	\$0.62	-\$1,263
Systems of Care/Wraparound Programs*	\$0	\$1,914	\$0.00	-\$1,914
Family Preservation Services (excluding Washington)*	\$0	\$2,531	\$0.00	-\$2,531
Comprehensive Child Development Program	-\$9	\$37,388	\$0.00	-\$37,397
The Infant Health and Development Program	\$0	\$49,021	\$0.00	-\$49,021
Youth Development Programs				
Seattle Social Development Project	\$14,426	\$4,590	\$3.14	\$9,837
Guiding Good Choices (formerly PDFY)	\$7,605	\$687	\$11.07	\$6,918
Strengthening Families Program for Parents and Youth 10-14	\$6,656	\$851	\$7.82	\$5,805
Child Development Project ‡	\$448	\$16	\$28.42	\$432
Good Behavior Game ‡	\$204	\$8	\$25.92	\$196
CASASTART (Striving Together to Achieve Rewarding Tomorrows)	\$4,949	\$5,559	\$0.89	-\$610
Mentoring Programs				
Big Brothers/Big Sisters	\$4,058	\$4,010	\$1.01	\$48
Big Brothers/Big Sisters (taxpayer cost only)	\$4,058	\$1,236	\$3.28	\$2,822
Quantum Opportunities Program	\$10,900	\$25,921	\$0.42	-\$15,022
Youth Substance Abuse Prevention Programs				
Adolescent Transitions Program ‡	\$2,420	\$482	\$5.02	\$1,938
Project Northland ‡	\$1,575	\$152	\$10.39	\$1,423
Family Matters	\$1,247	\$156	\$8.02	\$1,092
Life Skills Training (LST) ‡	\$746	\$29	\$25.61	\$717
Project STAR (Students Taught Awareness and Resistance) ‡	\$856	\$162	\$5.29	\$694
Minnesota Smoking Prevention Program ‡	\$511	\$5	\$102.29	\$506
Other Social Influence/Skills Building Substance Prevention Programs	\$492	\$7	\$70.34	\$485
Project Towards No Tobacco Use (TNT) ‡	\$279	\$5	\$55.84	\$274

Source: S. Aos, R. Lieb, J. Mayfield, M. Miller, A. Pennucci. (2004) Benefits and Costs of Prevention and Early Intervention Programs for Youth. Olympia: Washington State Institute for Public Policy, available at <<http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>>.

More detail is presented in the Appendix to this report, available at <<http://www.wsipp.wa.gov/rptfiles/04-07-3901a.pdf>>. The values on this table are estimates of present-valued benefits and costs of each program with statistically significant results with respect to crime, education, substance abuse, child abuse and neglect, teen pregnancy, and public assistance. Many of these programs have achieved outcomes in addition to those for which we are currently able to estimate monetary benefits.

‡ Cost estimates for these programs do not include the costs incurred by teachers who might otherwise be engaged in other productive teaching activities. Estimates of these opportunity costs will be included in future revisions.

* Programs marked with an asterisk are the average effects for a group of programs; programs without an asterisk refer to individual programs.

Sustainability and Poverty

The Sustainable Dubuque initiative strives to interweave social, economic, and ecological policies, so it is critical to understand how poverty alleviation efforts fit into the sustainability framework. Historically, people have been lifted out of poverty through economic growth and the transformation of natural capital into physical capital that enhances material well-being. Given the rates at which these transformations are possible with the abundant and cheap energy supplied by fossil fuels and given the number of people living in developing nations, many economists and ecologists began to believe that the world's economy may have or very soon will reach the *carrying capacity* of the natural environment.³² A common analogy for this situation is a bank account. We can live off the interest (growth) of our investment, but we will have less interest if we start to tap into the principal. This may make sense during an emergency, but when it is standard practice then future generations may have to do without resources that make our lives better.

Sustainability recognizes the importance of balancing *development* with economic growth.³³ The distinction between the two is that development improves quality of life without an increase in material goods. One *sustainable development* approach is to identify resources and capital that improves society, especially when utilizing those resources causes minimal or no negative impacts to other parts of society. In this view, natural capital can be considered as a legitimate part of development, but the effects on others' enjoyment of those resources need to be considered as well. According to one model, other types of capital include social capital, cultural capital, human capital, economic capital, and physical capital. These resources represent, respectively, relationships and networks; traditions, customs, and values; knowledge and competencies; resource management and allocation; and materials that can be used to produce other goods.³⁴

An alternative approach, which Dubuque has adopted, seeks to achieve balance between competing interests and find mutually beneficial compromises in new ventures. In this view, circle shapes represent areas of human activity,³⁵ and balance is found within the overlapping areas of the circles (see Figure 1). Development that does not advance all the intersecting activities is more likely to prevent others from being able to meet their needs.

³² Daly. (1996).

³³ Ibid.

³⁴ Roseland. (2005)

³⁵ Gibson. (2005)

Figure 1. Dubuque's Sustainability Model



Source: <http://ia-dubuque.civicplus.com/index.aspx?nid=606>

Poverty, Equity, and Sustainability

Dubuque's model of sustainability is a common one, except that where Dubuque considers "Social/Cultural Vibrancy," many other models have in its place "Social Equity." This goal is represented at the intersection of "Social/Cultural Vibrancy" and "Economic Prosperity" in Dubuque's model. Equity demands that development that improves society does not systematically or repeatedly leave out segments of the population. Equity requires consideration of people not involved in the decision-making process that would be affected by the decision and, ideally, should attempt to include the affected parties in the process. The poor are often left out of or not represented in society's decision-making process. Often the material deprivation they experience precludes them from participation or their interests are treated as secondary to the interests of those with greater wealth decision-making power. Because part of sustainability is "meeting the needs of the present," equity is tremendously important to sustainable initiatives, but all too often sustainability becomes synonymous with environmental protection.

There are two types of equity that should be considered: intragenerational equity and intergenerational equity. One definition of intragenerational equity was aptly stated by Robert Gibson: "Ensure that sufficiency and effective choices for all are pursued in ways that reduce dangerous gaps in [health, security, social recognition, political influence, etc.] . . . between the rich and poor."³⁶ While "dangerous gaps" between the rich and poor may not exist in Dubuque, it is important to ensure the gaps remain minimal. Furthermore, less-than dangerous gaps can still create challenges that prevent poor people from participating in collective decision-making. This diminished role is unfair, and can promote the intergenerational transfer of poverty.

Gibson defines intergenerational equity as the following: "Favor present options and actions that are most likely to preserve or enhance the opportunities and capabilities of future generations to live sustainably."³⁷ Intergenerational equity differs from intragenerational equity in the fact that it represents an affected party that cannot participate compared to a party who can participate but is

³⁶ Gibson. (2005)

³⁷ Ibid.

excluded. It is still related to poverty because the decisions we make now, such as the amount of funding provided to public schools, will determine to what extent future generations are able to meet their own needs.

Conclusion

Dubuque is not alone in its concerns about local poverty. Few issues have attracted such fierce debate about their causes or such a myriad of programs to address them. However, American poverty affects many hardworking people at some point in their lives, as well as millions of children. Therefore, it is worth the effort to search for solutions, even if they seem elusive. The main challenge that cities face when combating poverty is that many of the factors associated with it—such as the decline in manufacturing jobs and limited access to health care—are driven by national trends. The best local anti-poverty programs will recognize the limitations and maximize the opportunities in the communities where they are applied.

As the discussion about sustainability and poverty suggests, sustainability efforts can either reduce or enhance social equity. The poor may be excluded from making decisions about how to best pursue sustainability, or their unique needs in an increasingly resource-constrained future may be addressed. By giving “Sociocultural Vibrancy” equal importance to the other two components, Dubuque’s sustainability model is on its way to taking the second approach. Although our study did not address possible synergies between anti-poverty and sustainability efforts in depth, it lays a foundation by examining the nature of poverty in Dubuque, identifying barriers to self-sufficiency, and suggesting best practices for dismantling those barriers. The next chapter takes a quantitative approach to the first task of describing poverty in Dubuque.

Chapter 2: Characteristics of the Poor in Dubuque

Chapter 1 provided a theoretical basis for understanding poverty. Clearly, individuals may fall into poverty for a variety of reasons—birth into a poor family, job loss, illness, divorce, and so on. Similarly, persons in poverty experience a multitude of hardships and barriers to self-sufficiency. For example, the poor are more prone to physical and mental illness, and may struggle to find gainful employment because of low prevailing wage rates or limited transportation and childcare. Alternate perspectives on the causes of poverty and the barriers to escaping it emphasize the role of individual choices and capabilities (i.e. the poor are lazy or incompetent), and the incentives provided by government policies and programs (i.e. generous welfare benefits discourage work). We do not mean to dismiss these possibilities entirely, but we have chosen to focus on the external factors that cause and perpetuate poverty. These factors have received extensive support in scholarly literature, and are easier to measure than individual virtues and vices.

The subject of poverty is notoriously broad, and time and resource constraints prevented us from exploring every possible topic. Instead, we focused on topics that we judged to be particularly relevant and for which data was most readily available. First, we address the basic question of who is poor in Dubuque and where they live. Next, we examine the local labor market and its options for those who want to work their way out of poverty. We then examine three subjects that may be thought of as both contributors to and symptoms of poverty and associated hardships: 1) Housing costs and cost burden, 2) Homelessness, and 3) K-12 school performance and the economic and racial composition of students. Finally, we present projections of Dubuque’s population over the next three or four decades and discuss their implications for Dubuque’s future poverty rates.

Poverty Rates within Population Subgroups in Dubuque

In Chapter 1, we briefly examined Dubuque County’s poverty rates in 2000 and 2010, and found them to be lower than the poverty rates for the state of Iowa and the nation in the same years (see Appendix A for a note on methodology). We used county data for this comparison because the American Community Survey (ACS) does not provide city-level information in its 1-year estimates. The following poverty rates will be for the 5-year estimates for the City of Dubuque from the 2010 ACS. It is also important to note that, when determining poverty rates, the Census Bureau does not count institutionalized persons or students living in college dormitories are excluded. Therefore, in the following discussion, the terms “total population” or “overall population” refer to the population *for whom the Census Bureau determines poverty status*, not to the total city population.

In 2010, Dubuque had 6,254 people in poverty, or 11.72 percent of the total population. Like the County, the City of Dubuque is fortunate to have a lower poverty rate than the nation. However, poverty is distributed unevenly among Dubuque’s demographic groups: children, women, Blacks, Latinos, and individuals with less than a high school degree have disproportionately high poverty rates

(Table 3). These trends are not unusual compared to the nation as a whole, but they raise concerns about fairness in life chances for members of these groups³⁸. However, poverty rates among different demographic groups may be misleading. One group may have a relatively high poverty *rate*, but its share of the *total* poverty population may be small. For example, 54 percent of Blacks in Dubuque are poor, but 81 percent of the poor population in Dubuque is White.

Table 3. Poverty Rates for Subpopulations in the City of Dubuque

Demographic Trait	Category	Percent of Poor Persons in Demographic Category	Percent of Poor Persons in Dubuque
Population for whom poverty status is determined		12%	100%
Age	Under 18 years	17%*	33%
	18 to 64 years	11%	54%
	65 years and over	9%	13%
Sex	Male	9%*	37%
	Female	14%*	63%
Race and Ethnicity	White	10%	81%
	Black or African American	54%*	10%
	Asian	9%	1%
	Hispanic or Latino origin (of any race)	27%*	5%
Educational Attainment (population 25 years and over)	Less than high school graduate	23%*	14%
	High school graduate (includes equivalency)	7%*	15%
	Some college, associate's degree	9%	14%
	Bachelor's degree or higher	5%*	8%

Source: ACS 2006-2010 5-year estimates. Table S1701.

*Statistically significant at a 95% confidence interval. See Appendix A for a note on methodology.

Spatial Distribution of the Poor in Dubuque

Chapter 1 alluded to the fact that geographic concentration of poverty has negative impacts beyond the initial causes of residents' poverty. A neighborhood is generally considered to have "concentrated poverty" if at least 40 percent of its residents are in poverty. Although conventional wisdom may exaggerate the effects of poverty concentration *per se*³⁹, many studies link it to reduced education outcomes, higher unemployment and crime, and poorer physical and mental health^{40,41,42,43}.

³⁸ Corcoran. (2002)

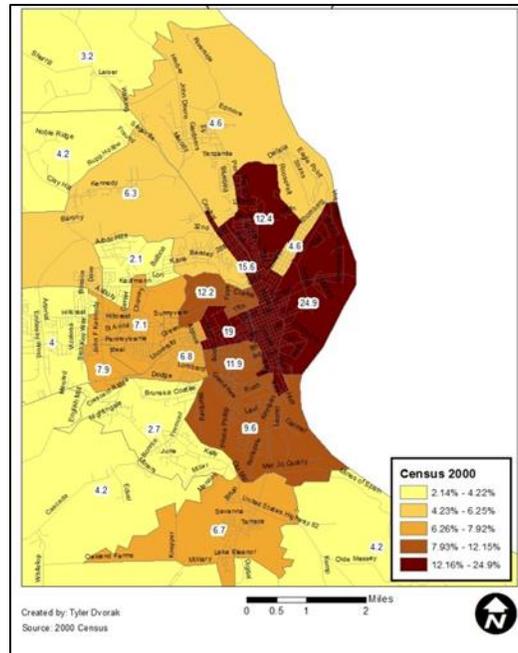
³⁹ Cheshire. (2012)

⁴⁰ Wilson. (1987)

⁴¹ Goetz. (2000)

Dubuque shows definite spatial disparities in poverty rates. In 2000, the highest poverty rates were found in Dubuque’s historic core neighborhoods, including the Washington Neighborhood (Figure 2), and this disparity had magnified by 2010 (Figure 3). In other words, Census Tracts that already had relatively high poverty rates in 2000 were more likely to experience significant poverty increases over the past decade (Figure 4). Like the demographic distribution of poverty, Dubuque’s uneven spatial distribution is a reflection of national trends (Goetz 2000).

**Figure 2. Percentage of Population in Poverty by
By Census Tracts (2000)**



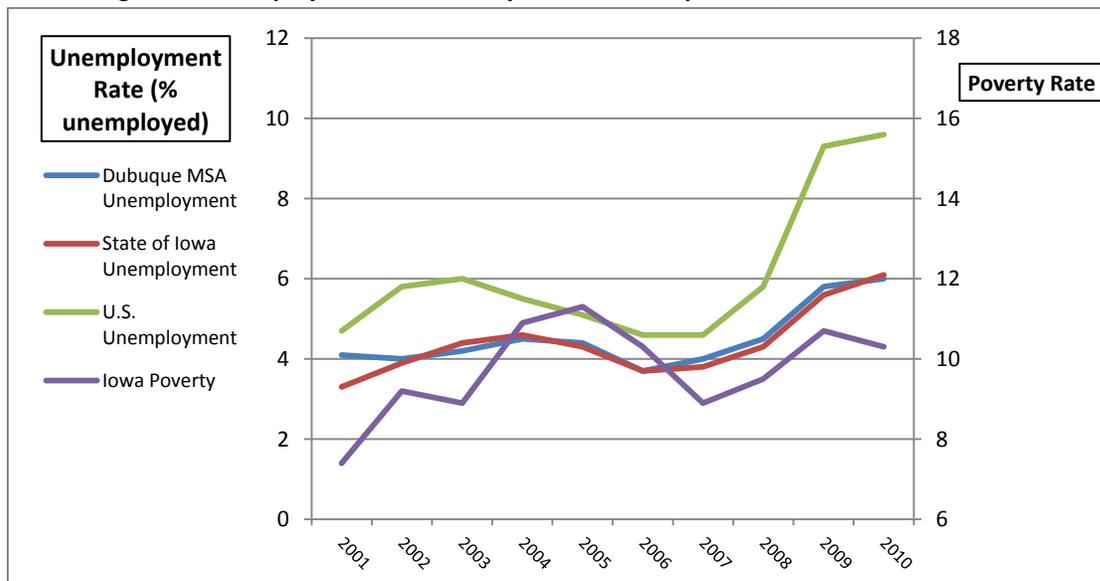
⁴² Rank. (2011a)

⁴³ Popkin et al. (2004)

Dubuque's Labor Market

It is widely believed that a poor American can escape poverty by simply “getting a job.” It is true that working offers the best chance of escaping poverty for able-bodied individuals⁴⁴, but recessions and the prominence of service industries in the labor market can make it difficult to find a secure, living-wage job. In particular, the poverty rate closely tracks the unemployment rate at the national level⁴⁵. Figure 5 shows that the unemployment rate in the Dubuque metropolitan statistical area (MSA) was nearly identical to that of Iowa between 2001 and 2010, and both followed the same pattern as the national unemployment rate. Iowa's poverty rate is shown for comparison, and its pattern is similar to the unemployment rate.

Figure 5. Unemployment and Poverty Rates in Dubuque MSA, Iowa, and U.S. 2001-2010



Source: Bureau of Labor Statistics

Figure 5 also shows that the poverty rate has consistently exceeded the unemployment rate for the state of Iowa. This is partly because poor individuals outside the labor force—children, stay-at-home parents, the elderly and disabled, etc.—are not counted among the unemployed. However, many poor persons do work at least part-time or part of the year. According to the 2010 5-year ACS, 58% of poor residents in the City of Dubuque had worked during the past year. During the same period in the U.S., 44% of poor persons had worked. In other words, poor Americans in general, and poor Dubuque residents in particular, are more willing to work than is commonly believed.

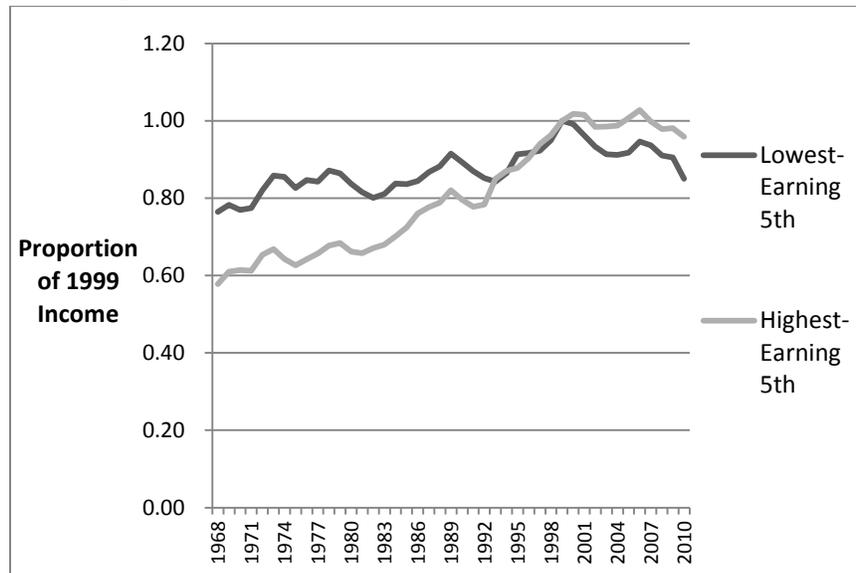
As the unemployed poor with fewest job-related skills seek work, they may find it more difficult to escape poverty than the lower-skilled workers may in times past. This may be due in part to real average wages for the lowest fifth (or quintile) of households (when ranked by income) declining since

⁴⁴ Schiller. (2008)

⁴⁵ Ibid.

1999⁴⁶. When considering the relative measure of poverty, the long-term trend (see Figure 6) is particularly concerning. The average household income of the nation's lowest quintile was 20.8 percent higher in 2010 than 1967, in contrast to a 66.8 percent increase for the highest quintile.

Figure 6. United States- Income in Year Relative to Income in 1999



Source: Current Population Survey

A similar relationship is found in the data for Dubuque from The Bureau of Labor Statistics' Quarterly Census of Employment and Wages (QCEW). To be sure, Dubuque has fared well when compared to the state of Iowa and the nation for job growth between 2001 and 2010. By 2010, there were 4,542 more jobs, a 9.24 percent increase, which compares to a 0.48 percent increase in Iowa and a 1.40 percent decrease for the nation. Average wages for all jobs were up as well, by 6.21 percent, which compares to 8.13 and 5.51 percent, respectively. However, the average wage for the lowest-paying quintile of industries in Dubuque was 5.91 percent lower in 2010 than in 2001, whereas the remaining quintiles increase in real average wages. This relationship provides some evidence that the most vulnerable in Dubuque may be worse off than they were ten years ago, especially when compared to their fellow citizens.

Another worrisome employment trend is the increase in competition for available jobs from workers outside the MSA. In 2009, there were 3,208 more jobs than in 2002. At the same time there were 4,751 more jobs held by people living outside the MSA. The number of jobs held by people in the MSA increased by 30 because they obtained more jobs from outside the MSA. However, a 30-job increase is relatively small when compared to the number of poor people in 2010 that were jobless.

For an able-bodied poor person, the best hope for finding living-wage employment may be to acquire new skills and training. However, the process of finding good jobs has been likened to a game of

⁴⁶ <http://www.census.gov/hhes/www/income/data/historical/household/>. Accessed 4/6/2012.

musical chairs, especially in recessions—there are only so many good jobs to go around^{47,48}. Additionally, for cities like Dubuque that dominate their regions economically, it is common for many of an MSA's new jobs to be taken by outsiders. Some communities have created Enterprise Zones, which provide employers with tax incentives to hire locally, but the record for these programs across the nation is mixed⁴⁹. This is not to say that cities should not engage in economic development strategies, but no one strategy will provide a silver bullet for alleviating poverty.

Housing Costs and Cost Burden

High housing costs can be both a symptom of poverty and a contributor to it. If poor households rent or own homes in the private market without government assistance, housing costs make up an inordinate share of their budgets. On the other hand, a moderate-income household may find that high housing costs squeeze other items of their budget, such as food and health care. In both cases, the standard definition of affordable housing—whether government-assisted or not—is housing that costs less than 30 percent of a household's gross income. Housing costs include rent or mortgage payments, as well as utilities and maintenance. Researchers have found that households that pay more than 30 percent of their incomes on housing are likely to cut back on other essential expenses. Of course, this is an imperfect measure—a wealthy family can easily pay more than 30 percent of its income on housing, while a poor family may struggle to pay half that amount. Nonetheless, the official measure of housing affordability is used to collect data on “housing cost burdened” households, and to determine eligibility for housing assistance⁵⁰.

Until recently, housing costs have not typically been implicated as a contributor to poverty in Dubuque. The city's median family income is slightly lower than for the state, and its economic renaissance is fairly recent. As a result, the housing market has not been as “hot” in Dubuque as in cities such as Iowa City. However, housing prices in Dubuque have increased significantly since the arrival of IBM, and competition for moderately priced housing is expected to increase⁵¹.

Tables 4 and 5 compare housing costs and cost burden for renters and owners, respectively, in Dubuque and the state of Iowa. Dubuque's median gross rent has remained slightly lower than Iowa's, but experienced a slightly larger increase between the 2000 Census and the 2009 3-year American Community Survey (31 percent, compared to 28 percent for the state; see Appendix A for a note on methodology). Dubuque's home values have been slightly higher than the state's over the past decade, but they experienced less of an increase than the state (41 percent compared to 46 percent) between the 2000 Census and the 2009 3-year ACS. The cost burden indicators—median housing costs as a percentage of household income, and percentages of CB and SCB households—were remarkably similar between Dubuque and the state in both the 2000 Census and the 2009 3-year ACS. However, at both

⁴⁷ Rank. (2011b)

⁴⁸ Schiller. (2008)

⁴⁹ Hanson. (2009)

⁵⁰ Schwartz. (2010)

⁵¹ Velez, 2011, Pers. Comm.

geographic levels, housing costs and cost burden have generally increased over the past decade. For example, the cost-burdened share of renter households increased from 32 percent to 41 percent in Dubuque and from 31 percent to 39 percent in the state of Iowa.

Table 4. Rental Costs and Cost Burden

	Median Gross Rent	Median Gross Rent as a % of Household Income	Cost-Burdened Renter Households (%)	Extremely Cost-Burdened Renter Households (%)
Dubuque 2000	\$436	22.8	32	14
Iowa 2000	\$470	23.2	31	14
Dubuque 2007-2009	\$569	25.2	41	22
Iowa 2007-2009	\$602	26.9	39	20

Source: U.S. Census Bureau. (2000) American Community Survey 3-Year Estimate, 2009.

Tables 4 and 5 also highlight the differences in cost burden between owners and renters at both the city and state level. Monthly housing costs as a percentage of household income are only 3 to 6 percentage points higher for renters than for owners, but the cost-burdened share of households is well over 10 percentage points higher for renters than for owners with mortgages (holding the jurisdiction and dataset constant). Among owners without mortgages, the cost-burdened share is more than 20 percentage points lower than for renters. For both geographic levels and datasets, renters have a considerably higher percentage of severely cost-burdened households (14 to 20 percent) than owners (3 to 8 percent) do.

Table 5. Owner Costs and Cost Burden

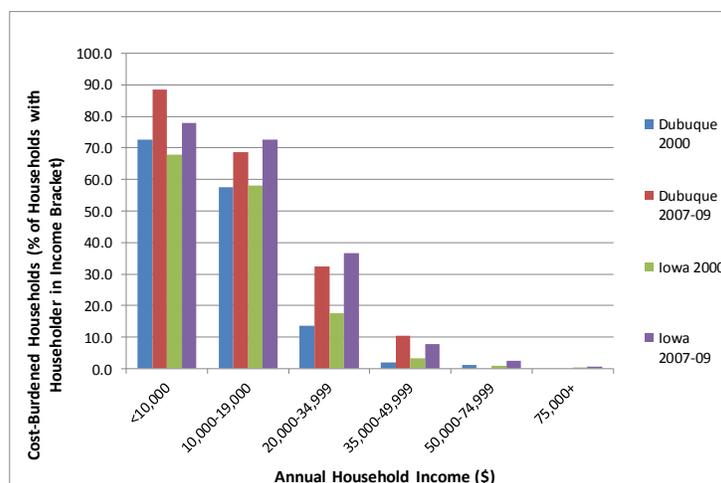
Jurisdiction / Year	Median Value (\$)	Median Owner Costs as a % of Household Income (Households With Mortgage)	Median Owner Costs as a % of Household Income (Households Without Mortgage)	Cost-Burdened Owner Households With Mortgage (%)
Dubuque 2000	86,400	19	10	18
Iowa 2000	82,100	19	10	18
Dubuque 2007-09	121,800	22	12	28
Iowa 2007-09	120,100	21	12	24
Jurisdiction / Year	Cost-Burdened Owner Households Without Mortgage (%)	Extremely Cost-Burdened Owner Households With Mortgage (%)	Extremely Cost-Burdened Households Without Mortgage (%)	
Dubuque 2000	6	4	3	
Iowa 2000	7	5	3	
Dubuque 2007-09	8	8	4	
Iowa 2007-09	12	8	5	

Source: U.S. Census Bureau, 2000; American Community Survey 3-Year Estimate, 2009.

The Census Bureau also tabulates housing costs as a percentage of household income-by-income bracket and age. These tabulations are available at both the city and state level for renter

households, but data for housing cost by income is not available for owner households in Dubuque. As Figure 7 shows, the percentage of cost-burdened renter households increases as income decreases. In addition, the percentage of cost-burdened households for each income bracket has increased in the past decade for both Dubuque and the state. However, the sharpest increases are seen in the middle two brackets: \$20,000 to \$34,999, and \$35,000 to \$49,999. In 2010, the range spanned by these two brackets is roughly equivalent to 30-80 percent of AMI.⁵² By comparison, the federal poverty threshold in 2010 for a family of four was \$22,050.⁵³ If housing cost burden implies that affected households cut back on other necessities, then the results in Figure 7 clearly indicate that households well above the poverty line may still struggle to make ends meet. For a similar analysis of housing cost burden by age for both renters and owners, see Appendix A.

Figure 7. Cost-burdened Renter Households by Income Bracket in Dubuque and Iowa



Source: U.S. Census Bureau, 2000; American Community Survey 5-Year Estimate, 2009.

Housing cost burden in Dubuque is distributed unevenly in space, as well as by age and income bracket. For renter households, CB increases are seen in most Census tracts, although consistently high concentrations are seen in the western peripheral tract (101.02) and a band of tracts extending from central to northeastern Dubuque (9, 6, 5, 4; Figure C in Appendix A). SCB renters are much less prevalent than CB renters are, but they too have become more concentrated in the past decade. The relationship between renter cost burden and other variables, such as vacancy rates and rent asked, is ambiguous (see Appendix A for a more detailed discussion). However, Tract 1 appears to provide a critical stock of affordable housing—both median gross rent and rental cost burden have been stable.

Figures F and G (Appendix A) show the percentages of CB and SCB owner households by Census tract. Between the 2000 Census and the 2009 5-year ACS, CB owner percentages increased more than 5 percentage points in most of the tracts on Dubuque’s northern, western, and southern peripheries

⁵² HUD, 2010

⁵³ Department of Health and Human Services, 2010

(11.02, 12.03, 101.02, 101.01), and in several of the lower-income northeastern tracts (1, 4, 5, 101.03). The percentage of SCB owners, meanwhile, increased more than 5 percentage points in a few tracts, but declined in several others, particularly for owners without mortgages. Some of the relatively low-income eastern and northeastern tracts (1, 3, 5, and 101.03) experienced the largest increases in SCB with mortgages. The particularly high cost burden increases among owners in these eastern and northeastern tracts contrasts with the more moderate changes among renters. Thus, the City’s interest in supporting homeowners in the Washington neighborhood and other older neighborhoods is well placed—so long as it improves the ability of *existing* homeowners to cover their housing costs.

A high concentration of CB households does not necessarily indicate that many households in a tract are in financial distress. As Table 6 shows, a significant positive correlation between a Census tract’s percentage of CB households and its percentage of people in poverty was found only for CB and ECB owner households with mortgages. However, a relatively high percentage of CB households in a neighborhood raise a red flag that its residents might need resources to stay on solid financial footing. It also serves as a reminder that seemingly solvent households in middle-income neighborhoods may be vulnerable to shocks such as unemployment or illness. Thus, affordable housing is a concern for everyone, not just poor families.

Table 6. Correlations between Percent of Cost-Burdened Households and Percent of Population in Poverty

Year	Household Type					
	Cost-Burdened Renters	Extremely Cost-Burdened Renters	Cost-Burdened Owners with Mortgage	Extremely Cost-Burdened Owners with Mortgage	Cost-Burdened Owners without Mortgage	Extremely Cost-Burdened Owners without Mortgage
2000	N (+)	N (+)	Y (+)	Y (+)	N (+)	N (+)
2005-09	N (+)	N (+)	Y (+)	Y (+)	N (+)	N (-)

Source: U.S. Census Bureau, 2000; American Community Survey 5-Year Estimate, 2009.

*Y/N indicates whether a statistically significant correlation exists. (+) or (-) indicates whether the correlation is positive or negative.

Homelessness in Dubuque

For poor persons, homelessness is one of the most dramatic manifestations of “falling through the cracks.” The amount of homelessness in a community gives some indication of the depth of poverty and the nature of the poor’s unmet needs.

The 2008-2011 Statewide Point in Time Count Totals indicate that there were fewer homeless people in 2010 and 2011 than in 2008 or 2009. Typically, there were about twice as many homeless people in transitional housing than in emergency shelters. Each year, less than 10 percent of homeless people were unsheltered, and the vast majority of them did not have children. Table 7 shows total numbers of homeless persons for the state of Iowa, Dubuque County, and other comparable Continuums of Care (CoC). Dubuque counts indicate a steady annual increase in numbers of homeless people during this time. In 2009, there were 71 homeless, by 2010, there were 116, and the number rose to 143 in

2011. Each year in Dubuque, there was greater numbers of homeless people without children than with children. In 2011, there were nearly three times as many homeless in transitional housing as in emergency shelters.

Table 7. Total Homeless Counted (2008-2011)

Region	2008	2009	2010	2011
Iowa Statewide	3476	3568	3081	3176
Dubuque County	NA	71	116	143
Sioux City/ Woodbury County CoC	285	289	308	366
Des Moines/Polk County CoC	1125	1129	1087	1011

Sources: 2008-2012 PIT Homeless Counts. Dubuque County, Iowa Institute for Community Alliances, and the Center for Siouxland.

*Balance of State CoC PIT Counts was excluded due to their similarity to Statewide PIT Count Totals.

As has been repeatedly documented, some groups are more at risk for homelessness, with certain subgroups showing up in the homeless population at rates greater than the general population.⁵⁴ This relationship is present in Iowa's homeless population, as well. As show in Table 8, between 2008 and 2010, the largest homeless subpopulation in the state of Iowa was typically chronic substance abusers. In 2011, domestic violence victims rose to the top. During the same period, Dubuque counts indicate more of the homeless subpopulation there were more likely to be individuals suffering from chronic mental health issues (refer to Table 9). Similar to state of Iowa trends, domestic violence victims were the second highest subpopulation likely to become homeless.

Table 8. Homeless Subpopulations Counted in the Entire State of Iowa

Region	2008	2009	2010	2011
Chronic Substance Abuse	703	768	662	657
Victims of Domestic Violence	643	622	542	680
Severely Mentally Ill	514	542	496	462

Sources: 2008-2012 PIT Homeless Counts. Dubuque County, Iowa Institute for Community Alliances, and the Center for Siouxland.

Table 9. Homeless Subpopulations Counted in Dubuque County

Homeless Subpopulation	2009	2010	2011
Chronically Homeless	2	7	6
Severely Mentally Ill	8	21	27
Chronic Substance Abuse	4	10	13
Veterans	0	1	6
Persons with HIV/AIDS	0	0	0
Victims of Domestic Violence	6	7	21
Unaccompanied Youth (under 18)	0	0	0

Sources: 2008-2012 PIT Homeless Counts. Dubuque County, Iowa Institute for Community Alliances, and the Center for Siouxland.

⁵⁴ Multiple studies cited in Greenberg et al. (2008)

Race, Poverty, and Test Scores in Dubuque's Public Schools

In addition to homelessness, local public schools are a “canary in the coal mine” for poverty. For children from low-income families, a variety of home situations may affect their performance, including malnutrition, unstable housing, and domestic abuse. Additionally, racial segregation in schools is a concern, because children of color are disproportionately likely to attend substandard schools in poor neighborhoods. Even in high-quality school districts, segregation of children by income and race among individual schools may foster an “us versus them” mentality among parents and the broader community.

Data explaining diversity, free and reduced lunch eligibility, and student achievement in Dubuque public schools are similar to the trends found in Census data and speak to the level of child poverty. Average minority student enrollments have increased statewide in the last decade from 11 percent in 2002, to 16.2 percent by 2010⁵⁵, which is slightly greater than the increases found in Dubuque Public Schools from 6.9 to 11.6 percent. These increases have been particularly apparent for racial and ethnic minorities. Over the 2002-2010 period, Dubuque's Black student enrollment increased from 4.3 to 6.2 percent, which exceeds the state average, and Hispanic/Latino student enrollment increased from 0.9 to 2.8 percent, which is less than the state average. Similar to poverty, racial patterns appear in concentrations within Dubuque. Black students in Dubuque's elementary schools have been concentrated at four locations: Audubon, Fulton, Lincoln, and Prescott Elementary Schools with enrollments ranging from 17.8 to 34 percent, compared to nine other elementary schools with Black student enrollments of 6 percent or less.

Statewide average student eligibility for free and reduced lunch has risen from 27 percent in 2001, to 38 percent in 2010 (refer to Table 10). Dubuque Community School rates have hovered slightly higher than the state's over the years and have followed the state's upward trend during the same period (comparable to child poverty rates in Table 3). The data supports a relationship between race and poverty in Dubuque, and schools with a disproportionately high minority enrollment are associated with higher numbers of free and reduced lunch eligibility. However, minority student enrollments contribute to, but are not responsible for, free and reduced lunch eligibility. Poverty has increased in the district at much higher rates than diversity. For example, free and reduced lunch rates increased 36 percent, while diversity increased only 4.5 percent in Dubuque in the last decade.

⁵⁵ Iowa Department of Education. Years 2001-2010. “Iowa Public School PreK-12 Enrollments by School” files.

Table 10. Students in Dubuque Community Schools Qualifying for Free and Reduced Lunch

SCHOOL	2001	2005	2010	% Change (2001-2010)
Audubon Elementary	64.8	76.0	81.9	26.3%
Bryant Elementary	25.9	27.5	29.1	12.5%
Carver Elementary School	-	-	26.7	22.0%*
Eisenhower Elementary	18.7	25.8	28.9	54.1%
Fulton Elementary	74.7	84.1	85.5	14.5%
Hoover Elementary	25.2	25.8	28.7	14.0%
Irving Elementary	26.4	30.2	38.6	46.0%
John Kennedy Elementary	14.3	12.4	20.7	44.9%
Lincoln Elementary	57.9	67.3	75.8	30.8%
Marshall Elementary	33.5	45.5	63.9	90.5%
Prescott Elementary	83.7	81.2	84.6	1.0%
Sageville Elementary	22.0	33.8	22.7	3.0%
Table Mound Elementary	26.0	28.0	26.5	2.1%
Eleanor Roosevelt Middle	-	21.6	22.3	3.2%**
Jefferson Junior High	33.0	46.9	54.0	64.0%
Washington Junior High	30.2	46.9	42.2	39.8%
Central Alternative High	50.3	61.0	-	45.0%***
Dubuque Senior High	27.6	35.8	35.8	29.8%
Hempstead High	11.4	18.1	26.6	133.4%
Dubuque School District (avg.)	36.8	42.6	44.1	35.6%
State of Iowa (avg.)	26.7	32.0	38.2	43.4%
<i>Source:</i> Iowa Department of Education, Basic Educational Data Survey, Bureau of Planning, Research, and Evaluation. Iowa Public School PK-12 Students Eligible for Free and Reduced-Price Lunch by School. 2001-2010. http://educateiowa.gov . (2011)				
*Carver opened in 2007. Data from 2007-2010.				
**Roosevelt opened in 2005. Data from 2005-2010.				
***Central Alternative closed in 2009. Data from 2001-2009.				

Iowa’s high school graduation rate has been above 90 percent and rising this past decade to make it one of the highest in the nation, ranking third in the nation in 2005⁵⁶. By comparison, graduation rates at Dubuque high schools have been lower than Iowa’s on average, and have generally been on the decline until recently.

Since 2003, schools have been required to comply with federal No Child Left Behind (NCLB) performance standards, and Iowa schools have found compliance with NCLB standards challenging. In 2003, less than 1 percent of Iowa public schools were Schools in Need of Assistance (SINA), but by 2009, one out of every five Iowa schools had been designated as a SINA. In the beginning, no Dubuque Community School was labeled as a SINA school but by 2004 Washington Middle and Central Alternative

⁵⁶ Iowa Department of Education. “The State Report Card for No Child Left Behind” files (2004-2011)

High Schools, which both also served disproportionate numbers of minorities, were the first to be listed as SINAs (refer to Table 11). By 2010, nine of Dubuque’s nineteen schools were given the designation. In conclusion, the facts that Dubuque schools have 6 percent minority student enrollment and that 44 percent of students on average are eligible for FRL indicates that widespread poverty, not race, could be the largest impediment to student achievement within the district.

Table 11. Dubuque Community Schools Receiving SINA Designation (2004-2010)

Year School	2004	2005	2006	2007	2008	2009	2010
Fulton Elementary			Reading	Reading			Reading
Lincoln Elementary						Math Reading	Math Reading
Marshall Elementary						Reading	Reading
Prescott Elementary			Reading Math	Math Reading	Math Reading	Math Reading	Math Reading
Washington Middle	Reading	Reading	Reading	Reading	Reading	Math Reading	Math Reading
Jefferson Middle		Math Reading	Math Reading	Math Reading	Math Reading	Math Reading	Math Reading
Central Alternative High	Math Reading	Math Reading	Math Reading	Math Reading		Math Reading	Math Reading
Dubuque Senior High		Math Reading	Math Reading	Math Reading	Math Reading	Math Reading	Math Reading
Hempstead High		Math Reading					Reading

Source: Iowa Department of Education. The State Report Card for No Child Left Behind. Reports from 2003, 2004, 2005, 2006, 2007, 2009, and 2010. <http://educateiowa.gov>. (2011)

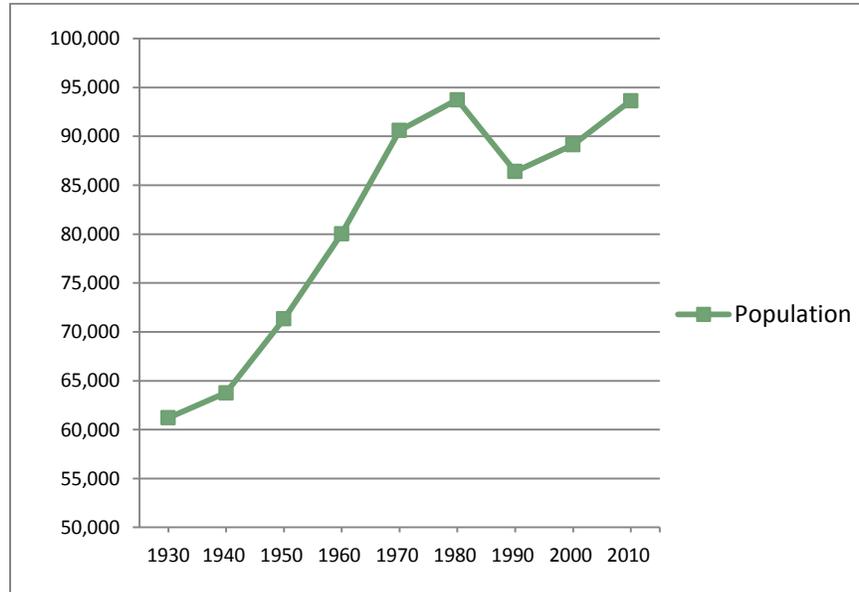
Population Projections for Dubuque

Population projections are necessary when planning for the future. They are especially helpful for a discussion about poverty because of the wide disparities in poverty rates among population cohorts. This section presents several models that were created to project changes in Dubuque’s demographics in the future. Dubuque County’s population has increased over the last 80 years, despite losing 8 percent of its population between 1980 and 1990. It should be noted, however, that any analysis that projects the future is bound to have assumptions that may be questioned or disproved. These assumptions are based on past trends, and unforeseen future events or changes in behavior may drastically alter the reality that projections predict.

The historical population of Dubuque County is shown in Figure 8. Since 1990, the county has grown to population levels of 93,653 persons, according to the 2010 Census. Using various methods to project county population to 2040 and 2050, five methods were utilized to give a range for the

population the County may see in 2050. One projection method utilized a polynomial function that is generally accepted for short-term rapid growth and is unrealistic for Dubuque County. Thus, the data was retained but the results of the projection will not be discussed here, but can be found in the appendix. In addition to projecting the county's total population, the cohort component analysis projects the total population of White and non-White population growth, broken down by age categories. Population pyramids have been constructed to show the current and projected composition of population growth by race (White and non-White) and age.

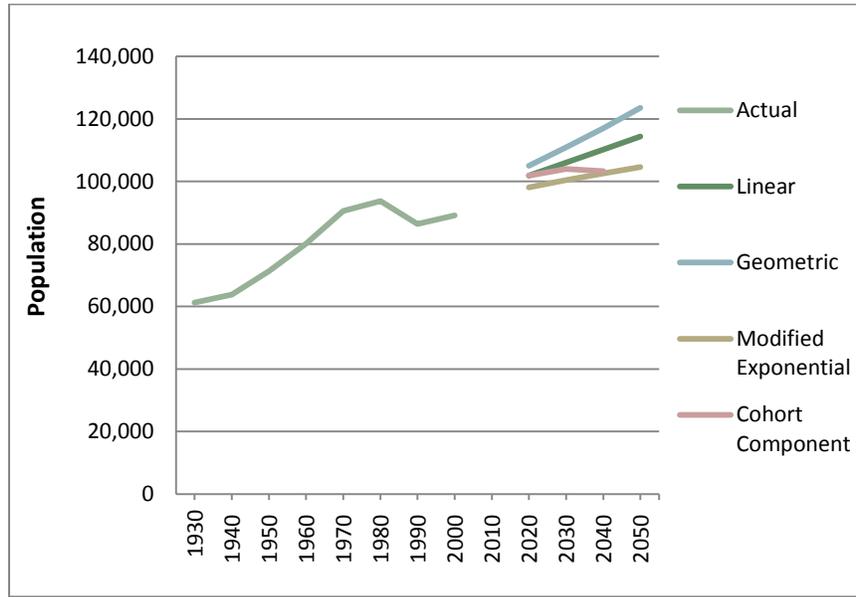
Figure 8. Dubuque County Population Trends (1930-2010)



Total Population Projections

Dubuque County's total population is projected to reach between 104,570 and 123,581 persons by 2050. It should be noted that the cohort component analysis was only carried out to 2040 and reflects a total population of 103,301 persons by that point. The results of the total population projections are shown in Figure 9.

Figure 9. Dubuque County's Historical and Projected Population Changes (1930-2050)



Linear projections are unsophisticated and simply use regression values to determine a linear trend line for previous years' populations and continue that trend into the future. Geometric projections are a slightly more sophisticated method that assumes accelerating growth into the future. Modified exponential projections assume accelerating growth that eventually slows down and eventually levels off. The cohort component analysis, which is discussed in greater detail below, attempts to calculate future growth (or decline) based on birth, survival, and migration rates. These projections are consistent with other projections carried out by Woods and Poole Economics, Inc. that use economic assumptions and their projections were commissioned by the State of Iowa. Each method has its strengths and weaknesses and should only be considered as estimates, since they attempt to predict the future using only data from the past. Table 12 displays the results of each approach.

Table 12. Comparison of Linear, Geometric, Polynomial, Modified Exponential and Cohort Component Population Results (2010-2050)

Year	Linear	Geometric	Polynomial	Modified Exponential	Cohort Component
2020	101,911	105,061	178,547	98,144	101,821
2030	106,073	110,903	202,543	100,484	103,975
2040	110,235	117,071	228,824	102,620	103,301
2050	114,397	123,581	257,390	104,570	-

Cohort Component Analysis

Cohort component analyses utilize public health data to determine the birth and survival rates for five-year age groups, referred to as "cohorts." Migration rates for cohorts can be estimated by

calculating the difference between the observed number of individuals in a cohort for one year and the expected numbers in the cohort based on the survival rate of the population of the younger cohort five years prior. For example, if there are 100 people in the 20-24 age group in 2005 and 90 percent of them will survive according to the Department of Health, we should expect there to be 90 people in the 25-29 age group in 2010. However, if there are 180 people observed in the 25-29 age group in 2010, then a 100 percent migration rate is assumed for that age group. Births are determined by multiplying number of females in a cohort by the birth rate for that cohort. Using these three rates (birth, death, and migration), Dubuque County’s population of White and Non-White citizens were projected to 2040. Due to some irregularities in the data concerning migration rates, additional analysis was carried out to bring the projection more in line with realistic expectations. The assumptions regarding survival rates were also extrapolated to the state level from the national level for White and Non-White groups. These assumptions are described in Appendix A.

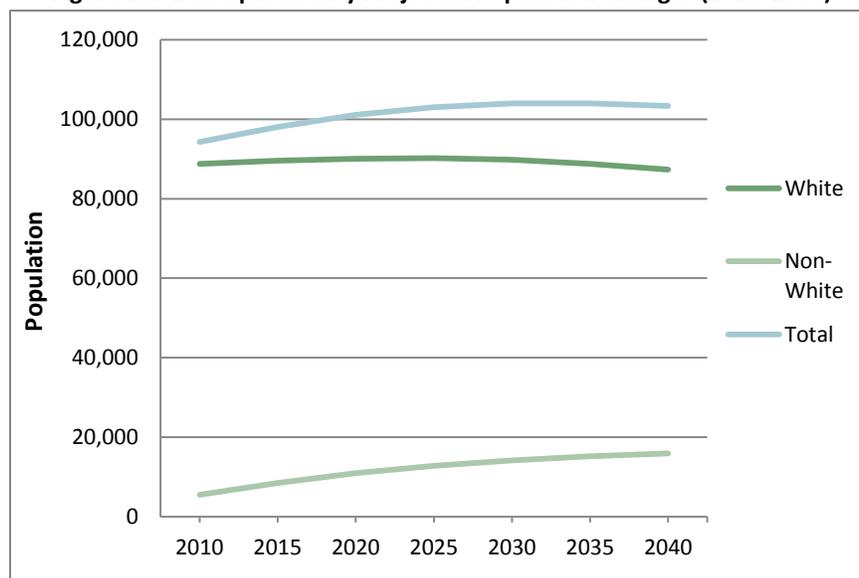
Total Population

According to the cohort component analysis, the total population for Dubuque County in 2040 will be 103,301 persons. In addition to the overall projection, populations can be broken down by White and non-White categories. The results of the Dubuque County Projected Population Changes 2010-2040 analysis are shown in Table 13 and Figure 10.

Table 13. Dubuque County’s Population Projections for White and non-White Growth Comparisons (2010-2040)

	2010	2015	2020	2025	2030	2035	2040
White	88,746	89,534	90,084	90,182	89,782	88,801	87,336
Non-White	5,561	8,508	10,977	12,834	14,193	15,200	15,965
Total	94,307	98,039	101,061	103,016	103,975	104,001	103,301

Figure 10. Dubuque County Projected Population Changes (2010-2040)



The analysis shows that the White population in Dubuque County is projected to stagnate and decline slightly, while the non-White population will increase rapidly in the next 15-20 years before leveling off. Likewise, Dubuque’s total population will continue to increase in the next 15-20 years before leveling off and even declining slightly in 2040.

Population Distribution

Another strength of the cohort component analysis is that it allows for the projection of not only the total population but also its age distribution. This approach also allowed the projected total population and age distribution to be broken down by White and non-White racial designations. Population pyramids concisely communicate these distributions by showing the percentage of the population that is in each cohort. A population pyramid that has a wide base is considered a very young society, while a pyramid with an even distribution or narrow base is either stable or older, respectively. The population pyramids for 2010 and 2040 for White and non-White populations are shown in **Error! Reference source not found..**

Figure 11. Dubuque County’s Actual Population Pyramid, Male/Female, and White/non-White (2010)

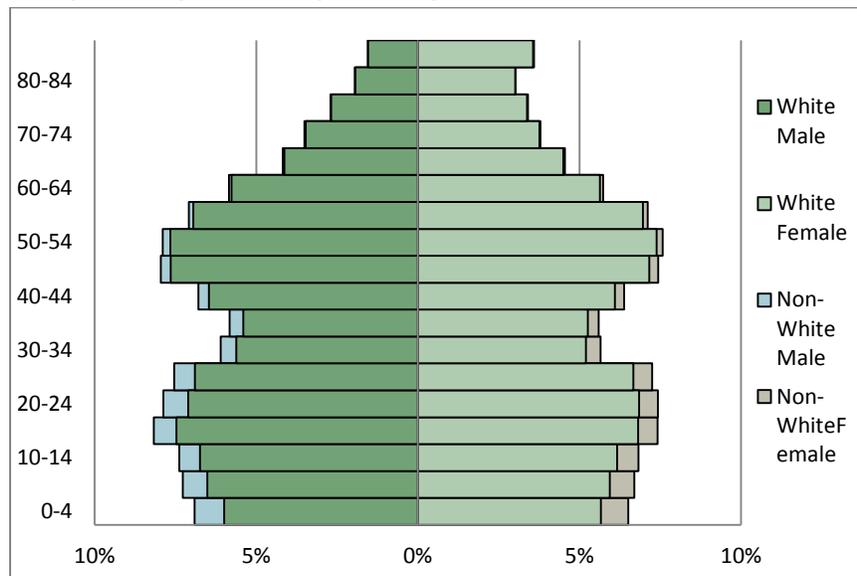
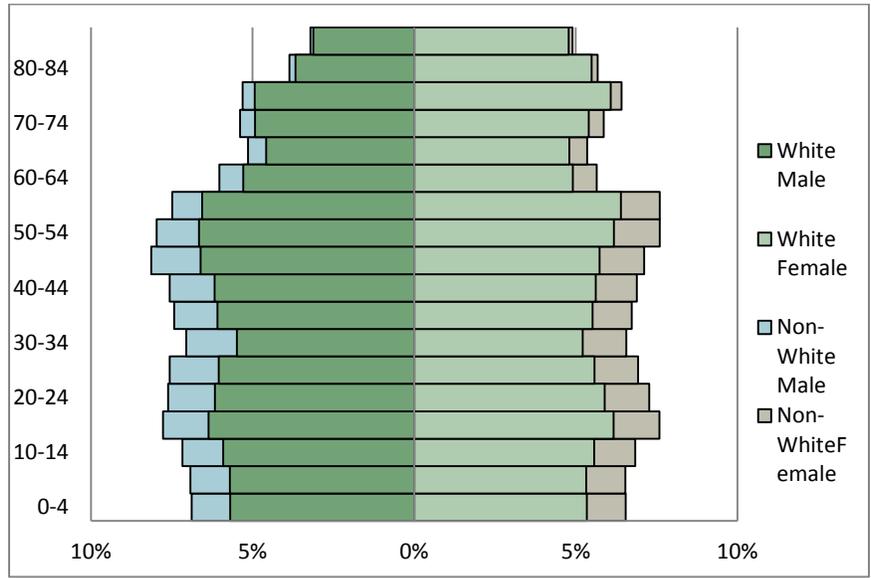


Figure 12. Dubuque County's Projected Population Pyramid, Male/Female, and White/non-White (2040)

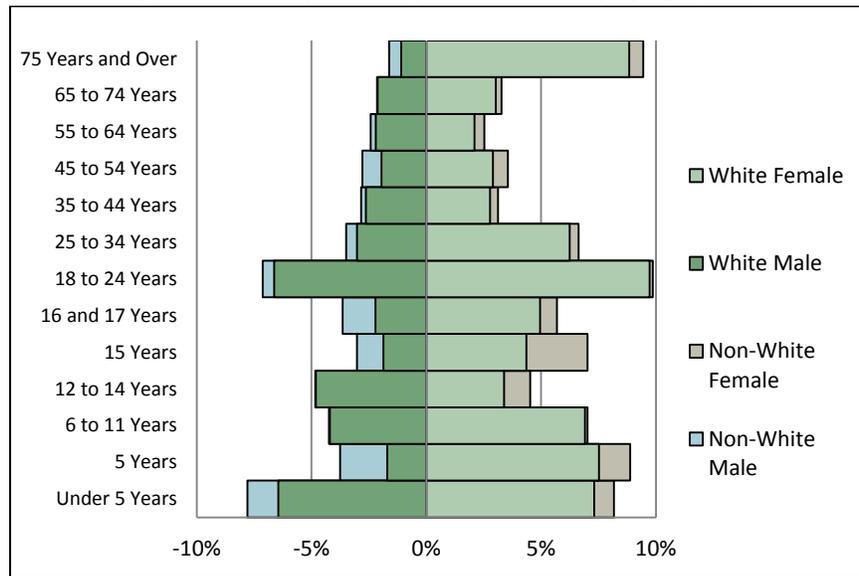


These age distributions show a White population in Dubuque County that is currently stable, but will be slightly older in 2040. The non-White population is currently quite young and set to become more stable, but still will have relatively higher proportions in younger cohorts. This analysis implies there will be more diversity in schools and the community in general, as the non-White population will increase by 2040. It also suggests that a larger portion of the population will be older in 2040, with the older cohorts being more white than younger cohorts.

Implications Regarding Poverty

The concerns about the accuracy of projecting future population structure addressed elsewhere in this report. However, it should be noted that projecting a particular dynamic of the population, such as poverty, and its structure is a task that has no professionally agreed-upon method. Therefore, only observations about current dynamic can be made as well as inferences into how the changes in population may affect the dynamic under controlled conditions. Figure 13 shows the distribution of poverty by age in Dubuque as it was in 2010 (ACS 5-year estimates).

Figure 13. Dubuque County's Actual Poverty by Age (2010)



The figures show that poverty in Dubuque County was unequally distributed by race, gender, and age in 2010. Clearly, the county's White population had higher rates of poverty in the 18-34 year age range, whereas the non-White's population had the highest proportions in the 45-54 year age range. The rates in the 18-24 year range for both White and non-White populations may be due to the number of college students who have very low incomes. Likewise, each age group has higher rates in the lower and higher age ranges. The county's White population is projected to get older over the next 30 years. The current poverty data shows that rates of poverty are relatively low for the older (over 55) White populations, with the exception of women over the age of 75. Finally, both White and non-White populations have relatively high rates of poverty in the lowest age group (under 5 years).

The projections show that the county's younger non-White population and its older White female populations are likely to have increased proportions at a higher risk of being in poverty. Populations of White and non-White males and females aged 35 to 74 are likely to have low rates of poverty and as a result, may cause a strain on services if these trends continue. The obvious exception is females over 75 years of age who have very high rates of poverty and are likely experiencing a shortage of available services.

Conclusion

Dubuque has many things going for it. Its job market has expanded at a considerably faster rate than the state's, and its poverty and unemployment rates have remained below national levels over the last decade. However, like the state of Iowa and the nation as a whole, Dubuque had higher poverty and unemployment rates at the end of the decade than at the start. Although Dubuque and the state of Iowa have been insulated from the full brunt of the financial crisis, they have not been immune. In addition, some of Dubuque's job growth either benefits workers from outside the community, or provides low and declining real wages. Additional signs of strain are seen in the form of rising housing

costs and cost burden; increased homelessness rates; and increasing rates of student Free/Reduced Lunch eligibility and SINA designation in Dubuque's public schools. Moreover, the aging of Dubuque's population may change the face of local poverty and require a shift toward senior services by local social service providers. Dubuque's challenges with poverty may not be unique compared to the state or the nation, but city leaders have made it clear that even "average" levels of poverty and hardship are too high and demand attention.

Chapter 3: Community Feedback on Life in Dubuque

Introduction

As vital as the data sources examined in the last chapter are to understanding poverty in Dubuque, they do not capture the daily experiences of those living in or near poverty. Some factors overlooked by the data may exacerbate the material hardship of low-income individuals. For example, families well above the poverty line may still struggle to pay for health insurance and childcare. They may also develop adaptations that compensate for low cash incomes, such as sharing housing expenses with roommates. In addition, while the previously described data highlight factors that contribute to poverty (e.g. economic restructuring, rising housing costs), they do not identify which of these factors have the largest effects on poverty. Furthermore, social programs designed to help people escape poverty and improve their circumstances may not work as well in practice as they do on paper. Finally, providing Dubuque's vulnerable residents with a voice is an ethical obligation of the "sociocultural vibrancy" leg of the sustainability stool.

To identify the factors that help and hinder residents who seek to improve their circumstances, we surveyed social service providers in the Dubuque area, and administered focus groups and a questionnaire to residents who are likely to consume these services. In the provider survey, we asked respondents about their organizational capacity, their views on the contributing factors to poverty, and the extent of collaboration among providers in Dubuque. The resident focus groups and questionnaire addressed more broadly quality of life, asking residents what they like and dislike about Dubuque, whether they participate in civic life, and whether they are familiar with the Sustainable Dubuque initiative. All three community feedback instruments—the provider survey, the resident focus groups, and the resident questionnaire—asked respondents about the quality of various categories of social services in Dubuque (refer to the Appendix for Methodology, Survey and Focus Group questionnaires, and comprehensive records of feedback received). The first two instruments also asked respondents about the ability of services to meet demand.

Methodology

In mid-November 2011, we conducted a survey of social and community service providers that met certain criteria. We received a response rate of 44 percent from the 54 agencies invited to participate in the online survey (please refer to Appendix A: Methodology for more detail on community feedback objectives). Focus groups occurred on four separate occasions with Dubuque residents who were identified as vulnerable populations or those who directly experience barriers to success in their day-to-day lives. The groups were held at the (MFC) Multicultural Family Center (6 participants), Prescott Elementary School (with approximately 20 participants), Hillcrest Family Services (approximately 7 participants), and another group at the MFC (5 participants). We also distributed questionnaires at locations where we knew low- and moderate-income persons gather, and where we

had a working relationship with the leaders. Questionnaires were distributed at five venues including a clothing distribution event at a local church, a neighborhood group meeting, an evening meal for needy persons at a different church, at an evening event at the Multicultural Family Center, and at the Carnegie Stout Public Library, near the public computers. We obtained responses to 98 questionnaires from these five events.

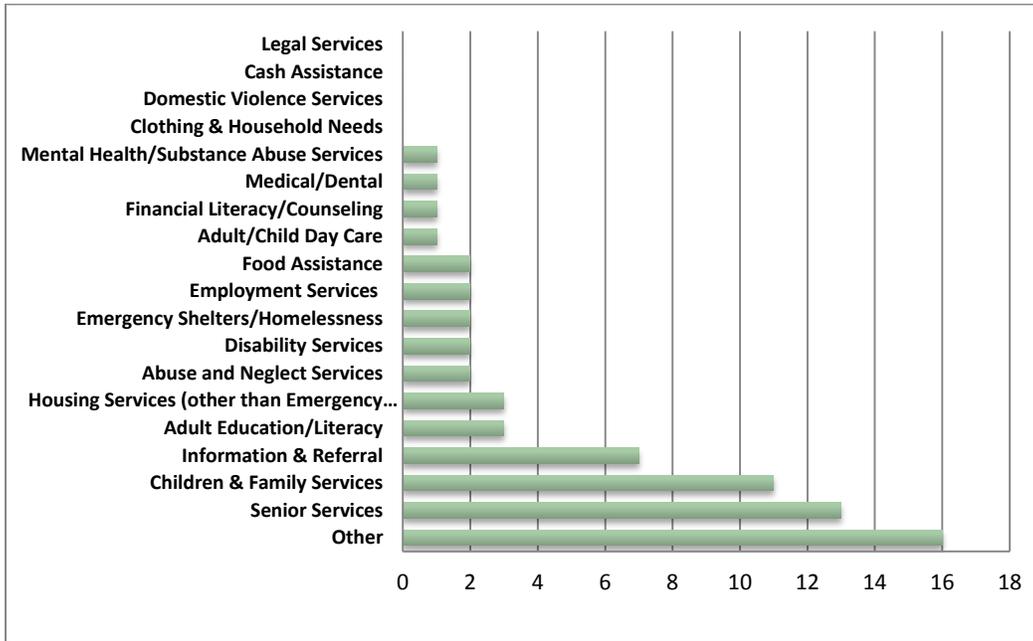
Provider Survey

Figure 14 shows the number of respondents that provide services in each category. The total services provided in all columns are greater than 24, since respondents were allowed to select up to three categories. The most frequently selected categories were Children & Family Services⁵⁷, Information & Referral, and Mental Health / Substance Abuse Services, while we had no responses for Legal Services, Domestic Violence Services, Cash Assistance, or Clothing & Household Needs. Three “Other” categories were also available, and the categories specified ranged from major city services (e.g. public schools, transit, parks, and recreation) to obscure nonprofit services (e.g. assistance for veterans and support programs for family caregivers).

Several survey questions explored the extent to which providers serve our target population of low-income Dubuque residents. A majority of respondents (63 percent) reported that over 75 percent of their clients are Dubuque residents, and nearly half of the respondents have client bases that are over 75 percent low-income (Figure U in Appendix B). Most of the respondents (42 percent) have no programs with income restrictions for clients, but nearly one-third of respondents have income restrictions on over 75 percent of their programs (Figure V in Appendix B). Overall, it appears that the feedback from our survey respondents is informed by, and relevant to, the City of Dubuque’s low-income population (refer to Appendix B for more survey data).

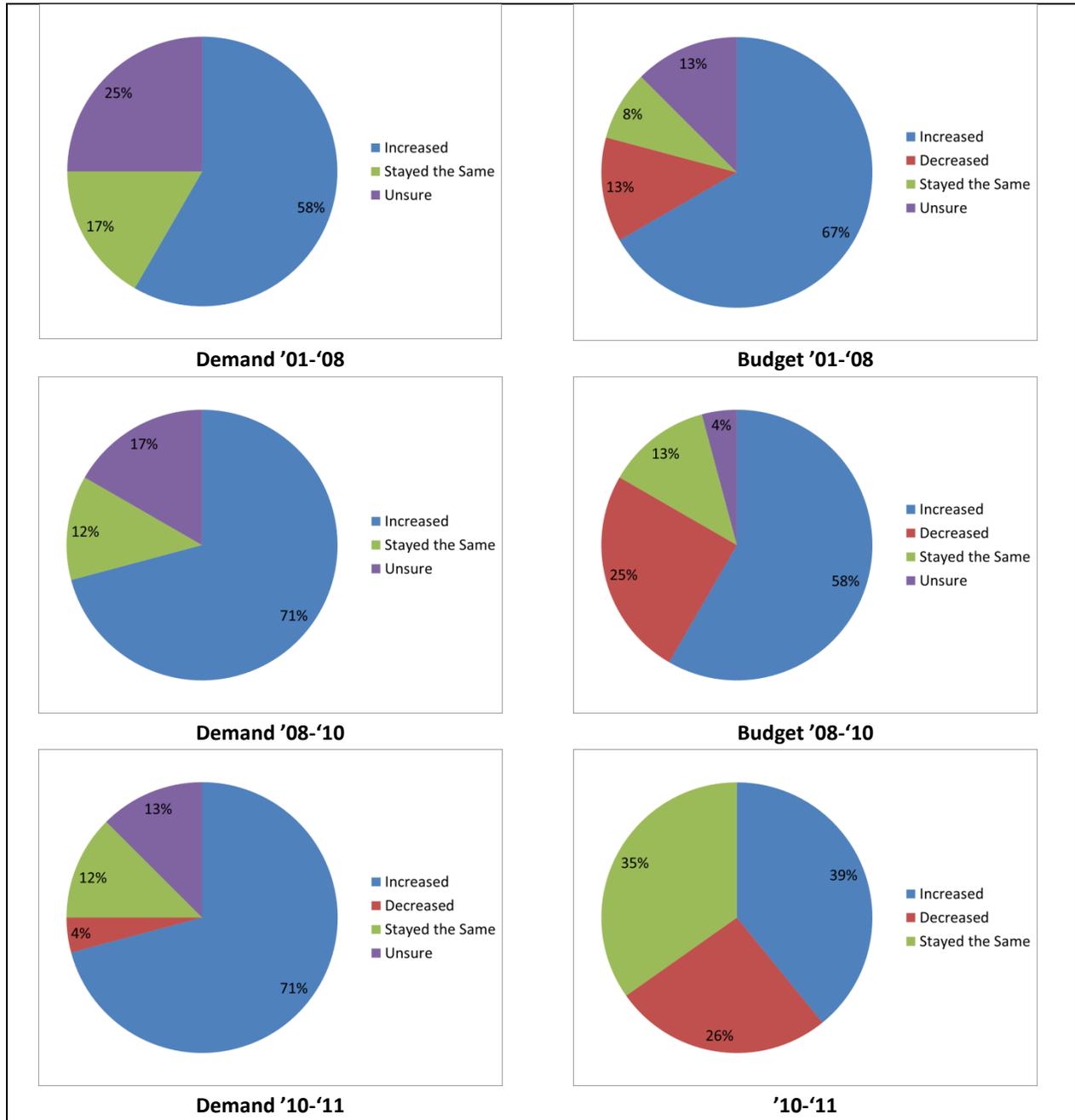
⁵⁷ Our survey, focus group, and questionnaire used the following examples to illustrate this service: Parenting skills, Crisis intervention, Before/after school activities.

Figure 14. Survey Respondents by Category of Service Provision



We also asked participants about the level of demand for their services, and their ability to meet that demand. Specifically, we asked how their budgets and demand for their services had changed over three different time intervals in the past decade: 2001-2008, 2008-2010, and 2010 to 2011. Our intention was to distinguish the effect of the recent recession from the decade’s overall trend. The results show that overall demand for social services in Dubuque has increased and agency budgets have not grown adequately (Figure 15). The share of respondents experiencing demand increases rose from 58 percent in the first interval to 71 percent in the second and third intervals. By contrast, the share of agencies with budget increases declined from 67 percent in the first interval to 39 percent in the third, while the share-reporting budget decreases doubled (13 to 26 percent) over the same period. Even before the recession, a majority (58 percent) of respondents had seen an increase in demand for their services. These results further support the findings from the employment data (refer to Chapter 2) that the rising tide of Dubuque’s economy has not lifted all boats.

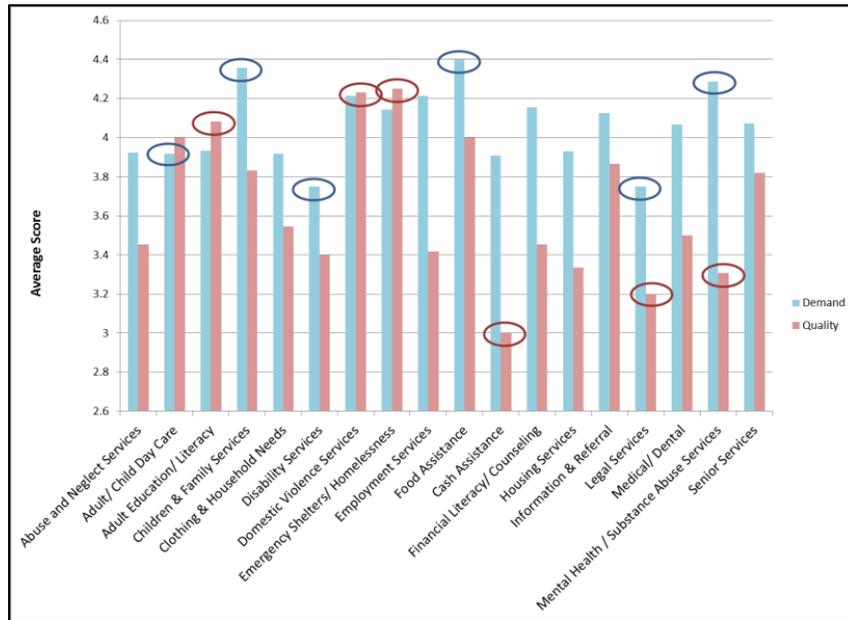
Figure 15. Demand and Budget Fluctuations: Percentage of Service Providers Reporting Increases, Decreases, or No Change



We then asked participants to evaluate the full spectrum of social services in Dubuque. Specifically, we asked providers to rate the services shown in Figure 16 in terms of their quality and their ability to meet demand. We made the distinction between quality and demand because a service may be ineffective even if it is available to all potential clients. Conversely, a service may be excellent for those able to use it, yet unavailable to many in need. This “matrix” used a scale of 1 (worst) to 5 (best) for both quality and demand. On average, participants gave moderate to high rankings for Dubuque’s

services. The highest scores for “ability to meet demand” were found for Children & Family Services, Food Assistance, and Mental Health/Substance Abuse Services; while the highest “quality” scores were found for Adult Education/Literacy, Domestic Violence Services, and Emergency Shelters/Homelessness. The lowest “ability to meet demand” scores, meanwhile, were found for Adult/Child Day Care, Disability Services, and Legal Services. Cash Assistance, Legal Services, and Mental Health/Substance Abuse Services had the lowest quality scores. The disconnect between the availability and quality of Mental Health/Substance Abuse services is striking, as are the low scores for Legal Services on both counts.

Figure 16. Average Demand and Quality Scores for Service Categories*



*Survey respondents were given the option to list and rank “Other” categories, but these were excluded from the preliminary analysis for simplicity’s sake.

While very few rankings of “2” or less were given, the same categories often received these low scores for both Demand and Quality (Table 14). As the table shows, Cash Assistance, Medical / Dental Services, and Mental Health / Substance Abuse Services received two or more low scores for both Demand and Quality. Participants were asked to explain rankings lower than 2, and they generally critiqued the services in terms of availability rather than quality—even if they had given the services a higher score for Demand than Quality. This suggests that providers see the two as inextricably linked—as resources are stretched thin to meet demand, the quality of services decreases. Table C in the Appendix lists the reasons providers gave for low rankings.

Table 14. Service Categories that Received Demand and/or Quality Scores of 1 or 2

Service Category	Demand: Number of Scores of 1 or 2	Quality: Number of Scores of 1 or 2
Clothing & Household Needs	1	1
Emergency Shelter / Homelessness	2	1
Employment Services	1	1
Cash Assistance	2	3
Food Assistance		1
Housing Services	2	1
Legal Services	2	1
Medical / Dental Services	2	2
Mental Health / Substance Abuse Services	2	2
Senior Services	1	

We then asked providers for their informed perspective on the factors that contribute to poverty and factors posing barriers to escaping poverty. These questions were open-ended, but we classified the responses according to major themes. As shown in Figures 17 and 18, “Lack of viable jobs” and “Limited education” top the list for both questions, while “Limited transportation,” “Prejudice,” and “Lack of support for elderly/disabled” are low on both lists. “Government restrictions/policies” received moderate to high rankings in both questions and respondents who cited this factor generally commented that government assistance, combined with labor market conditions, discourage working. Other factors in the moderate-to-high range reflect both external factors (e.g. Loss of employment, Cost of living/health care, Poor Economy) and internal factors (e.g. Substance abuse/mental health, Lack of initiative).

The final questions in the provider survey addressed inter-agency collaboration. Roughly half of the participants (48 percent) responded that agencies collaborate “often,” and nearly as many (43 percent) said they collaborate “sometimes.” The remaining 9 percent were unsure. Some provider comments on this subject suggested that collaboration is better in Dubuque than in comparable Iowa cities. Other comments, however, indicated “Some [agencies] cooperate and collaborate more than others,” and that “funding may be a roadblock” to more systematic coordination (See Table D in the Appendix for a list of comments about collaboration).

Figure 17. Contributors to Falling into Poverty, as Identified by Respondents

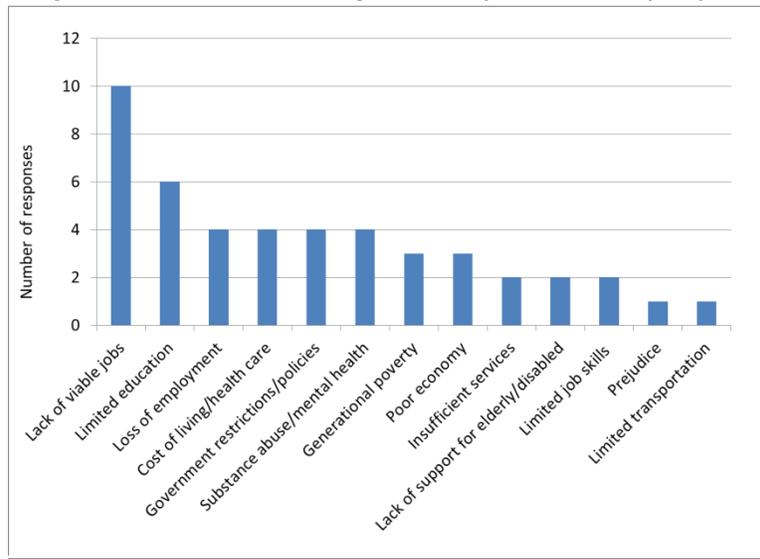
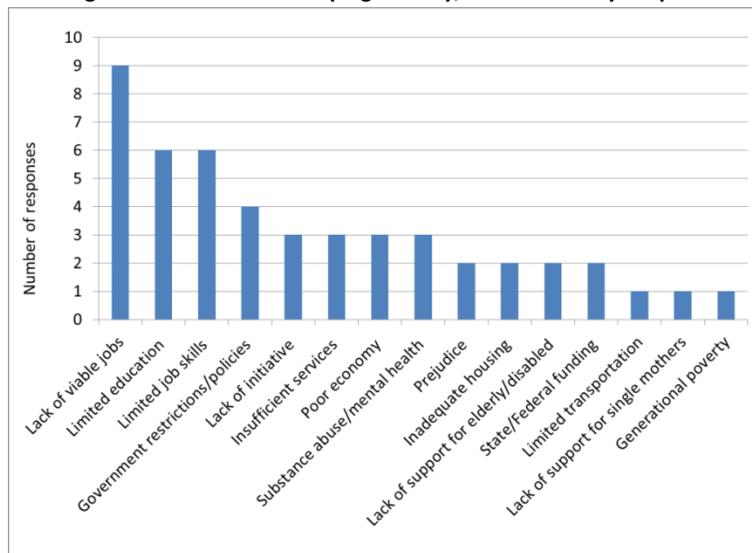


Figure 18. Barriers to Escaping Poverty, as Identified by Respondents



Resident Focus Groups

We opened the focus groups by asking residents how long they had lived in the Dubuque area. The majority of participants were established in the community and of the 31 participants who answered this question, (the Circles focus group contained some couples who gave a single answer); all but four have lived in Dubuque for 5 years or longer. At least six participants were born and raised in the Dubuque area, and the median duration of residence was 25 years.

Positive and Negative Aspects of Dubuque

We then asked participants to identify the community's positive aspects, and they were forthcoming with praise. Participants described Dubuque as a pleasant place to live and raise a family, with an abundance of social and cultural resources including good schools and enrichment programs for children, libraries, parks, museums, churches, and community service organizations. Several participants stated that Dubuque has changed for the better in recent years, with increasing coordination among social service providers, dialogue among different demographic groups, and business and cultural activity downtown. The next set of questions addressed negative aspects and deficiencies of life in Dubuque. Six distinct themes emerged, including transportation; jobs; mental health, substance abuse, and medical services; tolerance and inclusion; housing; and homeless shelters.

Transportation

Participants of all focus groups except the Hispanic/Latino group voiced complaints about the public transit system. They noted that service ends early in the evenings, is very limited on weekends, and does not reach some important destinations in the western part of town. Participants of the first Multicultural Family Center focus group described late buses and rude drivers as commonplace, and stated that it was difficult to lodge complaints, when they had them, with transit system managers. The Hillcrest focus group participants, meanwhile, described their mini-bus as inconvenient to use. The result of limited transit, participants told us, was that the residents dependent on it have difficulty obtaining jobs, attending community meetings, and running errands.

The City bus only is available during the day—there's no night bus service.

There's no service on Sundays or holidays either.

If you have a job from 9 to 5, you can't use the bus, because they end at 5. When I worked here on weekends, I wanted to use the bus, but the last bus left at 3:30. In the '80s, it was great—the bus ran till 10 pm and came more frequently. A lot more people used it.

If you don't have any other transportation, you don't even know all of DBQ.

Jobs

The first MFC focus group of five participants discussed the topic of jobs most extensively, but other groups also alluded to it. The participants of the first MFC group said that jobs that pay a living wage or offer health insurance are difficult to find unless you have connections with employers. Circles participant complained that IBM had given most of its jobs to outsiders despite receiving generous City tax breaks, and those employers tend to discriminate against the disabled. In the Hispanic/Latino group, one participant expressed difficulty in finding a job that would cover childcare expenses, and another

believed she had suffered racial discrimination. The social services available to job seekers, however, do not necessarily solve these problems. The first MFC group felt that the programs offered by the Workforce Center fall far short of what it advertises, and Circles participants gave mixed reviews of Vocational Rehabilitation.

I have a Bachelor's, and I've never made more than \$13. So many jobs are \$10 and under—you can't live off it! It's all about networking, if you want a decent-paying job. You have to be one of the good ole boys, or have a friend working there.

(They need to) Bring in jobs and offer tax breaks to businesses that are going to hire people in DBQ—instead of giving transit breaks and tax breaks to a company that hires outsiders. ... you know who I'm talking about.

Try to get a job that'll get you benefits . . . [Sarcastic, as in "It'll be nearly impossible".]

In the Hispanic community, we have lawyers, but they can't practice here—their license isn't recognized in the U.S.

Mental Health, Substance Abuse, and Medical Services

Participants repeatedly identified a shortage of services addressing the spectrum of mental and physical health needs, particularly in the Circles and Hillcrest groups. They described a mental health environment that is deficient in hospital beds, substance abuse treatment centers, and group homes, and noted that major providers in the area had suffered setbacks in recent years. Loss of federal and state funding is always a looming threat for mental health services, and low-income people with mental illnesses are often unable to get help. Participants voiced several complaints about medical and dental care as well, including the difficulty in finding employers who provide insurance coverage, high costs of care, lack of coordination among doctors, and bureaucratic frustrations with Medicare and Medicaid. However, participants generally described health care for those who obtain it as high quality, and the Hillcrest group in particular described collaboration between the Crisis Center and law enforcement to provide mental health services to those involved in the justice system.

Healthcare needs improvement. You don't know about the programs, or employer [insurance] programs are super-expensive, and you can't get care except in the ER.

I'd increase mental health services. Dubuque's situation may be better than small towns, but it's not enough.

Substance abuse treatment facilities—there are no inpatient facilities right now.

One of the needs is for people with mental health issues. If they're in a poverty or low-income state, reintroducing them to society is especially difficult. The system adds insult to injury—for instance, maybe you can't get a job because you have a criminal background or unpaid fines, but you can't pay the fines because you can't get a job.

Tolerance and Inclusion

All four focus groups extensively discussed tolerance and inclusion. Although some participants said that Dubuque has become more accepting of minorities in recent years, many told us that racist and homophobic sentiments are strong in the community. Moreover, we received comments that longtime “Dubuquers” tend to be cliquish, staying within familiar social circles and hesitant to admit others. As suggested above, these prejudices can have material consequence in the form of lost job opportunities.

There’s been improvement from when I got here in ’04, but there are still racial tensions coming from all different angles. You see it everywhere you go, but this is the worst I’ve ever seen it—and I’ve lived in the South.

The stigma is a big problem—it’s a cultural thing. Again, Dubuque is 10 to 15 years behind bigger Iowa cities. It’s not just the attitude, but the culture. I’m not going to say we need “tolerance”—I’m not going to judge one way or other—but we need more DIALOGUE.

Relations have improved with some [Hispanic/Latino residents], but not all. There’s a core group that’s more united than everyone else.

...We live in an accusatory society.

Housing

The housing topic received less mention than the above four topics, but the feedback we did receive was noteworthy. Participants from both the first MFC focus group and the Hillcrest focus group mentioned a need for affordable housing, and believed that incoming IBM employees had driven up housing costs. Additionally, the first MFC group and the Circles group said that Dubuque’s Housing Assistance program could use improvement and a participant in the latter group perceived lack of funding as the problem. A Hispanic/Latino focus group participant, meanwhile, was very appreciative of a program that helped her buy a house, but expressed frustration at the bureaucratic delays in the process.

Housing assistance is good, but only for a certain demographic—you need to be a single parent with children.

Ever since IBM came in, housing costs have gone sky-high!

Parts of town that used to be slumlords’ havens now have new condos, and they’ve tripled the price!

I can’t afford anywhere near the West End. Even Keyway, which isn’t that far west—even those houses and apartments are too much. People with limited incomes have to live in the downtown area.

Homeless Shelters

Similar to housing, homeless shelters received limited yet illuminating discussion in our focus groups. Both the first MFC group and the Circles group identified the shelters as a vital community resource, but noted that their rules of admission shut some families out. Most notably, the Teresa Shelter and Maria House do not accept males over the age of 12. Additionally, shelters do not provide beds during the daytime, preventing individuals and families with nighttime shifts from rooming in them.

The amount of homelessness—

There's more than people are lead to believe—I have 3 families living with me.

We need more transitional services for people coming out of the hospital. Some people, when they come out of the hospital, need to be in group homes. Those with developmental disabilities are better served. There are only four group homes for people with psych disabilities.

There's no place that a family with dual-gendered children can go and stay together. The Teresa Shelter and Maria House have a 12-year age limit for boys to stay with their parents.

Civic Engagement

When we asked focus group participants about opportunities for civic participation, we received mixed responses. Some participants told us that community meetings are well publicized, and that they attend frequently. However, others said that they do not consult the sources where meetings are advertised (e.g. television, newspaper, radio), or that the notices are easily overlooked even when they do follow these sources. Interestingly, both the first MFC group and the Circles group recommended advertising meetings on marquees at schools and other locations. Some participants learn about meetings through word-of-mouth—for the Hispanic/Latino focus group participants, their regular meetings and the Catholic churches are important sources of community information.

Even when participants learn of community meetings, though, they do not always find them to be useful. Some meetings are held during working hours or after transit service ends, while others do not seem to make use of community feedback. The Hillcrest participants, in particular, expressed that City involvement tends to dilute resident initiatives, and that the Human Rights Commission's effectiveness is limited by its affiliation with the City.

Before there wasn't (opportunities), but since the Hispanic community group began, there is now. There are better opportunities to speak out. I go and tell everything, because I feel I need to speak up in order for the community to be aware of the problems that exist.

I attend City Council and school board meetings, but they could do a better publicity job.

Word of mouth. I've been here 4 years—when I first moved down here, I didn't know anything that was available. I called the library, and the lady told me to go to the county.

If you feel like you don't fit in, you're less likely to get engaged, and you feel disenfranchised. I've got... mental health issues, on top of being a Black woman. It's not just me, but those who perpetuate the stereotype of Black women . . . I'm not asking for welfare.

Sustainable Dubuque

Our focus groups offered mixed responses about whether they were informed about Sustainable Dubuque. Some participants had not heard of Sustainable Dubuque at all, and many of those who had were not sure which programs it offers. Participants voiced some skepticism—for instance, that Dubuque is “jumping on the bandwagon” and embracing sustainability mainly for publicity, or that the program amounts to “gentrification.” Overall, though, residents were supportive of the concept and curious for more information. Both MFC groups spoke extensively about home energy efficiency programs, and expressed interest in participating if funding were available. Hillcrest participants expressed a desire for more recycling options—especially for renters—and one Circles participant predicted that a positive outcome of Sustainable Dubuque might be an increase in local jobs.

I don't think the public knows much about it. We need to get the word out—initiate neighborhood meetings or discussion groups.

I think Sustainable DBQ is another fluff program. They're not targeting the low-income or poverty population—the publicity pathways target people of privilege.

Is that the eco-friendly program? I know there's programs like that—for instance, my son's school is a “green visions school.” They want you to recycle, and they earn flags for the things they do. I think this was part of Sustainable Dubuque too—they went around doing home inspections after the storm, and helped them do repairs if they qualified [by income?]

A lot of apartments don't have recycling.

Quality and Demand of Local Services

As we had with social service providers, we asked focus group participants to comment on the quality of local services and their ability to meet demand. We did not quantify their responses, so only rough comparisons may be made between the two feedback instruments. However, we found many commonalities between the perspectives of providers and focus group participants. We classified feedback from focus group participants on individual services as “Good,” “Nuanced”, or “Bad”, and examined provider feedback about demand, budget, and quality for the services in each of these classifications. (The “nuanced” classification means that the service has substantial good and bad qualities. For instance, residents indicated that Housing Assistance is helpful for those who receive it, but does not meet all demand.) The process of classifying focus group feedback on services was more of an art than a science, and readers are encouraged to consult the focus group notes in Appendix B

directly. Because there was extensive overlap in the responses of focus group participants to different questions, we included comments outside the “Demand/Quality” question in the “Good/Nuanced/Bad” classification.

We first found that service providers in “Good” categories were generally less likely to report demand increases and budget decreases than average (Figure W in Appendix B for “Good” services; while the reverse was true for providers in “Bad” categories [Figure Y in Appendix B]; Figure X shows data for “Nuanced” services). For example, the share of “Good” providers reporting increased demand for services declined from 64 to 45 percent between 2001 and 2011, whereas that share rose from 58 to 71 percent for all providers. These “Good” providers also experienced less budget stress over the last decade; the share reporting budget increases declined from 82 to 50 percent, compared to a decline of 67 to 39 percent for providers overall. “Good” providers were also more likely to report budget increases. Providers in “Bad” categories, by contrast, experienced substantially more budget stress than providers overall. The share of “Bad” providers reporting increased budgets declined from 38% to 14% between 2001 and 2011 (despite a jump in the ’08-’10 interval), compared to a decline from 67% to 39% for providers overall. The share of “Bad” providers with decreasing budgets rose from 25 to 57 percent over the decade, compared to a rise from 13 to 26 percent overall. Considering the rough nature of this analysis, and the small number of providers in the Good, Nuanced, and Bad categories, the strength of these patterns is remarkable.

By comparing focus group feedback and provider rankings for different service categories, we see that ranks do indeed decrease from “Good” to “Nuanced” to “Bad” programs (Table 15). Providers gave comparable Quality rankings to “Good” and “Nuanced” services, but “Nuanced” services received substantially lower Demand rankings. It appears that “Nuanced” service providers are good at what they do, but cannot serve many of their potential clients. “Bad” services, by contrast, had a lower mean ranking for Quality than for Demand. This finding is driven by the ranks for Employment Services and Mental Health / Substance Abuse services, which may be spread too thin among many users. However, the ranks for the “Nuanced” and “Bad” categories have considerable spread, so it is difficult to make generalizations.

Table 15. Comparison of Feedback on Services from Provider Surveys and Resident Focus Groups

Focus Group Assessment	Category	Rank (Composite)	Rank (Demand)	Rank (Quality)
Good	Children & Family Services	5	2	7
	Food Assistance	2	1	4
	Mean Rank	3.5	1.5	5.5
Nuanced	Adult/ Child Day Care	13	15	5
	Disability Services	16	17	14
	Domestic Violence Services	1	4	2
	Emergency Shelters/ Homelessness	3	7	1
	Housing Services	15	12	15
	Adult Education / Literacy	8	11	3
	Mean Rank	9.3	11	6.7
Bad	Employment Services	10	5	13
	Legal Services	17	18	17
	Medical/ Dental	7	10	10
	Mental Health / Substance Abuse Services	6	3	16
	Mean Rank	10	9	14

There is both overlap and divergence between provider and resident perspectives when we compare survey and focus group feedback on factors that contribute to poverty. We did not ask focus groups about this topic directly, but many participants' comments alluded to the topic. Two issues stressed by focus group participants, jobs and flawed government policies, were also ranked highly by providers as contributors to poverty. For the latter, the providers and residents had different perspectives on the particular policies that contribute to poverty. Providers who cited government policies tended to argue that the availability of public assistance, combined with low wages for the jobs that recipients of public benefits might otherwise obtain, discourage working. Residents instead tended

to complain that the rules and bureaucracy of public programs (e.g. housing assistance, child protective services) unfairly strip some clients of benefits, disrupt their home lives, or tarnish their career prospects.

Two interesting disconnects exist between provider and resident feedback. Most notably, residents spoke at length about the shortcomings of Dubuque’s public transit, while only two providers mentioned transportation as a contributing factor to poverty. The other factor to receive much more attention from residents than from providers was prejudice.

Resident Questionnaire

Similar to our focus group participants, resident questionnaire respondents were generally well established in Dubuque (refer to Figure 19). A majority of respondents have lived in Dubuque for 10 years or more, are White, and reside in one- or two-person households (Figures 20 and 21). The most common age category was 51-60, followed by 41-50 (Figure 22). While Non-White residents were less likely than White or Hispanic/Latino residents to have lived in Dubuque for 10 years or more, over one-third of Non-White residents have lived in Dubuque that long (Figure 23). Residents who moved to Dubuque from elsewhere did so primarily for family, friends, or jobs (Figure 24). No respondents selected “availability of community or social services” (a category meant to identify residents who allegedly move to Iowa for easier access to welfare, food stamps, housing assistance, and other safety net programs) as a reason for moving to Dubuque. However, 8 percent of respondents did select “housing availability/costs” as a reason.

Figure 19. Length of Residency (in years)

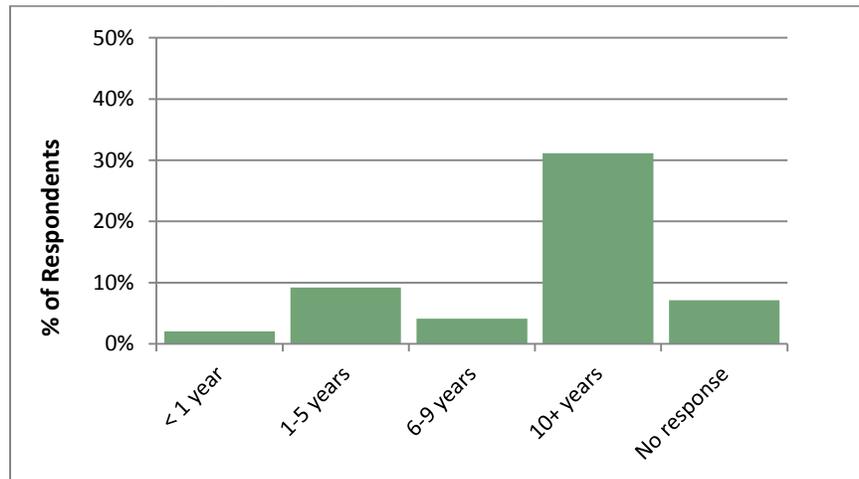


Figure 20. Race and Ethnicity of Respondents

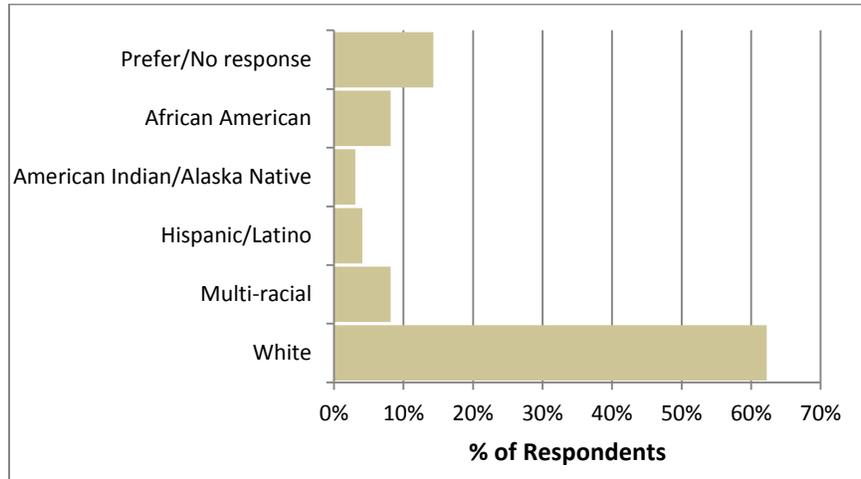


Figure 21. Respondent's Household Size

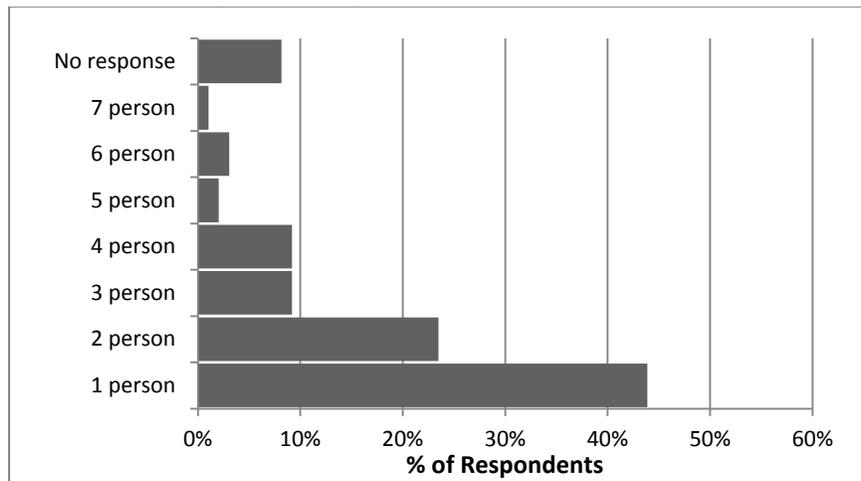


Figure 22. Age of Respondents

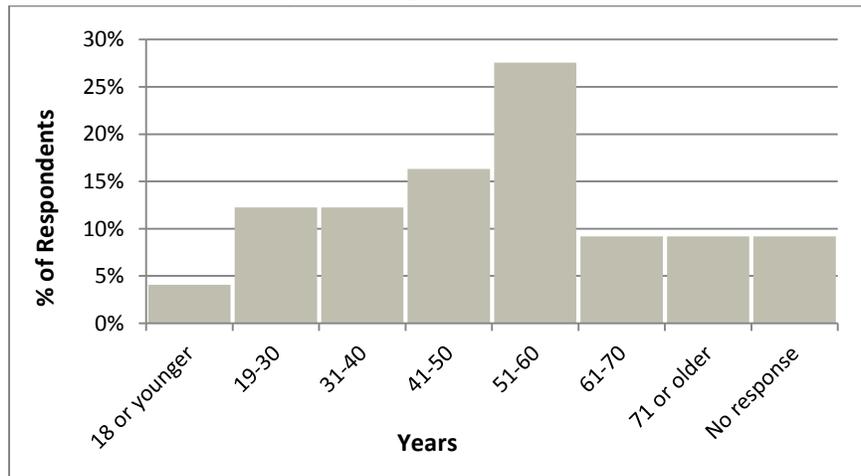


Figure 23. Length of Dubuque Residency (in years) by Racial/Ethnic Group

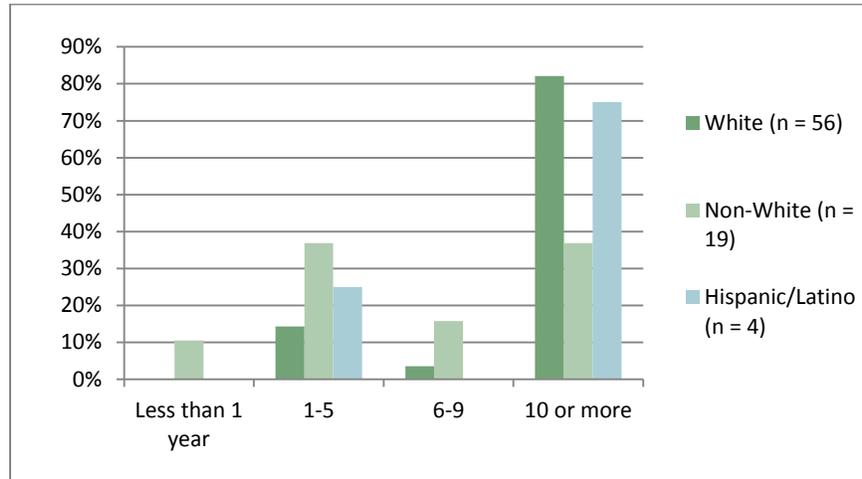
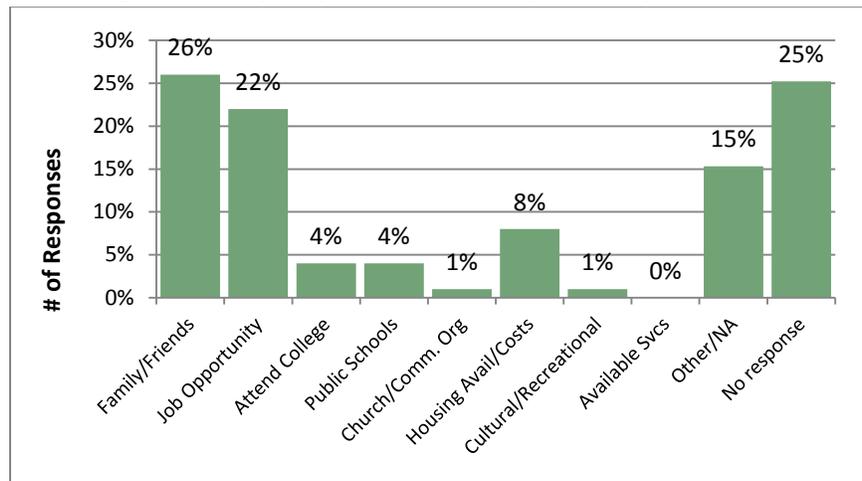


Figure 24. Why did you move to Dubuque? (If applicable)



Our resident questionnaire presented respondents with a list of neighborhoods formally recognized by the City of Dubuque, and asked in which neighborhoods they resided. Since we wanted to know how residents themselves identify their neighborhoods, we did not provide a map, and it is possible that some respondents did not correctly identify their exact neighborhood. However, the results for the neighborhood residence identification reflect the general Census finding that low-income households are concentrated heavily, but not exclusively, in the downtown area (Figure 25). An overwhelming majority of respondents said that they like their neighborhood (Figure 26), and the trend is consistent among racial/ethnic groups (Figure 27). We asked respondents to comment on their neighborhoods, and several cited being centrally located as an advantage. The most commonly mentioned negative attributes of neighborhoods were crime and litter (see Appendix B-Community Questionnaire).

We asked respondents to comment on affordability of housing, availability of living-wage jobs, and their knowledge of resources for dealing with hardships. The first two topics were explicitly addressed in earlier community feedback and in the data discussed in Chapter 2. By assessing

knowledge of resources for dealing with hardships, we sought to measure respondents' degree of integration or isolation in the community, as well as providers' success in publicizing their services. Responses about housing affordability were mixed, but residents slightly more often agreed than disagreed that housing is affordable (Figures 28 and 29). This difference was less pronounced for rental housing than for ownership housing. Responses were mixed for jobs as well, but respondents more often disagreed than agreed that living-wage jobs are easy to obtain (Figure 30). For knowledge of services, the responses were overwhelmingly positive (Figure 31). However, some respondents commented that the community serves certain needs better than others (see Appendix B-Community Questionnaire).

Figure 25. Neighborhoods that Survey Respondents Live In

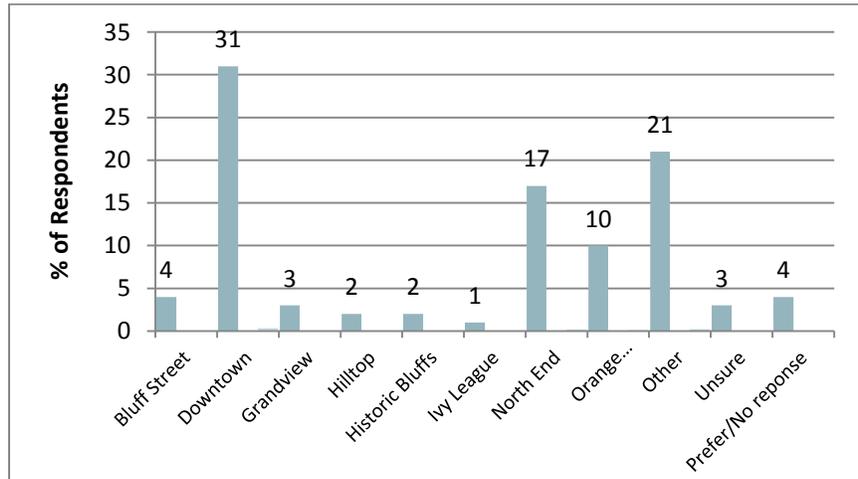


Figure 26. Do you like the neighborhood that you live in?

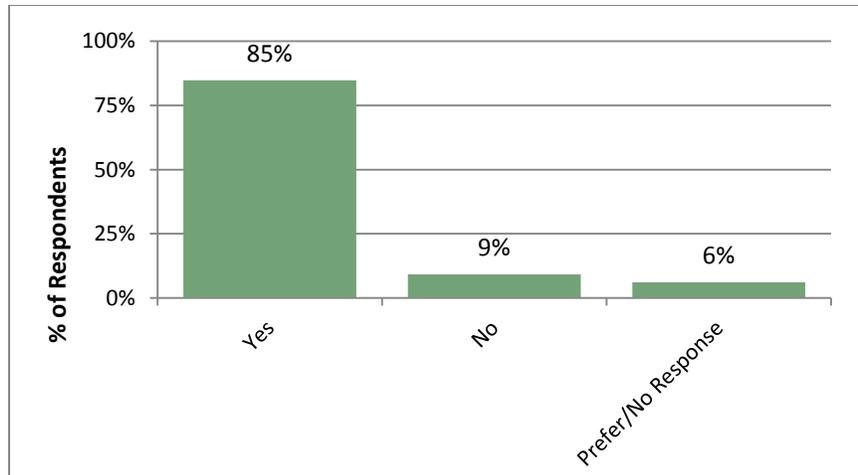


Figure 27. Responses to “Do you like the neighborhood that you live in?” by Race/Ethnicity (n=78)

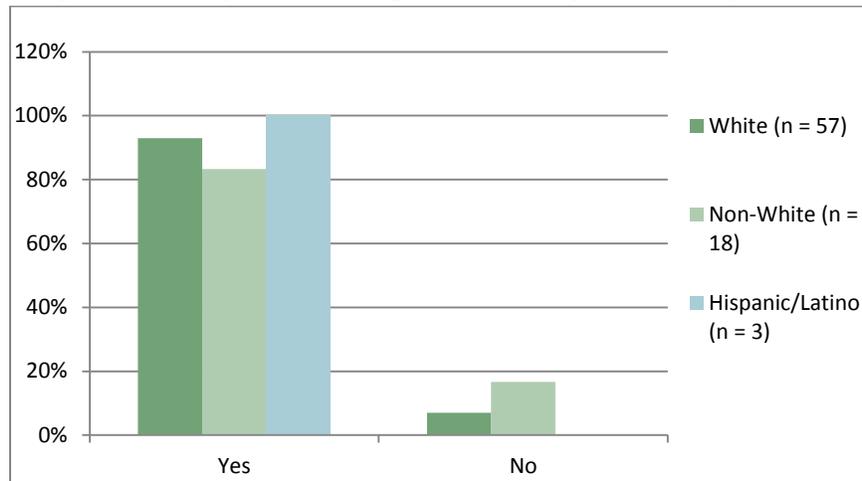


Figure 28. In my experience, housing is affordable for those who want to buy a home

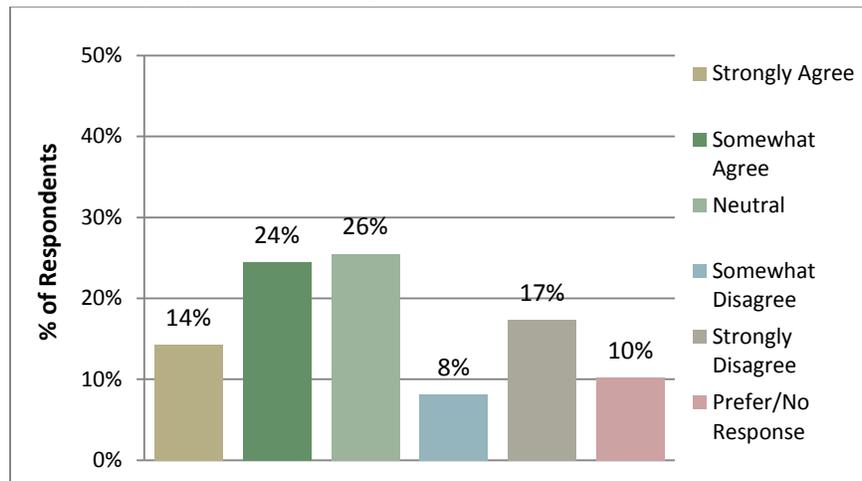


Figure 29. In my experience, housing is affordable for those who want to rent

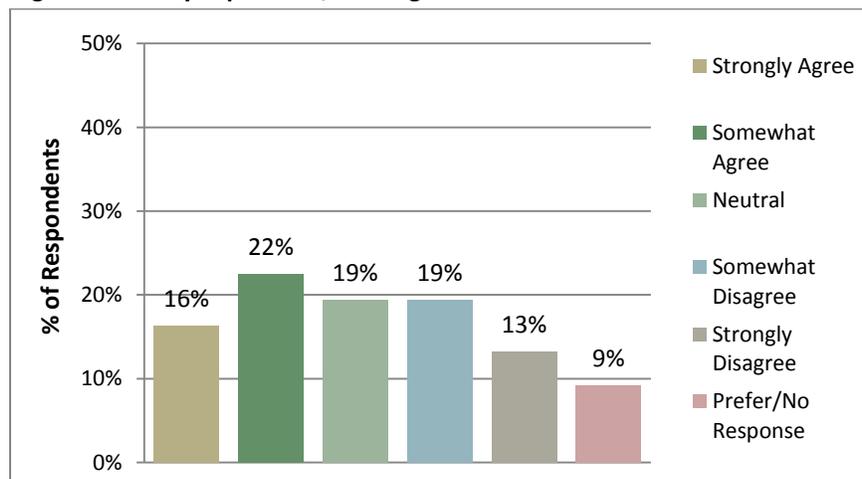


Figure 30. In my experience, it is easy to obtain a job that pays a living wage in Dubuque

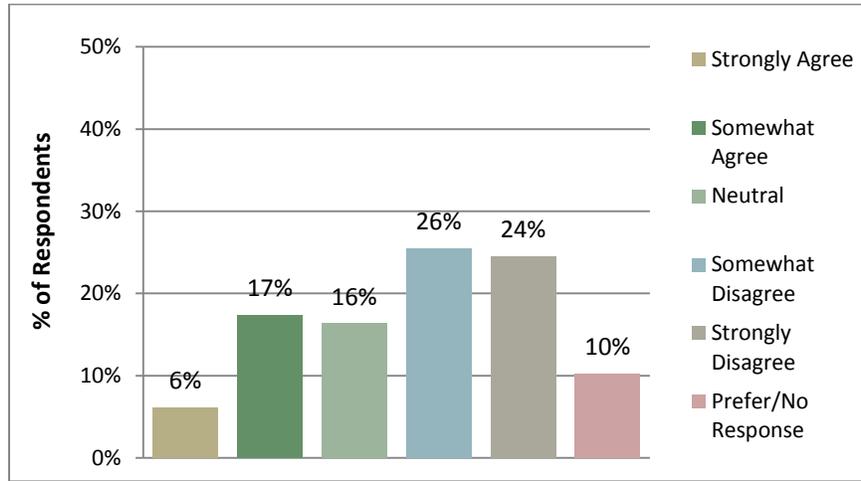
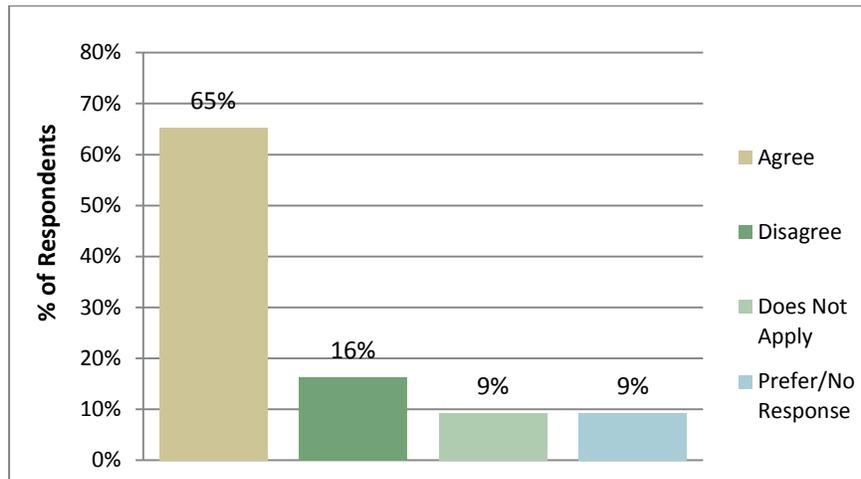


Figure 31. If I or a family member were facing a hardship, I would know who to contact in Dubuque for assistance



Similar to the focus groups, the questionnaire asked respondents about their participation in community meetings. Respondents were evenly divided between those who had attended a meeting and those who had not (Figure 32). When asked to comment on the issues that made it difficult to attend meetings, respondents overwhelmingly cited “transportation.” One resident specifically complained that meetings were not announced far enough in advance (see Appendix B for Survey Comments).

Since our focus group participants spoke at length about tolerance, our resident questionnaire asked whether they thought Dubuque is welcoming to those who are different. A majority of respondents felt that the community is welcoming (Figure 33), and the shares of “yes” and “no” responses is remarkably similar among racial/ethnic groups (Figure 34). When asked to comment, some respondents stated that Dubuque is becoming more tolerant. Interestingly, one respondent alluded to the cliquish behavior identified in focus groups (see Appendix B).

Figure 32. Have you ever participated in a community meeting?

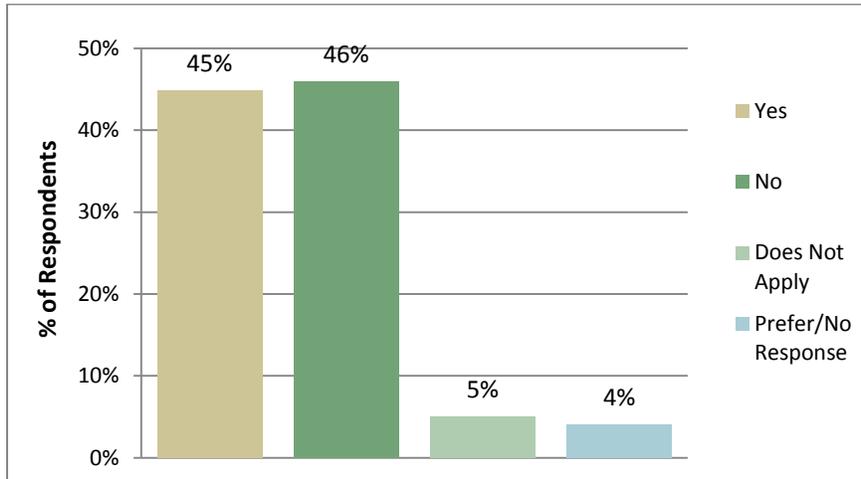


Figure 33. I think Dubuque is a welcoming community for persons who may be perceived as different

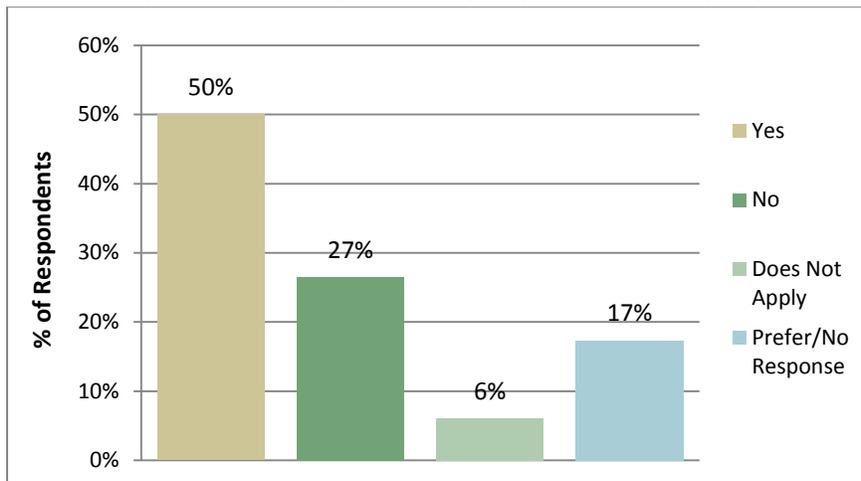
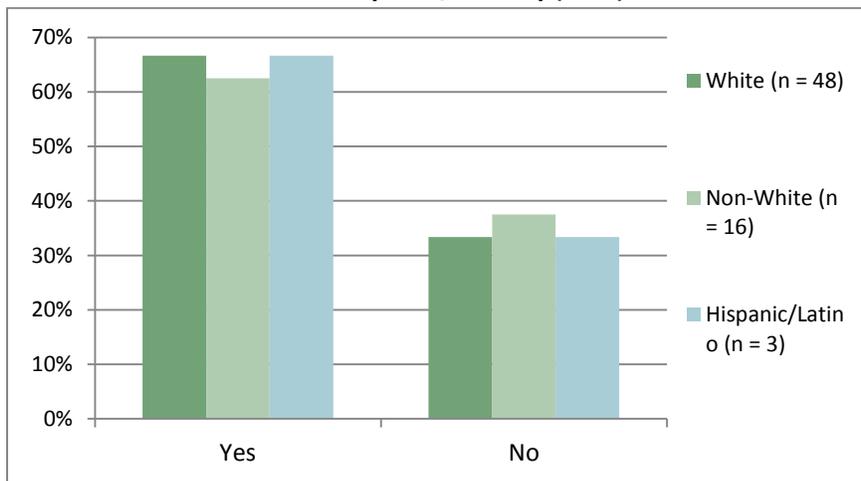


Figure 34. Responses to "I think Dubuque is a welcoming community for persons who may be perceived as different by Race/Ethnicity (n=67)



Similar to the focus group participants; respondents provided mixed feedback on their familiarity with Sustainable Dubuque, with the majority saying they were unfamiliar (Figure 35). Non-Whites and Hispanics were especially likely to be unfamiliar with Sustainable Dubuque (Figure 36). One person who was unfamiliar with the program said it should be promoted more, and most of those who knew about the program were supportive. However, some respondents were skeptical and one person expressed “it’s just another initiative to get recognition,” while another respondent supported the concept but disliked IBM’s role in the program, and two respondents felt it was a form of government overreach (see Appendix B).

Finally, we asked questionnaire respondents to comment on a service category “matrix” similar to the one that we used in the provider surveys and resident focus groups. However, to prevent the questionnaire from being too burdensome or time-consuming for a layperson, we only asked respondents to rate service quality. Respondents gave the highest rankings to Food Assistance, Medical/Dental Care, and Clothing & Household Needs, and gave the lowest rankings to Cash Assistance, Financial Literacy/Counseling, and Senior Services (Figure 37).

Figure 35. Are you familiar with “Sustainable Dubuque?” (All respondents)

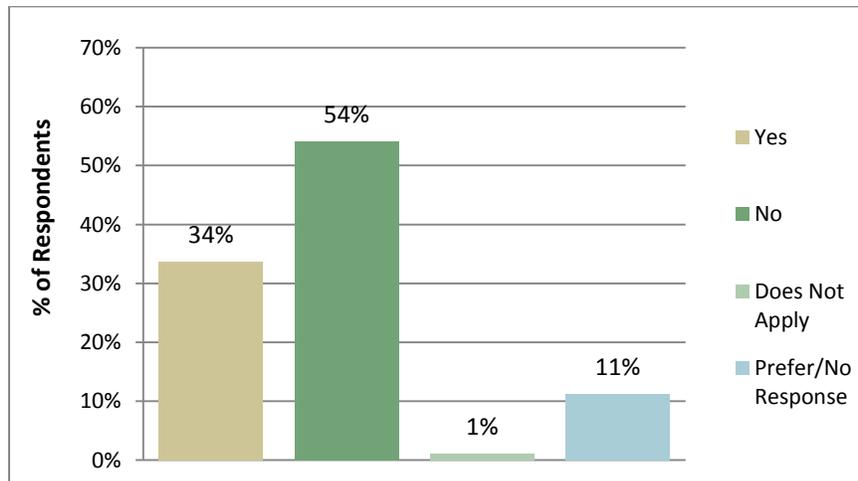


Figure 36. Responses to “Are you familiar with ‘Sustainable Dubuque?’” by Race/Ethnicity (n=76)

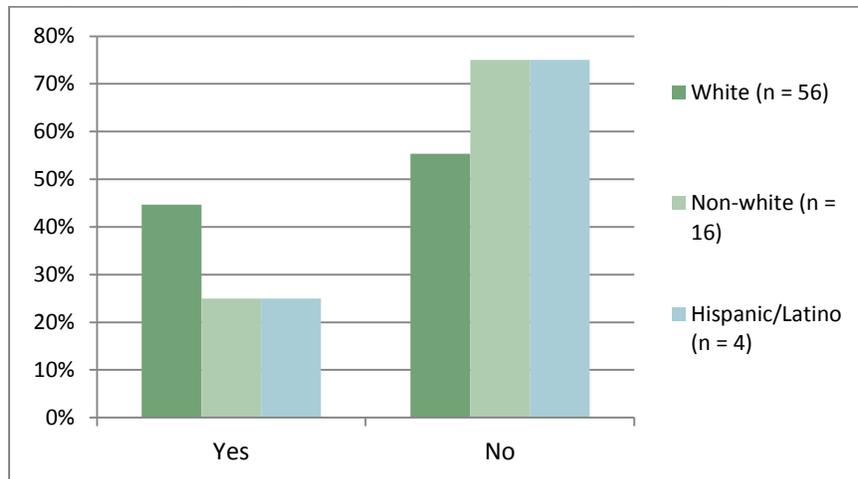
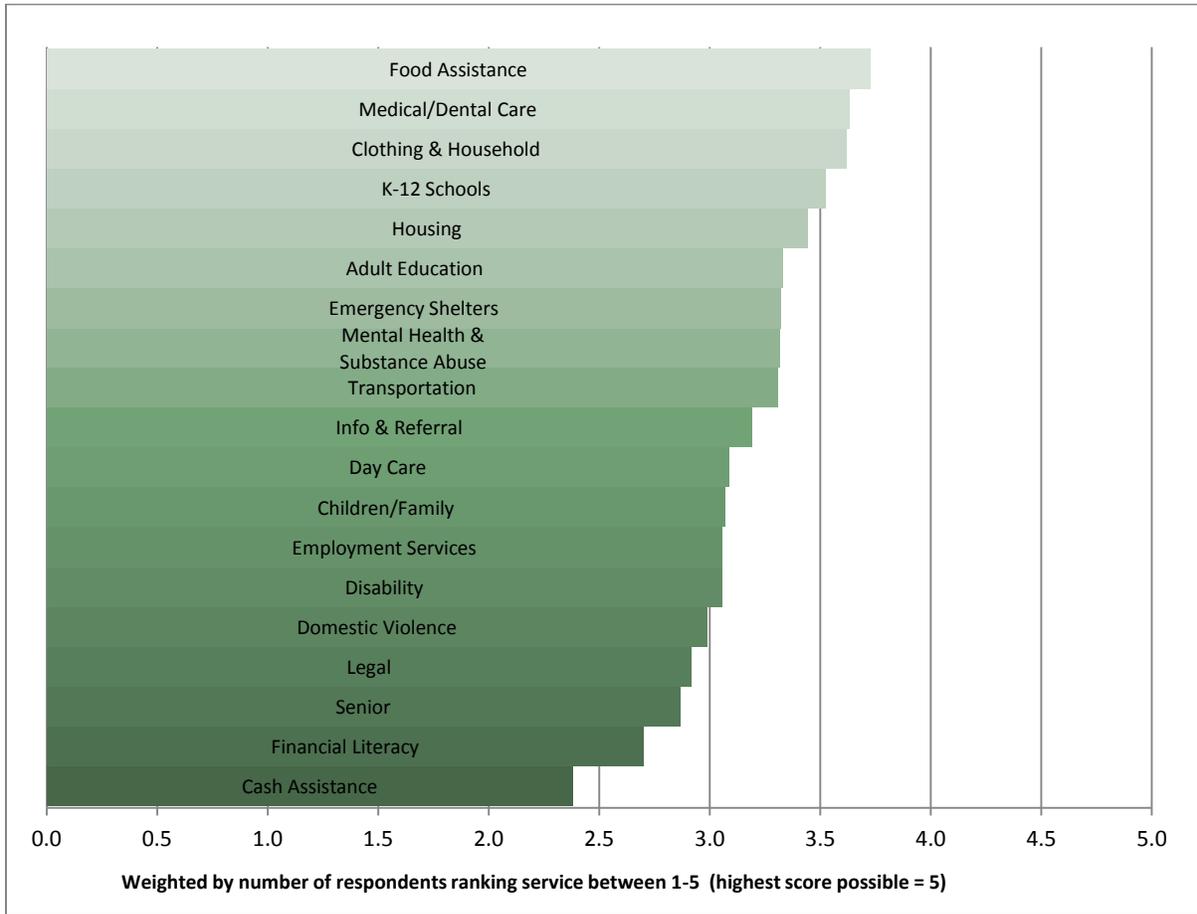


Figure 38 compares feedback about services from the resident questionnaire and the provider survey. We first compare resident and provider rankings for service *quality*, since we explicitly asked both groups about quality. Since we expected that questionnaire respondents considered quality and demand satisfaction to be intertwined, we also compared the questionnaire's quality rankings to the composite rank (quality plus demand satisfaction) that providers gave for each service category. Figure 38 shows that the relationship between resident and provider feedback is positive—in other words, categories that receive high rankings from residents are also likely to receive high rankings from providers. The “R²” numbers for the two trendlines describe how well the trendline fits the data points—in other words, how strong the relationship is between questionnaire and provider survey ranking. A trendline with an R² of zero indicates no relationship between the two factors being measured, while an R² of 1 means that the two factors have a perfect relationship (in other words, a change in one factor will *always* result in a proportionate change in the other factor). The R² values are fairly low (1.2 to 2.2), indicating that the positive relationship between the two feedback types is rather weak.

The service category rankings in the resident questionnaire also contained some surprises. Questionnaire respondents ranked Medical/Dental Care well above average, despite receiving subpar ratings in the first two community feedback instruments. Transportation and Mental Health / Substance Abuse Services rank slightly above average in the resident questionnaire, while Children / Family Services rank slightly below average. Table 16 identifies where providers and residents agree and disagree most about services. The high level of disagreement about many of the services highlighted in the focus groups—particularly housing, mental and physical health care, and homeless shelters—reflects both the vital importance of these services to vulnerable residents, and their potential to provide high-quality service when their capacity keeps pace with demand. Comparing provider scores to resident scores; it is noteworthy that the minimum and maximum scores are lower for resident rankings than for provider rankings. In other words, residents do not think as highly of Dubuque's services as do the providers of those services.

Figure 37. Quality of Available Services, as ranked by survey participants



Note: Score weighted by total number of respondents ranking service between 1-5 (highest score possible =5)

Respondents' final comments in the questionnaire reinforced the recurring themes in provider surveys, resident focus groups, and earlier comments in the questionnaire. While plenty of respondents described Dubuque as a pleasant home with plenty of amenities, others expressed concerns about transportation, jobs, crime, and social services (especially for mental health; see Appendix B: Community Feedback).

Figure 38. Relationship between Service Category Ranks in Resident Questionnaire and Provider Survey

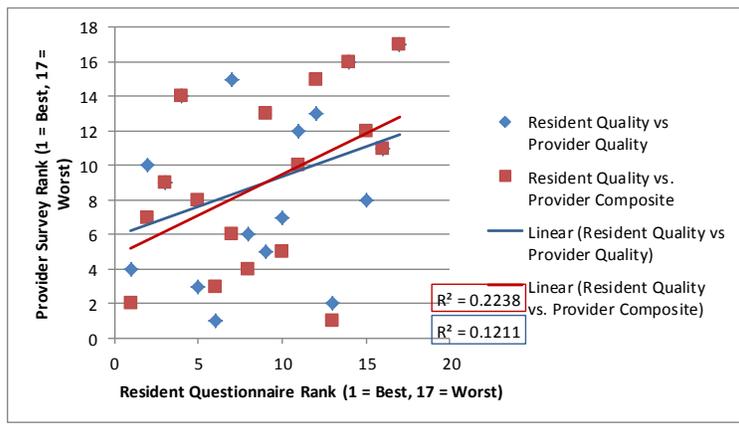


Table 16. Discrepancies between Service Category Ranks in Resident Questionnaire and Provider Survey

Category	Provider Rank (Quality)	Resident Rank	Difference (Provider minus Resident)
Domestic Violence Services	2	13	-11
Senior Services	8	15	-7
Emergency Shelters/ Homelessness	1	6	-5
Financial Literacy/ Counseling	11	16	-5
Adult/ Child Day Care	5	9	-4
Children & Family Services	7	10	-3
Adult Education/ Literacy	3	5	-2
Information & Referral	6	8	-2
Cash Assistance	17	17	0
Disability Services	13	12	1
Employment Services	12	11	1
Legal Services	16	14	2
Food Assistance	4	1	3
Clothing & Household Needs	9	3	6
Medical/ Dental	10	2	8
Mental Health / Substance Abuse Services	15	7	8
Housing Services	14	4	10

*Rank of 1 = Best; Rank of 17 = Worst.

Conclusion

The consistency of themes in our community feedback is striking. On the one hand, most residents believed that Dubuque has a high quality of life, and both residents and service providers described the social service network as being fairly comprehensive and effective. On the other hand, both residents and providers identified gaps in a few key services. Mental health and substance abuse services were most commonly cited as insufficient, and other problematic services included medical and dental care, cash assistance, housing services, homeless shelters, and employment services. However, the providers, focus group participants, and questionnaire respondents were not in perfect agreement about all categories of services. This probably reflects the difficulty of distinguishing the quality of services from whether or not they meet demand—a service may seem excellent to those who can access it, but low quality to those who are shut out.

Resident feedback suggests that the community needs both “hard” and “soft” opportunities to provide a high quality of life. Hard opportunities provide material benefits: income and the resources necessary to attain it (e.g. job training, childcare) as well as basic needs such as food, clothing, and shelter. Soft opportunities improve quality of life, but do not directly pay the bills, provide food, or cover other basic needs. Examples include recreational and enrichment programs for children and

families, good schools that prepare children to escape poverty even if their parents cannot, and a welcoming community with opportunities for civic engagement. Some overlap may exist between the two—for example, a children’s enrichment activity may provide a few hours’ childcare and an afternoon snack. Unfortunately, some of the “hard” opportunities are not readily within a city’s control, such as the economic shift toward low-paying service jobs and the spiraling cost of healthcare are national phenomena. It would be superficial for Dubuque to focus solely on “soft” opportunities, but these factors deserve some attention. When residents feel connected with their neighbors and take pride in their community, they are more inclined to participate in local politics—the process that determines how much of its scarce resources a community invests in “hard” opportunities for low- and moderate-income people.

Sustainable Dubuque can be either a soft or a hard opportunity for residents of modest means. The residents who provided feedback seemed to support the “environmental integrity” leg of the stool in the abstract, but were most interested in “economic prosperity” and “sociocultural vibrancy” programs that improve their material circumstances. In particular, residents expressed interest in home energy efficiency programs that reduce their utility payments. However, at least half of our resident respondents were not even familiar with Sustainable Dubuque, suggesting that the City could do a better job of publicizing its programs to residents of low socioeconomic status.

In summary, the feedback we received from residents and providers may serve as a starting point for identifying services that need improvement and community-building activities worth an investment. These themes will be revisited in the Recommendations section.

Chapter 4: Tools for Anti-Poverty Planning

It is a great undertaking to address all the issues identified in Chapter 3. For community resources experiencing problems, like housing, job training, health care, and transportation, it is necessary to evaluate what the function is doing *right*, and whether the complaints against it represent a significant shortcoming or simply the experience of a few dissatisfied participants. Once a significant problem has been identified, the formidable task begins to develop financially and politically feasible solutions.

Obviously, it is beyond the scope of our project to conduct detailed analyses of the shortcomings and improvement options for every community function. Instead, we conducted modular projects on two critical topics: public transit and affordable housing. The first project discussed in this chapter is an analysis of transportation accessibility for residents of different incomes, and the second a GIS-based model for siting affordable housing. Not only do these modules address key issues identified in Chapters 2 and 3, but they also serve as a model for analyzing other community functions.

Transportation Analysis

Introduction

Transportation is an important issue that urban planners take into consideration when designing land use layouts, street networks, or public transit routes that promote convenience and well-being for the public. Despite the time and energy that transportation planners invest in their communities to address these needs, transportation issues still remain. Transportation systems in American cities often benefit some groups of residents, but exclude others (Todd Litman 2008). This study analyzes the current street network, land uses, and public transit conditions and addresses the question: *Do low-income residents in the City of Dubuque have higher transportation cost (both time & money) to get access to urban amenities than their high-income counterparts?*

Transportation Analysis

We utilized the GIS Network Analyst to compute transportation cost values based on the various modes of transportation and time/distance factors. As an example of our transportation cost data results, Figures 39-46 show the driving time and walking time to the closest workplace for each residential parcel of Dubuque.

Next we calculated Pearson correlation coefficients between household income and walking time, household income and driving time, household income and transit time, and household income and monetary cost (coefficients for each destination type were calculated separately). As Table 17 shows, driving time and walking time generally have no significant correlation with household income. Transit

time is positively correlated with household income for all the destination types except workplaces, which means that low-income households spend less time on a bus trip than high-income households. Monetary cost is negatively correlated with household income for all the destination types except workplace, which means that low-income households spend a higher percentage of their annual income on automobile maintenance and operation for a driving trip than high-income households.

Figure 39. Driving Time to Closest Workplace by Residential Parcel (Northwest)

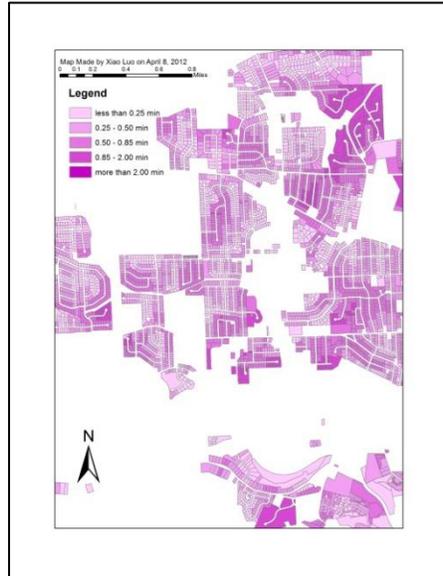


Figure 40. Driving Time to Closest Workplace by Residential Parcel (Northeast)

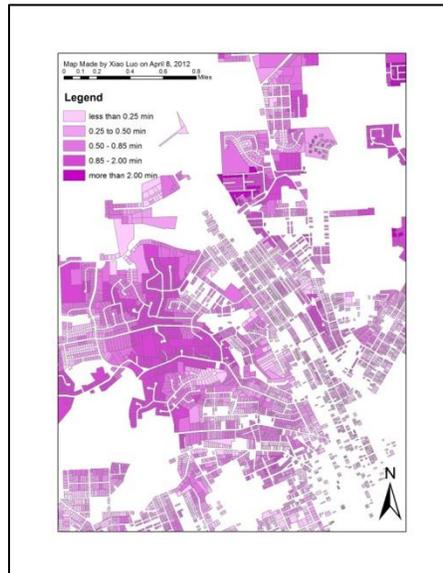


Figure 41. Driving Time to Closest Workplace by Residential Parcel (East)

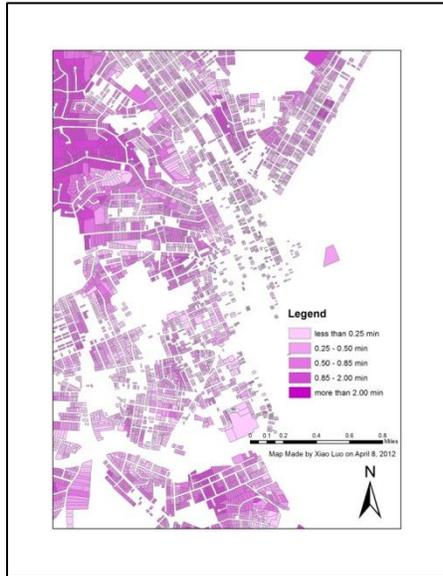


Figure 42. Driving Time to Closest Workplace by Residential Parcel (South)

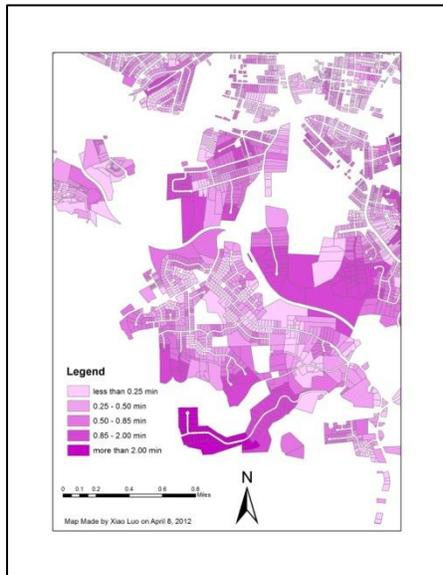


Figure 43. Walking Time to Closest Workplace by Residential Parcel (Northwest)

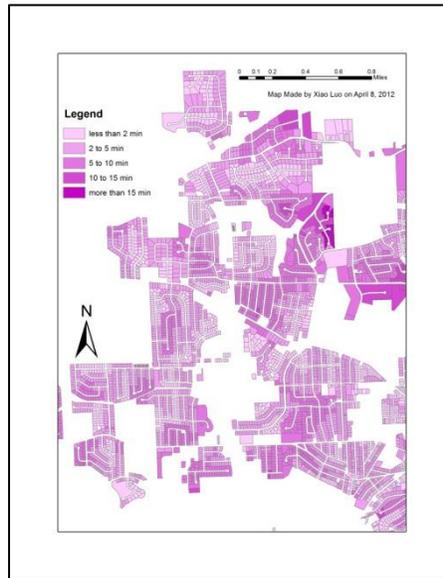


Figure 44. Walking Time to Closest Workplace by Residential Parcel (Northeast)

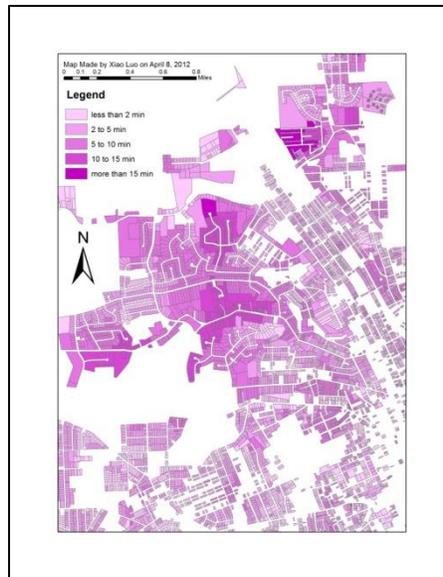


Figure 45. Walking Time to Closest Workplace by Residential Parcel (East)

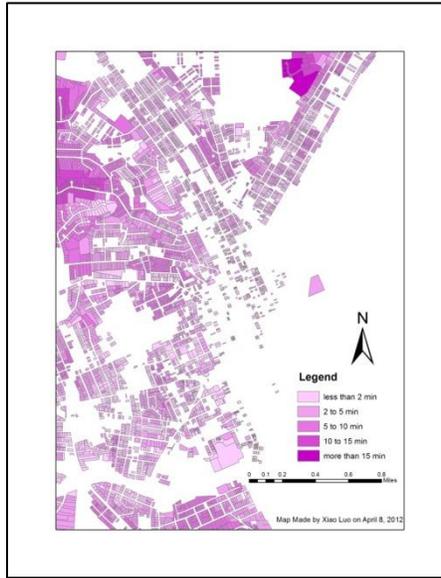


Figure 46. Walking Time to Closest Workplace by Residential Parcel (South)

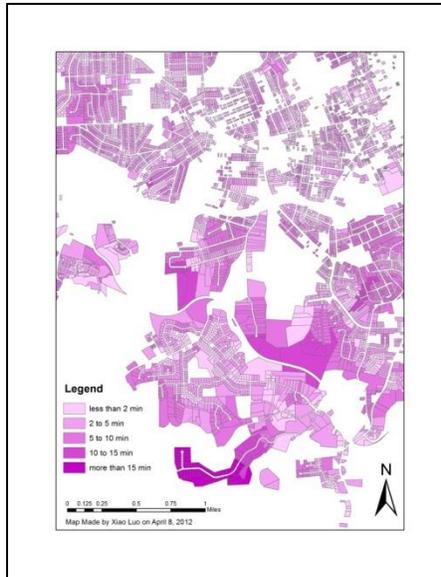


Table 17. Pearson Correlation Coefficients between Income and Transportation Costs for Different Transportation Modes

	Driving Time	Walking Time	Transit Time	Monetary Cost
Workplace	0.147917	0.146852	0.136583	-0.21784
Auto Service	0.119161	0.132915	0.406674	-0.31289
Bank	-0.04415	0.004405	0.421643	-0.44112
School	0.091109	0.11066	0.335989	-0.29797
Hospital	0.043197	0.057745	0.30966	-0.39765
Grocery Store	0.051568	0.082685	0.433852	-0.33488

Conclusion

Overall, the current Dubuque public transit network is well designed in terms of providing low-income residents with more convenient access (less transit time) to the life-necessary community amenities compared to high-income residents. However, since poor residents need to commute to workplaces by public transit far more than wealthy residents, it should have been more convenient (less transit time) for the poor to do so than for the wealthy. The analysis results, unfortunately, show little correlation between household income and transit time for workplace, which means that the Dubuque public transit line layout still needs further improvement to accommodate the poor's needs to commute to their workplaces more efficiently.

Although there is no significant difference between poor and wealthy residents, in terms of travel-time spent walking or driving, low-income households typically spend higher percentages of their income on single driving trips. Given their lower total income levels to begin with, this may significantly constrain their budget for other daily life needs and activities (food cost, housing rent or mortgage payment, school tuition, etc.) In contrast, even if high-income residents spend the same percentage of income on a single driving trip as low-income residents do, they still tend to have more money for other daily life needs and activities due to their higher total income to begin with. A transportation system can only be access-equal if the money people could spend enjoying their lives (i.e. the budget other than transportation) is proportional to their total income (in other words, percentage of income spent on a single driving trip should be the same for the poor and wealthy) so that transportation costs will not affect people's quality of life.

Affordable Housing Model

Introduction

Participants in our resident focus groups and community questionnaire suggested that affordable housing is becoming harder to find in Dubuque. The Census data on housing costs reviewed in Chapter 3 confirms these anecdotes. In addition, to afford a two-bedroom apartment at the Fair Market Rent (determined by HUD) of \$590, a minimum-wage worker would need to work 63 hours per week.

However, despite the need for affordable housing in Dubuque and many other communities, finding locations for it is politically difficult. The public often thinks "affordable housing" is synonymous with public housing projects, particularly the high-rise variety. In reality, most government housing assistance goes to developers, builders, and managers of privately owned housing, or to tenants in the form of Housing Choice Vouchers (also known as "Section 8"). Even privately owned assisted housing is subject to NIMBY resistance if not sited carefully, and a geographic concentration of low-income residents may have negative effects as discussed in Chapters 1 and 2. Therefore, the following model is intended to be an objective tool that should be used to determine where Community Development Block Grant (CDBG) money could be allocated to prevent the concentration of affordable housing units

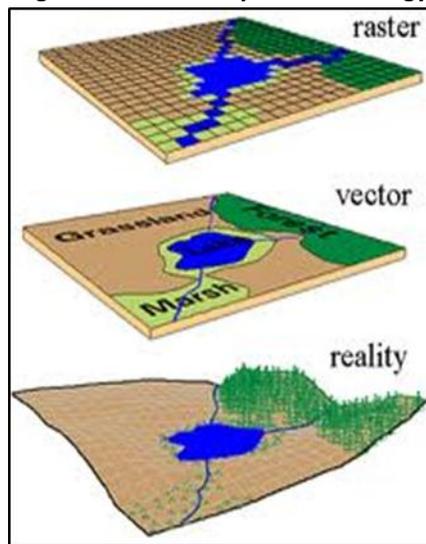
and to encourage an equitable distribution of affordable housing units in order to help create economically diverse and socially vibrant neighborhoods.

Model Components

The affordable housing model takes existing conditions in Dubuque and combines them using a weighted formula that allows some components to be factored more so than others in the total score. Most components were in different spatial formats, including Census tracts as opposed to elementary school boundaries. Before the scores can be calculated, the different “layers” that make up the composite score, had to be standardized by transformation from a vector file into a raster file. The raster file is made up of rows and columns and is often referred to as a “grid” (Figure 47).

After each layer is standardized by a grid, the scores for each component were standardized using a linear transformation and then added together after being weighted. The seven components (and its weighting) used in the model include: existing affordable housing locations (40 percent), elementary school mobility rate (20 percent), elementary school poverty rate (10 percent), elementary school ELL rate (10 percent), median household income (10 percent), distance to a transit line (5 percent), and crime density (5 percent).

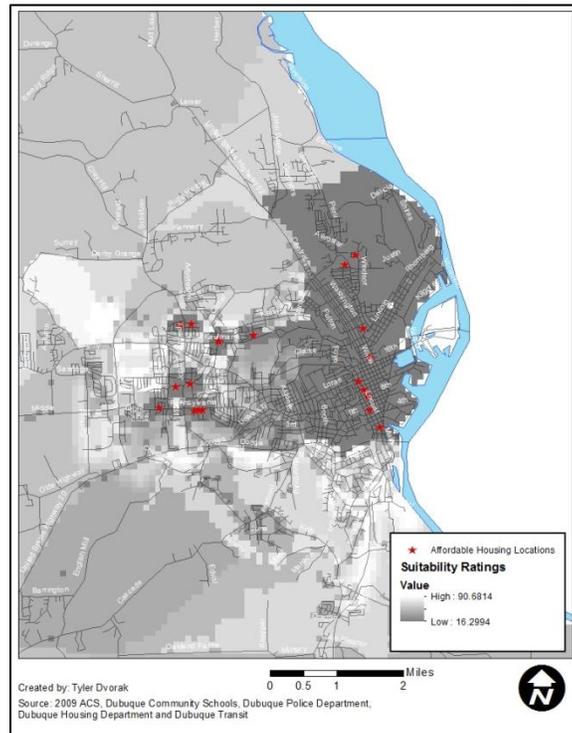
Figure 47. Raster Layer Methodology



Results

The results are shown in Figure 48. What is clear from the model is that the central area of Dubuque is less suitable for affordable housing locations than peripheral regions. The area to the south of Downtown is particularly suitable for affordable housing, as are the areas to the west of the Kennedy Mall and to the north of Clarke University’s campus. The model also shows that Dubuque has already done a good job of spreading affordable housing throughout the community, while still leaving room for future improvement.

Figure 48. Affordable Housing Suitability Ratings



Conclusion

As discussed above, affordable housing is a growing need in Dubuque. Due to projections that Dubuque's population will increase, demand will likewise continue to increase for all housing and specifically including housing that is affordable to low-income residents. Poverty in Dubuque has become more concentrated in the last ten years resulting in pressure on current affordable housing locations, as well as elementary schools that seek to have an equitable mix of incomes. Thus, siting affordable housing in locations where poverty is already concentrated or where elementary schools already have a disproportionately high level of students in poverty will create more issues for those systems. Siting affordable housing in locations that have lower rates of poverty in schools, as well as more diverse sets of incomes, are where affordable housing should be located in order to create a socially vibrant and sustainable community.

The two studies presented in this chapter provide examples of the kinds of analyses needed to address poverty-related issues in more detail. The transportation accessibility analysis examines conditions as they are now, while the affordable housing model seeks to proactively address and depoliticize an emerging issue.

However, the paths between these seemingly objective modules and their recommended policies are not clear. Citizen leadership is needed to determine which “best practices” make sense for Dubuque, and the question about whether shortfalls in community services are “too large” is more political and experiential than technical. For example, low-income Dubuque residents may have lower

transportation time costs because they live downtown near many basic destinations. However, even if a minority of destinations is inaccessible by transit in time and space, these few gaps may cause disproportionate hardship. If used as a starting point rather than a sole deciding factor, modules such as these can strike a balance between citizen control and technical expertise in local policymaking.

Chapter 5: Recommendations and Conclusion

Recommendations

The purpose of this section is to provide additional tools that complement the affordable housing and transportation models that the Dubuque community may use to alleviate poverty and to help persons overcome barriers keeping them in poverty to become more self-sufficient. The following suggestions are reflective of poverty trends we've identified through secondary data, as well as barriers residents identified on the surveys and focus groups we have conducted (please refer to Chapter 3). Some of the barriers residents in the community say they face are:

- ✓ Affordable housing
- ✓ Job readiness (skills mismatch)
- ✓ Services for the elderly
- ✓ Transportation
- ✓ Mental health services (access to, and transitional housing for those with an illness)

Some of the suggestions include references to specific programs around the state or nation that can serve as models for Dubuque leaders interested in better understanding how other cities are working to meet similar issues in their communities. Other suggestions may require further research, and are simply ideas the team felt were worth pursuing. Some of the model programs exist in cities that we defined as being "comparable" to the City of Dubuque. Ames, Iowa; Oshkosh, Wisconsin; Decatur, Illinois; and St. Cloud, Minnesota are cities used by our peers in the Sustainability Indicators project, where cities were identified as similar to Dubuque in terms of economic structure, available resources, their sustainability values, and population size (please refer to Appendix A: Methodology).

Affordable Housing

There has been a shift in homelessness philosophy to a focus on *prevention*, versus *intervention* once a family or individual is already homeless. Cities can step up their preventative strategies by ensuring availability of adequate, affordable housing, and support affordable housing creation by providing infrastructure and political support. Our data on homelessness has suggested that the majority of homeless individuals in Dubuque are likely to have a serious mental illness, versus substance abuse issues, as found in other Iowa homeless populations.

- **Goal 1: We recommend that the City of Dubuque expand affordable housing opportunities.**
 - Objective 1

An increase in the number of affordable units is recommended. Using a scientific rationale for identifying equitable locations for these units (refer to the Affordable Housing Model in Chapter X) can help depolarize public discussion on the topic. Because the model that we used is very similar to one in Iowa City, we echo Iowa City's recommendation that CDBG dollars only be used to promote affordable housing in areas with a *relatively high score*. The score threshold Dubuque chooses to use would be up to the public and civic leaders; however, a score of 75 is a reasonable threshold that allows for a wide variety of options while still maintaining the original intent of the model.
 - Objective 2

Explore partnerships with persons who promote and develop affordable housing opportunities for residents with limited opportunities. The Iowa City Housing Fellowship (www.housingfellowship.com) is one example. The Fellowship:

 - Sites and constructs affordable housing for sale to families making less than area median income.
 - Advertises available affordable rental units in the city on its website.
 - Offers a security deposit loan program for poor, elderly, and disabled renters.
 - Objective 3

Explore agencies that can assist poor homeowners, and provide supplemental financial support to housing developers. The Housing Trust Fund of Johnson County (<http://www.htfjc.org>) is one example. The fund:

 - Provides low interest loans to affordable housing developers.
 - Provides grant money for home repair and improvement projects for poor homeowners or mobile home owners, the disabled, and families making below area median income.

Job Readiness

The nation's economic downturn has had a significant impact on households in Dubuque. Both community service providers and residents identified job readiness limitations as affecting working age and older job seekers in the Dubuque community. They also identified a need for jobs that provide living wage for residents to be able to be self-supportive. New employers coming to town, such as IBM, are requiring higher skill levels than the longer term residents of Dubuque typically have.

- **Goal 1: Increase job-training opportunities for working age persons to help address skills gap between community employers and the employees they seek.**

- Objective 1

Explore model programs that holistically address the many barriers people face to reemployment. One example is *Cincinnati Works*, who has served over 3,000 people and received recognition from *Harvard Business Review* and the *Business Courier* for their impact. The program offers:

- Long-term plan of actions and lifetime access to services (prevents recidivism)
- Job skills and training courses
- One-on-one counseling and development of individual plans
- Weekly job readiness workshops
- Interviewing preparation
- Behavioral counseling
- Legal advice
- Childcare resources
- Transportation services
- Retention & advancement services
- Community seminars (*Bridges Out of Poverty: Getting Ahead in A Just Getting-By World*),
- School seminars

- Objective 2

Explore the *Decatur-Macon County Opportunities Corporation* (DMCOC) and *Workforce Economics* in Oshkosh, Wisconsin, whom offer additional essential supports for getting people transitioning back into the workforce:

- Tenant/landlord counseling
- Emergency shelter
- Long-term transitional housing assistance
- Affordable interview apparel

Support for Aging Persons

Our population projections (please refer to Chapter X) suggest an aging community in Dubuque. Aging persons are vulnerable to poverty as the costs of living rise disproportionately to Social Security incomes.

- **Goal 1: Dubuque should be proactive with offsetting potential poverty rate increases in this age group. Explore ways to improve services needed by seniors to remain productive and healthy members of the community.**
 - Objective 1
Seniors are more likely to face skills-gap barriers compared to their younger colleagues. Explore *Johnson County Livable Communities* (JCLC), an organization designed to improve the lives of the elderly of Johnson County, Iowa. To date, they have served over 200 participants. They provide an Employment Action Team that works as a direct and indirect provider of services:
 - Training in interviewing skills, one-minute oral résumés, and computer literacy classes.
 - Collaborating with local businesses to provide part-time/flextime positions for program participants.
 - Exploring ways to meet the transportation needs of participants.
 - Implementing a Housing Action Team (HAT) to help prevent the poor elderly from losing their homes.⁵⁸
 - Objective 2
Further study is needed to assess poverty trends, population growth, and the elderly (a transfer dependent population in retirement years) to more fully understand the resources they may need in the future.
 - The *Heritage Area Agency on Aging* is a clearinghouse for educational materials, research, and connecting with area groups that are knowledgeable on the subject (<http://www.kirkwood.edu/site/index.php?d=443>).
 - Also, refer to the *University of Iowa Health Care Center on Aging* <http://www.centeronaging.uiowa.edu/WhatWeDo/what.shtml>.

Mental Health Care Accessibility and Transitional Housing

Accessibility to mental health services was identified as a barrier in community during the group's community outreach efforts. A representative of one local mental health care services provider in the community (who requested to remain anonymous) identified significant impediments to stabilizing community members who have mental health issues. As a result, critically ill persons are wait listed for months at a time for care. First, there is a shortage of available mental health care providers. The (low) standard reimbursement rates that Medicaid and Medicare pay providers is a disincentive for medical providers to fill positions in publicly funded health agencies. Secondly, organizations are very reliant on

⁵⁸ Welsh, B. Interview. 2012

grants to fill service gaps; grants that are often tenuous and fail to adequately meet demand. Crisis-based mental health care is certainly more expensive than preventative care.

- **Goal 1: Action is needed to reduce the barriers that mental health care service providers are facing in meeting demand.**
 - Objective 1
Explore bridging relationships with entities that could fill medical mental health care provider gaps.
 - Area agencies should collaborate with regional institutions that could provide medical/psychiatry residents in training to address health care deficiencies, i.e. the University of Iowa Hospital and Clinics.

There are also limited transitional housing services for persons who have experienced recent mental health related institutionalization (incarceration, hospitalization, or placement in a care facility). Transitional housing is needed for persons with mental health issues that can provide them with trained staff and support while they develop or regain skills-to-independence that can reduce recidivism.

- **Goal 2: Work with local organizations that serve the mentally ill to implement a plan to remedy the shortage of community based transitional housing programs for persons with chronic mental illness.**
 - Objective 1
Explore providers that focus specifically on skills to independence, while housing persons transitioning from institutionalization due to mental illness. One example, *Builders of Hope* (BOH) (<http://www.buildersofhope.us/>) is located in Iowa City, Iowa.
 - BOH purchases homes in various Iowa City neighborhoods for persons with extensive mental health issues can work on their skills to independence, and social skills in a supportive, cooperative housing environment.
 - Clients do not have 24-hour supervision, but support staff meet with residents frequently and individually.
 - Staff work with individuals and groups to assist them with domestic chores, medication management, transportation, social/recreational opportunities, and money management skill.

Transportation

Transportation was often cited a barrier for Dubuque's poorer residents, a population who is typically dependent on public transit. Traditional bus service is most efficient when transporting large numbers of people to areas containing major employment centers. However, many large employment

centers in Dubuque are not clustered together, and more importantly, have irregular shifts that do not fit with Dubuque's bus schedule.

- **Goal 1: Increase opportunities for persons dependent on public transit to access the community resources (i.e. employers) that they need to increase productivity and self-sufficiency.**
 - Objective 1
Exploring van pool services that connects employers who are having trouble filling positions with employees that wish to work but do not have reliable transportation. One program example is Philadelphia's South Eastern Pennsylvania Transportation Authority (SEPTA), who:
 - Collaborates with Impact Service Corporation to connect potential employees with employers who need workers, but are difficult to access. The program seeks to provide transportation to workers until they can afford to purchase a personal automobile.

- **Goal 2: Increasing incentives for community to use public transit to increase ridership and revenue.**
 - Objective 1
Improve accessibility of community resources through expanded bus routes and hours of operation.

 - Objective 2
Encourage employers to charge for parking and/or subsidize bus passes.

 - Objective 3
Raise parking fees downtown to promote transit use.

 - Objective 4
Explore shuttle or commuter buses that operate at peak times and access big employers.

Microfinance

Economist Muhammad Yunus, founder of Grameen Bank, suggests that 2/3 of the world's people have no access to credit, resulting in "financial apartheid."⁵⁹ Microfinance programs can be a more sustainable way to assist persons who have to rely on payday loan "financing" option in a crisis, such as emergency car repair, or to assist low-income entrepreneurs with start-up costs of a new business that can lead to greater self-sufficiency. Historically, entrepreneurial men outnumber women; in fact, Iowa ranks 49th in the nation for the increase in the number of business owned by women between 1997 and 2011.

- **Goal 1: Create opportunities for poor women and minorities to create self-sufficiency through entrepreneurial opportunity.**
 - Objective 1

Explore models for successful microfinance enterprises. One example is the Grameen Bank, the international microfinance concept featured in the film *To Catch a Dollar* (<http://www.tocatchadollar.com>). The keys to a similar program are:

 - Non-profit organization
 - Assisting with small business development expenses
 - Ensuring that payments are affordable and relevant to income
 - Establishing a weekly support group for borrowers for networking and support
 - Providing incentives to pay off loans with incremental larger loan opportunities
 - Requiring that in addition to making payments, recipients make affordable deposits into savings
 - This program could be expanded to help families save money for down payments on home loans
 - Objective 2

There are agencies in Iowa that support microfinance opportunities. Explore the *Iowans for Social and Economic Development* microfinance model at <http://www.isedventures.org> for more information.

Social Capital

While increased tolerance and acceptance of increasing diversity was also mentioned in focus groups, many other residents in our surveys and focus groups spoke alluded to racism, intolerance of people who are perceived as "different," or newcomers to the community. In addition, many of the community's poorer members who participated in our focus groups felt out of the communication loop,

⁵⁹ Hicks. *The Des Moines Register*. (2012)

or felt that neighborhoods were experiencing increased crime and were socially disconnected. Building social capital, especially at the neighborhood is challenging, but well worth the investment. Neighbors who know each other, feel like they belong, and have relationships with other neighbors can create safer and vital neighborhoods.

- **Goal 1: Increase social capital in the community by fostering relationships between neighbors, and with local leadership**
 - Objective 1

Explore programs that engage neighborhood residents in community and neighborhood-based planning initiatives.

 - Increase community involvement in development decisions. Create opportunities for and recruit residents to participate in consumer advisory boards, or topic based planning committees.
 - Provide opportunities for marginalized populations to engage more with elected officials and City staff by rotating meetings at different locations (i.e. “town hall” style meetings) in different neighborhoods. Increase community involvement through development.
 - Objective 2

Foster opportunities for “diversity dialogues” in the community to increase understanding and tolerance, and decrease isolation of some groups of people.

 - Area community development corporations may already have staff that are trained to facilitate community diversity dialogues in the community.

Other Recommendations Requiring Further Study

Land Use Analysis

- Conduct a study of local land use policies to determine how they may be leading to inefficient road networks or higher housing costs. It will be easier to address poverty in the community if land use trends are not simultaneously increasing costs in the community.

Sustainability Program Outreach

Residents who participated in focus groups that were lower income seemed fairly out of touch with community sustainability efforts, although they were curious about it and this topic often lead to vibrant discussions in our focus groups.

- **Goal 1: We recommend that Dubuque increase efforts to engage in sustainability outreach efforts that are inclusive of renters, who do not qualify for “green” home improvement projects, and are less likely to have access to recycling. Some basic suggestions include:**
 - Objective 1
Advocate for recycling options at multi-family units
 - Objective 2
Provide access to neighborhood garden spaces
 - Objective 3
Distribute energy-savings light bulbs in neighborhoods
 - Objective 4
Promote outreach by providing educational presentations for community groups (i.e. support group organizations, churches, neighborhood association meetings, etc.)
 - Objective 5
Recruit members of the renter community to sustainability planning committees for their assistance in designing ways to reach to disengaged community members.

Conclusion

Dubuque has much to be proud of. It has experienced an economic renaissance, avoided the worst effects of the national recession, and framed its redevelopment through the lens of Sustainable Dubuque. Additionally, it has a tight-knit community with an active network of social and community service providers, and a peaceful and enriching environment for raising families. However, as in communities across the country, many of its residents struggle with poverty or near-poverty. The demographic makeup of Dubuque’s poor population is not radically different from that of the overall city population. However, Dubuque’s children, women, African Americans, and Latinos are disproportionately.

One of the biggest frustrations that residents addressed confirmed one of our most striking findings: living-wage jobs are difficult to find for workers with low and moderate skill levels. Able-bodied, working-age individuals may struggle to find jobs that pay living wages, since real wages in the lowest-paying industries have declined over the past decade, while workers from outside the Dubuque MSA have filled many of the new jobs. For Dubuque residents, finding jobs is often based on tight-knit social networks, and newcomers or those who are “different” are at a disadvantage. Job training and placement programs such as the Workforce Development Center and Vocational Rehabilitation may not work as well in practice as they do on paper. Finally, even when decent-paying jobs are available, they may be out of the reach of transit in time or space, or affordable childcare may be unavailable.

Other signs of economic hardship over the past decade include increasing housing costs, homelessness rates, Free/Reduced Lunch (FRL) eligibility among schoolchildren, and SINA designations among Dubuque public schools. In the past few years, these trends were likely attributable in large part to the recession. The shortage of affordable housing in Dubuque is also linked in many residents' minds to the influx of IBM employees. The declining performance of Dubuque's schools is often linked to its increasing diversity, but student *poverty* (indicated by FRL eligibility) has increased at a much faster rate, and is a much better explanation. Homelessness in Dubuque appears to be driven largely by mental illness, and a shortage of mental health services was one of the most consistent complaints from social service providers and residents. For all poor and near-poor populations in Dubuque—children, the elderly and disabled, the mentally ill, and healthy adults trying to work their way up—the network of services on which they rely is facing increased demand and declining budgets. Nonetheless, city leaders, agencies, and residents are striving to coordinate services better and to find creative ways to connect residents to opportunities.

The recommendations in this section build on Dubuque's grassroots anti-poverty efforts. However, such programs operate within a constrained political and fiscal environment. Local poverty rates are largely driven by national trends, such as wage stagnation, rising health care costs, and a declining manufacturing sector. However, a city's public and private sectors can help low-income residents upgrade their skills and connect more efficiently with available services, while prioritizing programs with proven track records for funding. Arguably, though, cities have the greatest control over social capital development and community cohesion. Our recommendations cover a spectrum of "hard" and "soft" approaches to alleviating poverty.

First, we presented a series of tools that Dubuque can use to help residents meet basic needs and become financially self-sufficient. We recommended that Dubuque proactively address the emerging affordable housing issue by using an objective model for citing CDBG-funded housing, and by collaborating with non-profit housing developers and funders. To help capable adults and their families become self-sufficient, meanwhile we recommend job preparation strategies that address a comprehensive set of issues, including long-term planning, workplace etiquette, and childcare. Another tool that would help poor families become self-sufficient is a micro-lending program, which would provide an alternative to predatory lenders, while allowing borrowers to invest in assets such as start-up businesses, automobiles, and college courses. We also advised Dubuque's social service community to be prepared to tailor job search and housing services to seniors in the coming decades as the city's population ages.

To fill gaps in mental health and transportation services within a limited funding context, we recommended emulating programs from other communities that are known to work, such as transitional housing for the mentally ill in residential neighborhoods, and vanpool partnerships between employers and the local transit system for jobs that cannot be reached by fixed-route transit. Dubuque can also take novel approaches to filling service gaps—for instance, one focus group participant recommended that University of Iowa psychiatry students conduct residencies in Dubuque.

We also recommended several community-building approaches. Although they do not directly feed families or pay their bills, they allow residents to improve their quality of life while pursuing material self-sufficiency. We recommended, for example, that the city expand its outreach to low- and moderate-income residents, so that local policies and budgeting decisions will include their input. As much as possible, city officials and service organizations should come to the residents affected by their activities. These outreach investments will likely pay high dividends by drawing “live wires” among vulnerable populations into leadership positions.

In addition, Dubuque sorely needs of some variety of diversity dialogue. We received extensive feedback that Dubuque has a long way to go in terms of tolerance of people of color, LGBT individuals, the disabled, and others who are perceived as “different.” Not only does this widespread hostility reduce the quality of life for marginalized individuals, but also it excludes them from job-seeking networks, and undoubtedly diminishes their investment in the community. It may also affect these residents’ mental health, which in turn would diminish their job prospects or school performance. Thus, it is not a stretch to predict that residents who feel welcome and invested in their community will also make quicker progress in the job market, invest more energy in their own or their children’s schooling, help maintain the peace and cleanliness of their neighborhoods, and connect other residents to needed resources.

Finally, we recommend that Dubuque redouble its efforts to include low- and moderate-income residents in Sustainable Dubuque. The city has laid a good foundation for including the poor by giving equal importance to social, ecological, and economic factors. In addition, Sustainable Dubuque offers programs that benefit low-income families, such as home energy efficiency upgrades. However, much more outreach is needed to educate lower-income residents about Sustainable Dubuque, and programs that directly benefit them should be created or expanded. By placing community participation paramount, coordinating service activities, and prioritizing programs with successful track records, Dubuque can serve as a national model for alleviating poverty in a sustainable manner.

Appendix A: Methodology

Expanded Discussion of Poverty Theories and Research

Whether measuring poverty by the absolute measure or the relative measure, it is important to heed the advice of Michael Harrington who said that we should not “allow statistical quibbling to obscure the huge, enormous, and intolerable fact of poverty in America.”⁶⁰ These measurements allow agencies to set income guidelines for services and researchers to conduct mathematically rigorous exercises, but they should never eclipse the challenges, suffering, deprivation, and marginalization that individuals and families in poverty face.

Furthermore, as scholar Mark Rank suggests, poverty needs to be viewed as a morality issue in the United States, which is the wealthiest country in the world but also has poverty rates for the general population and subgroups that are among the highest in the developed world.⁶¹ Rank makes the argument that perspectives on poverty need to change, and he focuses on three attitudes. In addition to viewing poverty as a morality issue, he also maintains that Americans’ views on the causes of poverty need to shift from personal failings to structural failings (i.e. beyond an individual’s control), an approach that is inextricably linked with the injustice of deprivation in the midst of abundance. The third point asks Americans to recognize that poverty affects everyone.⁶²

Ermina Soler is a Dubuque resident who has been counted among the statistics, but her experience is one example that supports Rank’s view and illustrates how poverty numbers do not describe anything about the deprivation people encounter. About living in poverty, Soler said, “That vicious cycle of poverty is always your daily need, whether it’s food or diapers or paying an electrical bill. Once that need is met, then you move on to the next.”⁶³ A New York City native, Soler lived in Dubuque for a short while before moving to Puerto Rico then later returning, as she felt like the Dubuque community offered resources for people with temporary needs and other opportunities, like education, that are much harder to obtain in larger cities. Despite a \$420 monthly rent bill, she survived on \$495 from the Family, Infant, and Preschool Program for several months before she was granted a Housing Choice Voucher, a program she says, “help[ed] me get on my feet and pursue my options.”⁶⁴ Soler has since worked in the AmeriCorps program, taken courses at NICC, and she hopes to transfer those credits to Loras College and major in education.

Soler’s experience shows how structural influences contributed to her poverty as well as her path out of poverty. She grew up poor in New York City, where she said even obtaining an education was a formidable challenge. In Dubuque, however, she has taken advantage of training programs that

⁶⁰ Cited in Schiller. (2008)

⁶¹ Rank, M. (2011)

⁶² Ibid.

⁶³ Pipe, A.(2010)

⁶⁴ Ibid.

have helped her set obtainable goals, like taking classes at NICC and being able to pay rent without a voucher. While Soler admits the trainings she has taken have influenced how she deals with life's challenges, there are forces outside her control – institutions, for example – that have heavily influenced her socioeconomic status. Michael Harrington and Mark Rank make a compelling argument about the morality of a wealthy society that allows people to fall into poverty and then severely limits the opportunities that would allow them to improve their situation. Soler said that without her housing voucher, she would not have considered some of the goals she later pursued.⁶⁵

Learning about the quality of life for people like Soler, and understanding how their circumstances can be influenced and altered, provides motivation for determining who is in poverty. This understanding can be achieved by counting those persons in poverty, and tracking their trends over time. Alleviating the challenges that so many people face is the right thing to do, especially when there is a large disparity between the well off and the poor. Because there are costs to society associated with the population in poverty, helping people out of poverty can economically benefit the middle-class and the wealthy and may promote a more inclusive and sustainable community.

Other Structural Influences and Alternative Views on Causes of Poverty

As Soler's story shows, institutions—or their absences—have a significant impact on the opportunities available to people in poverty. Stated differently, institutions can *cause* someone to fall into or escape poverty. The view that structural factors cause poverty has also been referred to as the Restricted Opportunity perspective on causes of poverty. There are other structural causes of poverty in addition to institutions, and differing professional perspectives on causes of poverty, which will be reviewed in this section.

As with the quality of educational institutions, there are circumstances that correlate highly with socioeconomic status or may restrict opportunities, i.e. cause poverty: educational outcomes⁶⁶, poverty status as a child,⁶⁷ the economy and wage equality⁶⁸, family structure⁶⁹, geography⁷⁰, and globalization⁷¹, among others. This report explores some of these issues further and provides evidence for how those issues play out in Dubuque. The Restricted Opportunity cause of poverty is highlighted in this report for several reasons. Poverty researchers have found evidence for, and focused more on these causes than for the other major causes (some researchers, though, have focused on the alternate views); these causes are empirically easier to describe with statistical models; and, related to the second point, it is easier to make recommendations about how to mitigate the negative effects of these causes.

⁶⁵ Ibid.

⁶⁶ Schiller. (2008)

⁶⁷ Corcoran. (2001).

⁶⁸ Freeman. (2001)

⁶⁹ Schiller. (2008)

⁷⁰ Wilson, W, cited in Iceland. (2006)

⁷¹ Goldsmith and Blakely. (2010)

The Flawed Character view on causes of poverty – a popular one in America⁷² – is one of the alternatives to the Restricted Opportunity hypothesis. According to this perspective, most of the poor have only themselves to blame for their situations. The Flawed Character View says the poor are unwilling to make changes in their lives to improve their situations, and it is a concept closely tied to the economic concept of human capital.⁷³ Human capital is the “knowledge, skills, competencies and other attributes embodied in individuals that facilitate the creation of... economic well-being.”⁷⁴ Because escaping poverty is based largely on learning and training, it requires an investment on the part of the individual: an investment poor people are unwilling to make, Flawed Character proponents would argue. Poor people, they would say, would rather pursue leisure activities than an education, choose immediate gratification over wiser long-term savings, or, perhaps, indulge in recreational drug use.

Another view, which lies between Restricted Opportunity and Flawed Character, is the Big Brother hypothesis, whose proponents would blame government fiscal policy and the characteristics of government anti-poverty programs. They would say that anti-poverty initiatives disincentivize work, and because they give preferential treatment to families with children and single-mothers, they cause family structure outcomes that are highly correlated with and may contribute to future poverty.⁷⁵

A Look at the “Non-deserving” and “Deserving” Poor

Whether Black or White, male or female, old or young, the poor in Dubuque can be categorized in one of two groups: one group is able to escape poverty through work while the other is not, e.g. children, the elderly, and, in some cases, the disabled may be unable to escape poverty.⁷⁶ Since the Colonial period, American communities have offered assistance the poor.⁷⁷ Some qualities of the relief system have changed, while others have not. Originally, programs for the poor were funded and administered locally, and most towns only served residents who were accepted as part of the community – vagrants were subject to harsh judgments and often forced to leave.⁷⁸ Today, programs are still largely administered locally, but funding sources have diversified to include higher levels of government and assistance is often provided to out-of-towners. One very persistent characteristic of the poverty relief system, however, is the underlying perception that able-bodied men and women have little, if any, legitimate claim to public assistance.

⁷² Henry J. Kaiser Foundation. Cited in Schiller. (2008)

⁷³ Schiller. (2008)

⁷⁴ OECD. Cited in Roseland. (2005)

⁷⁵ Schiller. (2008)

⁷⁶ Peters. (2011)

⁷⁷ Iceland. (2006).

⁷⁸ Trattner, W., Cited in Iceland. (2006)

The “Non-deserving” Poor

The concept of the “non-deserving” poor is closely related to the theory that there is a “Culture of Poverty” that has led to the persistence of and intergenerational transfer of poverty. While a Culture of Poverty could be viewed as derived from Flawed Character or in response to Restricted Opportunity or Big Brother, (the three are not mutually exclusive) it has long been connoted with the Flawed Character perspective.⁷⁹ Until recently, social researchers avoided the topic since Daniel Patrick Moynihan (assistant labor secretary of the Johnson administration) released a report in 1965 that described a “tangle of pathology” of unmarried mothers and those dependent on welfare that led to moral deficiencies.⁸⁰ His was not a novel view, as Charles Loring Brace wrote in 1854 as the leader of the New York City Children’s Aid Society that the greatest danger to America’s future was the “existence of an ignorant, debased, and permanently poor class in the great cities... The members of it come at length to form a separate population. They embody the lowest passions and the thriftless habits of the community. They corrupt the lowest class of working-poor who are around them.”⁸¹

The “Deserving” Poor

Children, the disabled, and the elderly are commonly considered to be among the “deserving” poor. This is because it is simple to recognize factors beyond their control that keep them in poverty. Because they are not able to work their way out of poverty, they are dependent on transfers to meet their needs. Because child poverty is so high, this section will focus primarily on children and educational outcomes.

Child poverty is unique from other “deserving” poor populations because it is difficult to establish transfer programs that directly benefit children. While some assistance programs give preference to families with children, a child’s escape from poverty is largely dependent on the actions of his or her parents, including their participation in welfare programs and their ability to secure better-paying jobs. Due to the significance of this lack of control, the outcomes of child poverty have been closely studied. Researchers have observed a strong correlation between child poverty and the following negative effects relative to non-poor children: poorer health elevated infant mortality, higher incidences of learning disabilities, and a greater likelihood of having to repeat a grade or being expelled from school.⁸² Researchers have also estimated that 16 to 25 percent of a child’s lifelong earnings are associated with their parents’ socioeconomic status.⁸³

⁷⁹ Cohen, Patricia. The New York Times. 10/17/11.

⁸⁰ Cohen. (2011)

⁸¹ Katz, M. Cited in Iceland. (2006)

⁸² Brooks-Gunn and Duncan. Cited in Corcoran. (2001)

⁸³ Corcoran, M. (2001).

As is the case with other negative outcomes, concentrations of poverty lead to compounded effects on poor children’s educational attainment and behavior.⁸⁴ Furthermore, poverty and the harsh environment often faced in areas of concentrated poverty have a *causal* effect on adult and child mental health.⁸⁵ This is significant as most of the characteristics associated with poverty, while correlated, have not had their causality established. While it is difficult to target children through transfers, cities have the ability to establish policies that promote income diversity in neighborhoods that could produce direct effects on children’s outcomes.

Facing Poverty in the U.S. and Dubuque

The quotation from Ermina Soler, which also appears in Chapter 1, concisely defines the essence of the daily poverty experience: “That vicious cycle of poverty is always your daily need, whether it’s food or diapers or paying an electrical bill. Once that need is met, then you move on to the next.”⁸⁶ Everyone is a consumer of housing, clothing, food, and transportation, among other items. For many Americans, monthly income is sufficient to meet their monthly needs, so choices do not have to be made between having shelter or clothing, eating or taking medicine, or fixing a car or turning the electricity back on. For families who earn enough to avoid these types of decisions, their concern may be, instead, the quality of the necessities they purchase or the quantity beyond the minimum amount to meet their need.

Families in poverty do not have that luxury. Instead, they are skipping meals, sharing rides until they can fix their car, or taking less-than-recommended doses of needed medication, as some general examples. Jim Ott, a school psychologist from Dubuque, has also noted the differences in daily choices; “While families living in poverty worry about day-to-day survival and value relationships highly, middle-class households focus on ‘things’ and achievements. While poor families are trapped in ‘the tyranny of the moment,’ dealing with constant daily crises, the middle class has the time and resources to plan for the future. None of this means that one class is better than the other. Each is experiencing reality according to what they have been given in life.”⁸⁷ Instead of choosing the quality of goods and services that fit within their budget, poor families are forced to prioritize their *needs* and put some off until more pressing requirements have been met.

These decisions lead to significant levels of tension and stress for low-income individuals and families. Andrea Schaal, of Dubuque, noted her struggles with staying on top of bills and her desire to keep her children from witnessing her frustration. “I don’t ever want them to see me stressed out... It’s like this for a lot of people – and they all work,” she said.⁸⁸ Social service providers in Dubuque have noticed a similar trend and how certain needs are placing a higher burden on low-income families than in the past. Tom Stovall, executive director of Operation: New View, said that the number of working

⁸⁴ Turner and Kay. Cited in Rank. (2010)

⁸⁵ Rank. (2010)

⁸⁶ Pipe. (2010)

⁸⁷ Nevans-Pederson. (2007)

⁸⁸ Hogstrom. (2011)

families seeking assistance had increased about 15 percent in 2011 from the two previous years. Additionally, he also pointed out that medical issues are particularly difficult for low-income families to deal with: “it can be disastrous because of the cost of health care.”⁸⁹ His position on this matter was unchanged when he met with the team to discuss the issues that are important for the poor in Dubuque.⁹⁰

In addition to being a greater burden on low-income families who have fewer resources than wealthier families, medical costs are more likely to be incurred, as socioeconomic status is negatively correlated with many health problems.⁹¹ Ironically, the poor are less likely to have insurance⁹² This is an experience that has been, unfortunately, all too familiar for Shannon Backeburg and Matt Murray, a Dubuque couple whose son was born with a treatable birth defect that required them to make frequent trips to Iowa City for medical care. In 2010, the couple relied on rent assistance from the Housing Choice Voucher program, which they said allowed them to be able to get the care their son required and to participate in activities with their children that otherwise would have been impossible.⁹³

Poverty Outcomes

With the difficult choices people in poverty face, day after day, it is not surprising that there are many negative outcomes associated with lower socioeconomic status. Some of these, like lower academic achievement and worse health, have been presented or referenced already. The rest of this section will describe the relationship between poverty and mental health outcomes, address community effects, and provide an account of an extreme outcome of poverty: homelessness (specifically, in Dubuque).

Poverty and Mental Health

The next chapter, which presents feedback from Dubuque service providers and residents, will show that a major deficiency in social services in Dubuque is the provision of health and mental health care. Unfortunately, the pressure of dealing with the hard choices people in poverty are presented with leads to worse mental health. In fact, the relationship between poverty and mental well-being is one of the few relationships where causality has been demonstrated.⁹⁴ For some people, mental illness can pose such a barrier to “normal” daily life that poverty is a result,⁹⁵ but the more common cause and effect is poverty leading to worse mental health.

⁸⁹ Ibid.

⁹⁰ Stovall.(2011)

⁹¹ Rank.(2004)

⁹² DeNavas-Walt, et al. (2011)

⁹³ Pipe.(2010)

⁹⁴ Rank.(2011)

⁹⁵ Hudson, 2005, cited in Rank.(2011)

In one well-known study, The Great Smoky Mountains Study, psychiatric researchers were assessing 1,420 children's mental health on a yearly basis.⁹⁶ During the middle of the eight-year period, a casino opened up that lifted some American Indian families, comprising 14 percent of the study group, out of poverty. Furthermore, the income that lifted them out of poverty was not earned income, so the effects measured were not due to family characteristics. The research team found that after the affected children were lifted out of poverty, some of their psychiatric disorders decreased to a level consistent with the non-poor children in the study.

This is truly remarkable because strong evidence was provided for causality, without complicating factors. As noted earlier, many other outcomes are strongly and negatively correlated with poverty, but the mechanism through which this occurs is poorly understood and many contributing factors cannot be controlled for (e.g. measuring parent involvement). For example, differences in cognitive test scores between poor and non-poor children are often large and usually significant (not due to sampling error) except when maternal test scores are controlled for, then they are small and sometimes significant.⁹⁷ In addition to establishing causality, The Great Smoky Mountains Study is significant for two reasons; 1) it demonstrates an unmet need that low income families are much more likely to have than the rest of the population; and 2) it shows that reducing poverty can alleviate other societal ills, which is an important consideration that will be discussed in the section in this chapter about why we should provide assistance to the poor.

Community Effects from Poverty

One of the most clearly visible effects on the wider community from poverty is crime. Todd Clear, who studies the penal system, wrote "As a rule, poor people go to prison and others do not..."⁹⁸ This is a subject, however, that must be approached with some caution. First, because the poor live in neighborhoods that are more likely to have higher crime rates, especially when poverty is concentrated (see the Spatial Distribution section in Chapter 2); they are more likely to be the victims of crime. It must also be stressed that the vast majority of the poor do not engage in criminal activity.⁹⁹ Furthermore, Clear and other researchers have demonstrated that the imprisonment of many men from low-income neighborhoods has a destabilizing effect, leading to a vicious cycle of punishment and increased likelihood of further criminal activities; some have even estimated with statistical models that poverty would have been about 2.5 percentage points lower in the United States in 2004 if the mass incarceration trend that started in the 1970s had not occurred.¹⁰⁰

Regardless of the role the poor play in committing crimes, communities, at the city- and neighborhood-level, suffer. Clear outlined how poverty and mass incarceration affect or are strongly correlated with lower property values, lower quality parenting, impaired family functioning, lesser

⁹⁶ Costello et al. (2003)

⁹⁷ Corcoran.(2001)

⁹⁸ Clear.(2007)

⁹⁹ Blank, 1997 cited in Rank. (2004)

¹⁰⁰ DeFina et al. (2009)

productivity in labor markets, and strained community dynamics.¹⁰¹ To the final point, it can be added that because people who can leave impoverished neighborhoods do, poor neighborhoods suffer from social isolation from the wider community, and often some residents who cannot afford to live elsewhere withdraw from their own neighbors. Not only are the poor physically and socially isolated from the “mainstream”; but also, the rest of the city’s residents are uncomfortable in certain parts of the place they call home, unless they can drive past it quickly on a thoroughfare. This does not lend to healthy, socially and culturally vibrant communities.

Different types of effects on communities can be found in other ways, as well. Poverty affects economic productivity, school performance, race relations, and public health.¹⁰² As Mark Rank noted, “Professionals in the field of public health consistently contend that one of the most critical factors in improving the overall health of the American Population is to reduce the rate of poverty.”¹⁰³ With these myriad and devastating effects, it is clear that poverty is not a tragedy only because of the suffering of others. Mass poverty presents serious impediments to achieving the highest quality-of-life possible in any community.

General Methodology Note for Census and American Community Survey Data

The decennial Census provides data on basic demographic variables (age, sex, race, etc.) for virtually the entire U.S. population, a data set called “Summary File 1” or SF-1. Up through 2000, the Census Bureau gathered data on more detailed variables, such as poverty rates and housing costs, from a subset of the total population using a “long form”, which were reported in “Summary File 3”. After 2000, the decennial Census long form was replaced with the American Community Survey (ACS), which calculates 1-year, 3-year, and 5-year rolling averages on the more detailed variables¹⁰⁴.

Since SF-3 data was collected from subsets of the total population, its variables have margins of error (MOEs). However, the SF-3 MOEs are difficult to obtain from the Census Bureau, and are seldom incorporated by researchers. Since ACS estimates use much smaller samples than SF-3s, their margins of error are much higher, and have caused considerable difficulty for researchers studying small geographic areas. While some researchers have found creative ways to apply the MOEs, others have excluded them from their analyses and simply acknowledged that their findings are rough estimates.

Most of our analyses that use Census and ACS data take the latter approach. At the Census Tract level, the MOEs for many variables are so large as to render the values virtually useless if they are incorporated. Moreover, while MOEs are fairly easy to apply for values taken directly from the ACS, they become more difficult to incorporate for values derived by several arithmetic steps from the original ACS values. For example, to calculate the percentage of cost-burdened owner and renter

¹⁰¹ Clear. (2007)

¹⁰² Rank. (2004)

¹⁰³ Ibid. Pg. 111.

¹⁰⁴ U.S. Census Bureau. (2010) http://www.census.gov/newsroom/releases/archives/american_community_survey_acs/cb10-cn90.html

households (those that pay $\geq 30\%$ of gross income on housing) for each Census Tract, we summed the number of households for four brackets of housing cost shares of income, and converted the sum into a percentage of the total number of renter or owner households.

At the request of one of our clients, we applied the MOEs to ACS poverty data by demographic group and Census Tract. We also confirmed that the City of Dubuque had a significantly lower poverty rate than the U.S. in 2010, using a 95% confidence interval. For other analyses of Census and ACS data, we did not test differences between groups for statistical significance. Thus, any differences among groups (e.g. among the city, state, and nation, or between Census Tracts) must be regarded as tentative. The larger the differences are, the more likely they are to be real. Thus, for comparisons of poverty rates and housing cost burden by Census Tract, the differences between tracts with the lowest values (light-colored on a choropleth map) and the highest values (dark-colored) are the most reliable.

In March 2010, Dr. Jerry Anthony, Associate Professor of Urban and Regional Planning at the University of Iowa, compiled advice from researchers who use ACS data regularly. The responses are reproduced below:

Original inquiry:

The Census abolished the long form in 2010, so no more income, poverty, education, and employment data. One must use the American Community Survey (ACS) 5-year estimates instead. The problem is that the margins of error associated with the new ACS data render it unusable. The Census Bureau recommends against using estimates with errors larger than 10%. We looked at per capita income, for example, and found that almost 80% of the tract data and 99% of the block group data are above that threshold.

One can use 2008 IRS data, but it is at the zip code level – significantly larger than tracts.

What data sources or proxies for income at the neighborhood level are people using?

Responses:

1. The ACS data is the best we've got, and I suppose it depends upon what you are using it for. I tend to aggregate tract level data (usually 20 or more tracts), rather than use it for comparisons between individual tracts (and I have since given up on Block Group level analysis aside from the yr. 2000, unless it is specifically requested). Aggregating tract level data should minimize the error within individual tracts and so instead of dumping out tracts with MOEs greater than 10%, I leave them in. Most of the work I do involves trend comparisons, so if I find something unexpectedly off from the 2000 data, I dig through to look at the MOEs more carefully, but I have found that the larger the sample/number of tracts, the better the estimates look. Otherwise, if it is a smaller area (more likely to have error) I simply cite it as an estimate. Unfortunately, it is what it is.

2. I inquired with the Center for Social and Demographic Analysis. The response was quite similar to Charles Rynerson [see below], regarding the error in the Census vs. ACS. However, they recommended a recent Brookings Report:

http://www.brookings.edu/papers/2011/1103_poverty_kneebone_nadeau_berube.aspx which actually takes [margin of error] into account and does a 90% confidence interval. Presenting the confidence interval seems to be the approach of the New York State Data Center network.

3. It is important to note what a 5-year ACS estimate really tells you. I looked into this in great depth and the proper interpretation is not that the 5 year data is the average of 5 different years, but only represents that, on average over the entire 5 year period, this would be the poverty rate, income level, etc. That is not really precise or helpful, given the most recent recession. From the census: “all ACS estimates are period estimates and are interpreted as the average values over the full time period. For example, 2007 ACS 1-year estimates describe the average characteristics for calendar year 2007 while 2005–2007 ACS 3-year estimates describe the average characteristics for the 3-year period of 2005, 2006, and 2007.” (Source: <http://www.census.gov/acs/www/Downloads/handbooks/ACSResearch.pdf>.)

Of course, the 2000 SF3 data also actually had margins of error, they just weren't easy to find and were rarely used by researchers or policy analysts. At the block group or tract level, even 2000 SF3 data had pretty large margins of error. (see: <http://www.census.gov/prod/cen2000/doc/sf3.pdf> Chapter 8: accuracy of the data, which shows how to calculate standard errors for census 2000 SF3 data.)

4. [Many people in HUD] are struggling with the large standard errors in the ACS. For better or worse, we tend to use tracts as a proxy for neighborhoods. The push to examine block groups is all but over. We are struggling just to find an acceptable mechanism that permits us to use tracts.

The ACS data do provide information on the level of poverty in each tract. The problem, which you highlight, is that the standard error is very high. The approach that I am using seeks to incorporate the standard errors into the analysis.

My research examines the use of Housing Choice Vouchers for poverty deconcentration. For proper program evaluation, it is crucial to know the level of poverty in a neighborhood to determine whether an assisted household located in a desirable, low-poverty neighborhood or in a less desirable, moderate- or high-poverty neighborhood.

Each tract is categorized into low-poverty (less than 10 percent), moderate-poverty (10 to 40 percent), or high-poverty (greater than 40 percent). Each tract is assessed a probability of

being correctly categorized based upon comparing the margin of error of the poverty estimate to the difference between the tract's level of poverty and the thresholds.

For example, a tract has 14.4 percent poverty with a 90 percent margin of error of 13.9 percentage points. The 14.4 percent level of poverty categorizes it as moderate-poverty (i.e.: $10 < 14.4 < 40$).

This margin of error says that we are 90 percent confident that the true percent poverty is between 0.5 percent and 28.3 percent.

Thus, there is little chance that the true level of poverty is greater than 40 percent placing it in the high category. There is a chance that the true level of poverty is less than 10 percent placing it in the low category. At issue is the probability of having placed the tract in the correct category.

Converting the percentages to Z scores indicates that 0.5% is associated with a Z score of -1.65 (i.e.: 45 percent of the area under the normal curve is between -1.65 and zero.) The 10 percent standard is 4.4 percentage points below the estimate of 14.4 percent. Thus, the 10 percent standard is 31.7 percent $[4.4/(14.4-0.5)]$ of the distance from the mean to the -1.65 level. This means that the 10 percent standard corresponds to a Z score of -.522 ($12.65 * .317$). The Z score of .522 corresponds to 19.9 percent of the area under normal curve from the mean to the 10 percent standard. This 19.9 percent can be added to the 50 percent above the mean. The result indicates that about 30.1 percent of the area under the normal curve is to the left of the 10 percent standard and 60.9 percent are to the right.

The example tract would be assigned a 70 percent probability of being correctly assigned to the moderate-poverty category, a 30 percent probability of being incorrectly left out of the low-poverty category, and an effectively 0 percent probability of being incorrectly left out of the high-poverty category.

To evaluate where the household located, we will examine the locations weighted by the probability of correctly categorizing the tracts.

This does not solve all of the problems of the large standard errors. It is very cumbersome, so it may not be the best way. I look forward to learning what others are doing.

5. From Charles Rynerson (via Ellen Shoshkes):

Personally, I seldom have any need for income or poverty data at the tract level on my own projects. Because of the nature of what I do, I usually deal with the stuff that is reliable at small geographic areas - e.g. age, sex, race, housing from the census, and additional data from other sources like tax lots, births, deaths, school enrollment, residential capacity, etc.

For those who do need this data, my answer is that there is no guarantee that the census data was ever "usable." In an accuracy contest for income and poverty data at the tract level between the 2000 Census and the 2006-2010 ACS, the 2000 Census is likely the winner, but I would have discouraged anyone from using the long form data at the block group level from the 2000 Census. The Bureau provided formulas to compute the sampling error, but they didn't make the MOEs obvious, so people used the results as gospel.

For example, in Old Town - Census tract 51, obviously a high poverty tract in 1999, the unweighted long form sample of occupied housing units was 259. The Summary File 1 count of households was 1,893, so the long form sample went to 13.7% of households. That is way better than the 5.2% sample of housing units in the 5 year ACS (they don't report unweighted HHs), but some or all of the income data was imputed for 34% of the households in the 2000 Census, meaning that the household may (or may not?) have responded to the census but did not fill out all of the income categories. In the 5 year ACS, only 6% of households had income imputed.

Therefore, results from both the 2000 Census long form and the ACS are estimates. The ACS has higher sampling error, but the Census had higher non-sampling error.

Spatial Dimensions of Poverty

In order to determine the spatial distribution of poverty in Dubuque, data from the 2000 U.S. Census and the 2009 ACS were utilized to gather information about population, income, and race. The 2000 Census offered these measures at the block group level, allowing for a relatively detailed picture of the spatial aspects of poverty in Dubuque. Block groups generally contain between 600 and 3,000 people, with an optimum size of 1,500 people (Census Block Groups, US Census Bureau Geography Division, 2001). The 2009 ACS only offers data at the census tract level, which are made up of several block groups. Census tracts are small, relatively permanent statistical subdivisions that generally contain between 1,500 and 8,000 people, with an optimum size of 4,000 people (Census Tracts, US Census Bureau Geography Division, 2001). Therefore, while comparisons can be made between 2000 and 2009 using the tract level data, more detailed analysis is only available from the 2000 Census. An alternative set of boundaries is the enrollment areas for public schools in the local school district. These boundaries will be used in a later section of the report.

The data and corresponding shape files were downloading using the Factfinder service on the Census webpage. The data were then formatted to be compatible with ArcMap. The following categories were studied using the results from the 2000 Census and 2009 ACS:

- 1) Total Population in Poverty
- 2) Family Income: median family income in 2000: \$46,564, 2009: \$54,952; 80% of median family income in 2000: \$37,251, 2009: \$43,961; 50% of median family income in 2000: \$23,282, 2009: \$27,476; 30% of median family income in 2000: \$13,969, 2009: \$16,485.
- 3) Workers 16 years and older Median Earnings

Where available, the change from 2000 to 2009 was calculated.

Housing

- 1) For 2009, we sought to use the most recent data for each geographic level. For Dubuque and the State of Iowa, the 3-year American Community Survey offered the most recent data. At the Census Tract level, however, only the 5-year ACS provided housing data.
- 2) In calculating vacancy rates, we used only vacant-for-sale and vacant-for-rent units. We excluded units that were rented or sold but not occupied, migratory worker housing, units “for seasonal, recreational, or occasional use,” and “other vacant units,” since they are effectively off the market for residents seeking permanent housing in Dubuque.¹⁰⁵
- 3) The 2009 5-year ACS did not tabulate Median Rent Asked or Median Price Asked for Census Tracts. To estimate values for the former, we assigned each unit in a given Rent Asked bracket (e.g. \$400 to \$449) a rental value equal to the midpoint of the bracket, rounded to the nearest multiple of 25 (in this case, \$425). For the highest bracket, “\$2,000 or more,” we assigned units a rental value of \$2200. For each Census Tract, we then averaged the estimated rental values to arrive at a Median Rent Asked. We used the same procedure to estimate values for Median Price Asked, except that the highest bracket (\$1,000,000 or more) was assigned an estimate value of \$1,010,000.
- 4) By the 2009 5-year ACS, two Census Tracts from the 2000 Census had each been split into two new Tracts. Specifically, Tract 12.03 was split into Tracts 12.04 and 12.05, and Tract 101.02 became Tracts 101.04 and 101.05. Because each pair of new tracts was coterminous with its respective parent tract, we combined the data from the new tracts to estimate the respective parent tract equivalents. For example, Census Tract 12.04 had 80 renter-occupied housing units and 14 vacant-for-rent units, while Census Tract 12.05 had 491 renters -occupied units and 58 vacant-for-rent units. Therefore, the rental vacancy rate for the Census Tract 12.03 equivalent is calculated as:

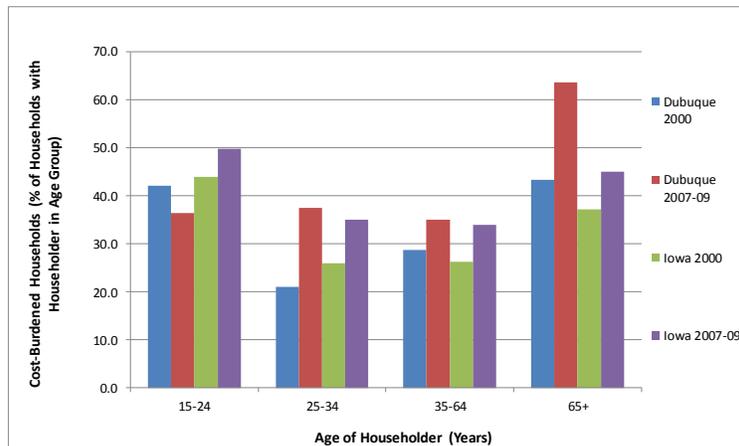
$$[(14+58)/(80+491+14+58)]*100$$

¹⁰⁵ U.S. Census Bureau. 2011. Housing Characteristics: 2010. <http://www.census.gov/prod/cen2010/briefs/c2010br-07.pdf>

When tabulated by age, the percentage of cost-burdened renter households follows a U-shaped pattern, with higher levels for the youngest and eldest householders (Figure A). This is not surprising, since the youngest workers tend to have the lowest skill levels and wages, while many seniors are retired and/or on fixed incomes. Also striking are the sharp increases in cost-burdened renters in the 25-34 and 65+ age brackets in Dubuque. The causes of these increases are unclear. Dubuque’s economic development in the past decade may have increased competition (and hence prices) for rental housing among young workers, while the recent recession may have reduced the interest paid from seniors’ retirement accounts.

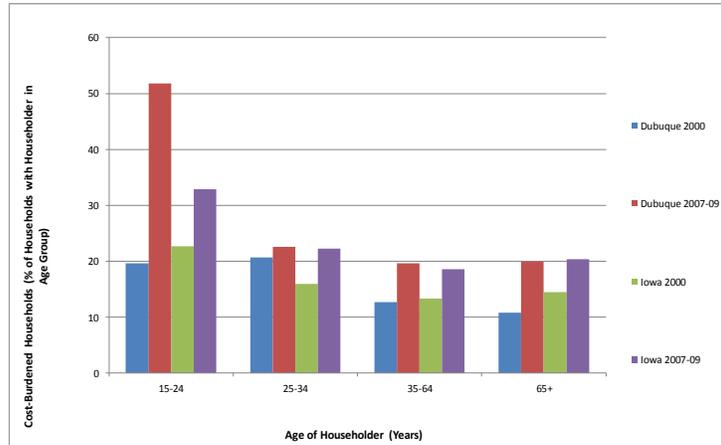
For owners, housing cost burden by age shows more of a tapering-off pattern than a U-shaped pattern (Figure B). This trend likely reflects the prevalence of mortgage-free homeowners in higher age brackets. The causes of the sharp increase in housing cost burden among Dubuque’s youngest homeowners are unclear; they may include the lending practices of the housing boom or declining incomes in this age bracket.

Figure A. Cost-Burdened Renter Households by Age Bracket in Dubuque and Iowa (2000, 2007-2009 Avg.)



Source: U.S. Census Bureau, 2000; American Community Survey 5-Year Estimate, 2009.

Figure B. Cost-Burdened Owner Households by Age Bracket in Dubuque and Iowa (2000, 2007-2009 Avg.)



Source: U.S. Census Bureau, 2000; American Community Survey 5-Year Estimate, 2009.

Renter cost burden increases cannot necessarily be predicted by vacancy decreases or rent increases. For instance, the increase in CB renters in Tract 101.01 in southern Dubuque would be predicted from the relatively sharp decrease in vacancy rates (Figure D), but not from the stable median gross rent and declining median rent asked (Figure E). Likewise, Tract 11.02 along the northwestern border experienced cost burden increases in line with its increase in median rent asked, but in spite of its vacancy increases. This tract may have experienced recent development of higher-amenity rentals. By, the northernmost and easternmost tracts (101.03 and 1, respectively) showed only modestly increasing, or even declining, percentages of CB and SCB renters, despite increases in median gross rent (Tract 101.03; Figure E) and median rent asked (Tract 1). Clearly, the relationship between rents and cost-burden is not straightforward.

Figure C. Change in Housing Cost Burden of Renter Households (2000-2009)

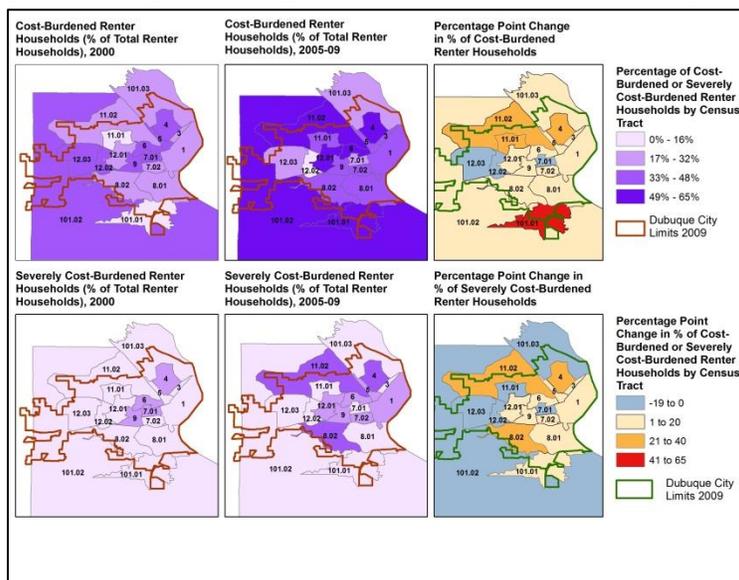


Figure D. Change in Rental Vacancy Rate (2000-2009)

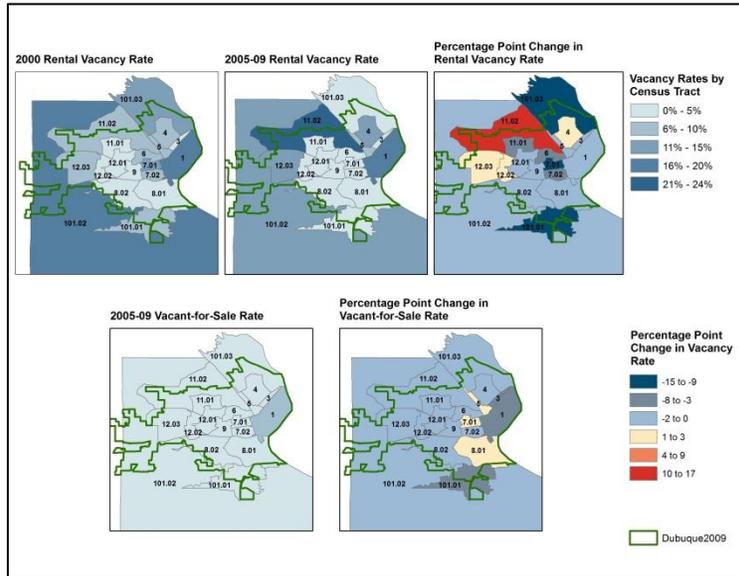


Figure E. Change in Median Rent Asked (2000-2009)

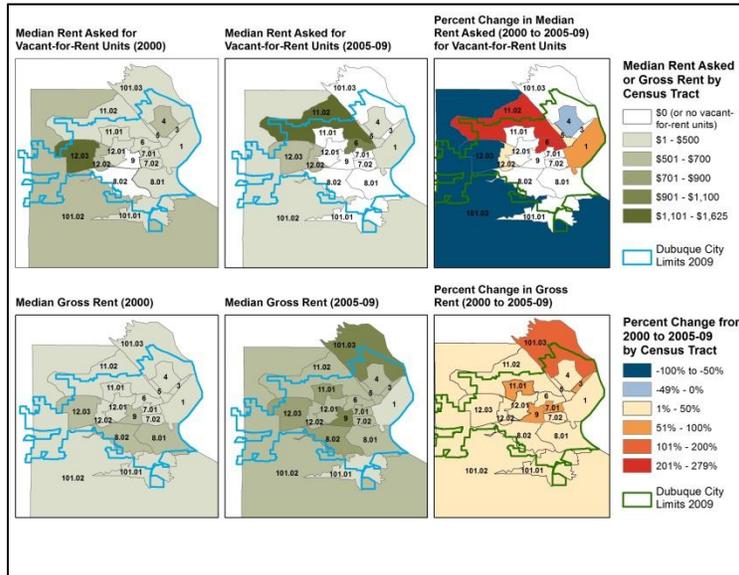


Figure F. Change in Cost Burdened Owner Households (2000-2009)

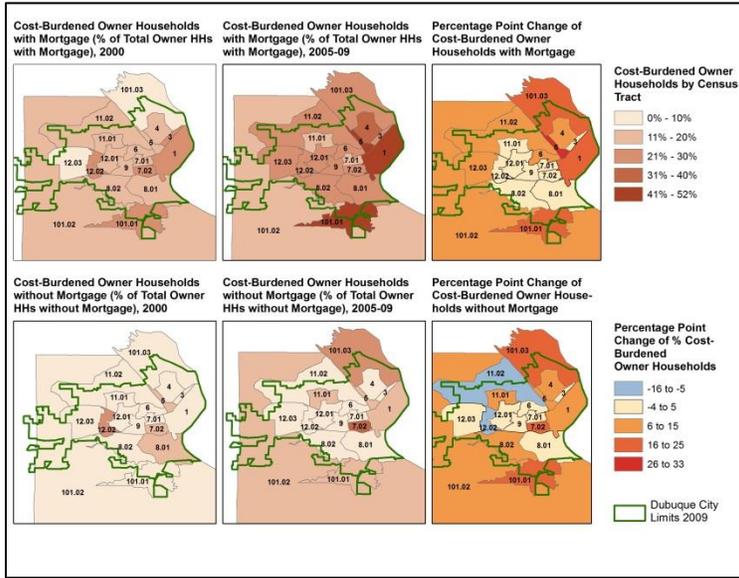
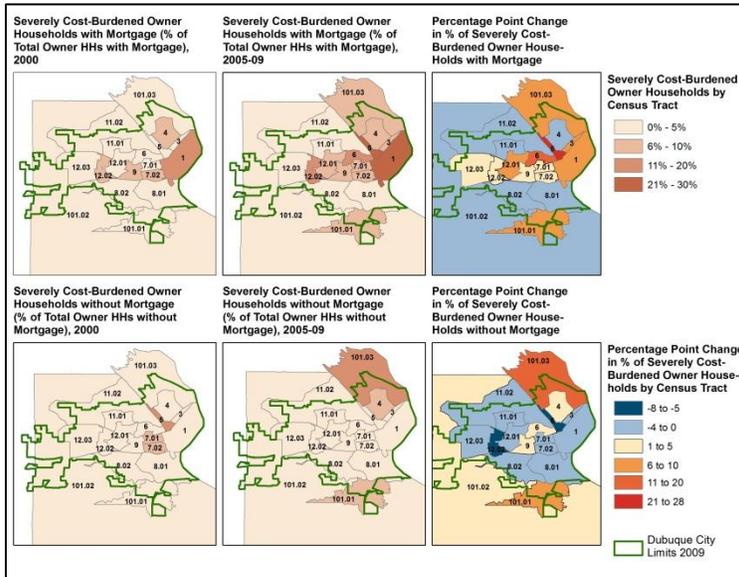


Figure G. Change in Severely Cost Burdened Owner Households (2000-2009)



Total Population Projections

Linear: $y_c = a + b^x$

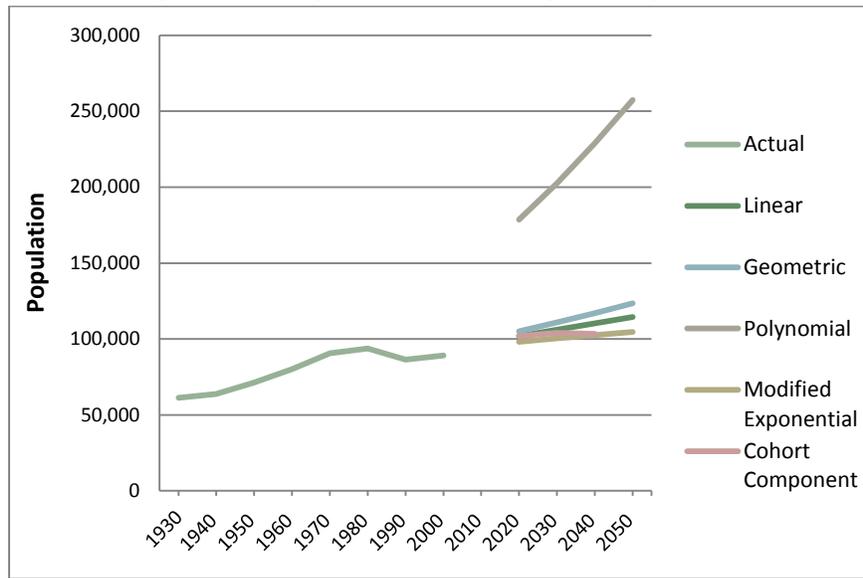
Geometric: $y = ae^{bx}$

Polynomial: $y = a + bx + cx^2$

Modified Logistic: $y_c = c + ab^x$

See Figure H.

Figure H. Dubuque's Historic and Projected Population



Cohort Component Methods and Assumptions

In order to extrapolate the different survival rates for Whites and non-Whites in Iowa, it was assumed that the difference in survival rates for Whites and non-Whites was the same as the difference on that national level. Likewise, it was assumed that the difference between Iowa and the national level survival rates remained consistent from 1989 to 2007.

Non-White migration rates were high between 2005-2010, but these high rates were unlikely to continue for the next 30 years. Thus, an assumption was made that non-White migration rates would eventually converge with the White population's migration rates. In order to simulate this convergence, a moving average was used by calculating the average between White and non-White groups every five years.

Migration rates for White males and especially for White females aged 20-24 were very high and when carried through the analysis, created a very unlikely 10,000-person decrease in Dubuque's population. This high rate was likely due to a large number of people leaving Dubuque after they graduated from one of the three colleges or universities in Dubuque. However, it is also likely that students living in dormitories and other off-campus student housing sites were undercounted by the Census, creating an artificially low number of people in the 15-19 cohort. Thus, the migration rates for 15-19 and 20-24 year olds were averaged to bring the projection more in-line with reality.

Figures I through L show the distribution of White and Non-White populations by age in 2010 and the 2040 projection.

Figure I. Population Pyramid: White 2010

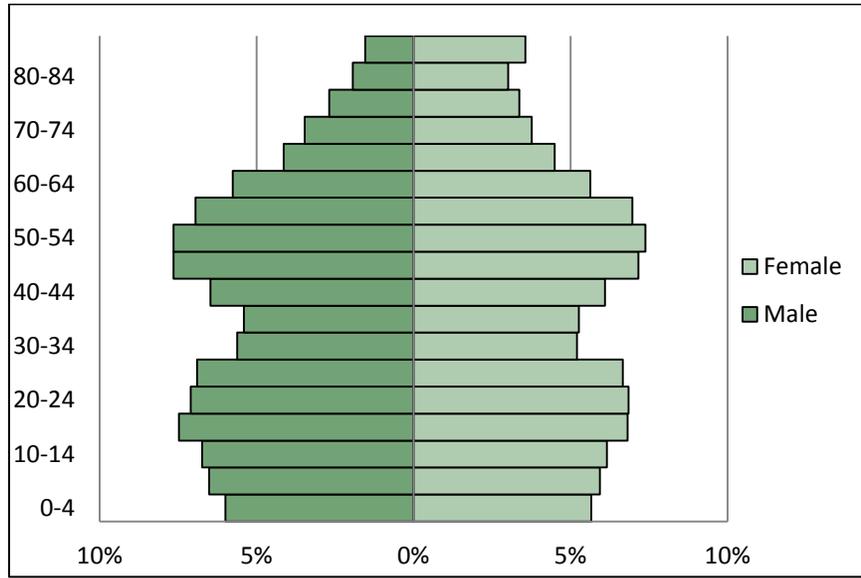


Figure J. Population Pyramid: White 2040

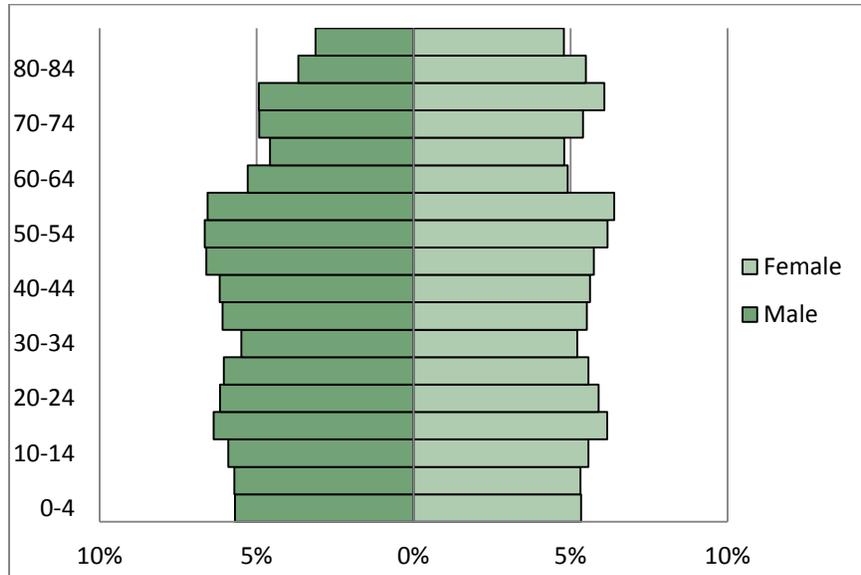


Figure K. Population Pyramid: Non-White 2010

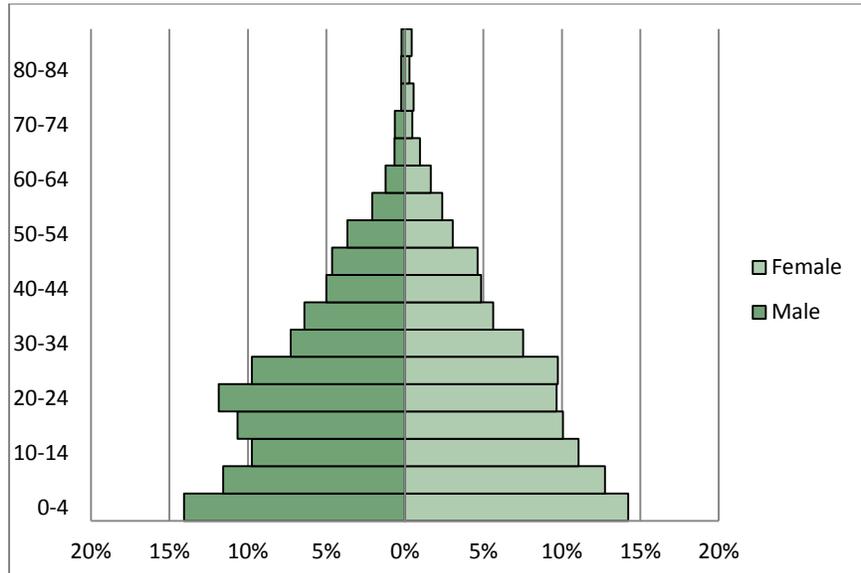
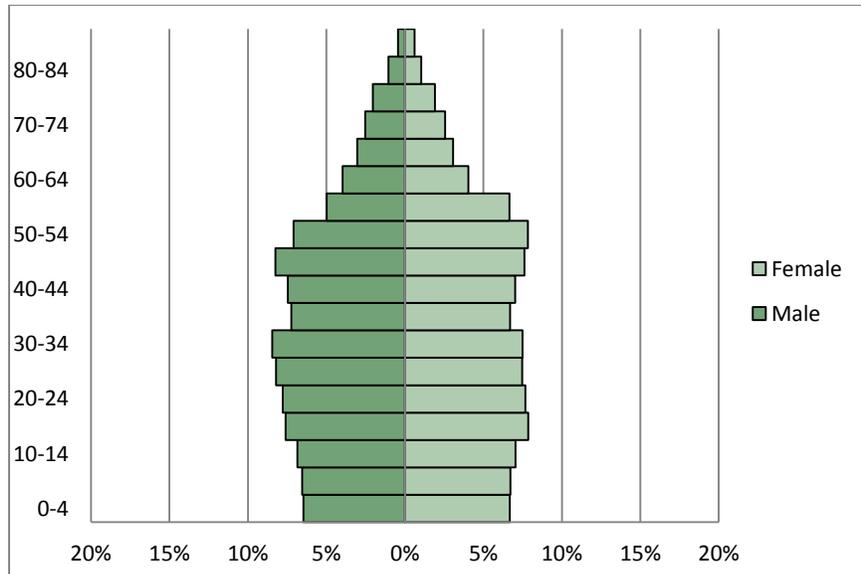


Figure L. Population Pyramid: Non-White 2040



Community Feedback Surveys and Focus Groups

Provider Survey

In mid-November 2011, we conducted a survey of all identified social and community service providers that met the criteria discussed below. We adapted categories of service provision and identified most of our potential respondents from the *Project Concern 2008 Dubuque County Resource Guide*. Organizations excluded from Project Concern's list were also included as the team learned about them from community leaders. Organizations were not limited to those that serve strictly low-income clients; rather, they were included as long as they provided at least *some* of their services to those living in poverty or subsisting on low incomes. For example, the Carnegie Public Library was included because they provide public services that are free and accessible to low-income persons, such as computer use and training sessions. For-profit organizations, such as nursing homes or learning institutions (i.e. Sylvan), were excluded if their services were determined to be a market commodity and not easily accessible to poor community members. The team also chose to exclude organizations such as Alcoholics Anonymous or the National Alliance for the Mentally Ill that provided peer-based support groups or fund-raising/awareness activities and do not deliver direct services to the community.

We administered the survey online using *Qualtrics™* software. Each of the 54 identified service providers was invited by telephone to participate, and 24 of the invitees (44%) completed the online survey. The survey questions are found in the Appendix B.

Resident Focus Groups

Conducting focus groups with Dubuque residents was the first component of our move to increase resident involvement in the community's anti-poverty efforts. Focus groups, conducted with some of Dubuque's most vulnerable populations, provided the team with the narratives of individuals who directly experience barriers to success in their day-to-day lives.

Due to time and resource constraints, we chose focus group venues based on the willingness of agencies to participate and the availability of clients. Our first two focus groups involved low- and moderate-income individuals with a variety of demographic profiles and circumstances, while our final two targeted populations that are more specific. We conducted the first focus group in late November 2011 with members of a cooking class at the Multicultural Family Center [MFC], a nonprofit community center that offers social, educational, and vocational enrichment activities for residents of all ages. The second was conducted in late December 2011 with members of the Circles program, a component of the Bridges Initiative administered by Dubuque's Housing and Community Development Project. The Bridges Initiative helps low-income participants build social networks and improve their economic status by pairing them with mentors that are more affluent. Because our preliminary community feedback suggested a dire shortage of mental health services in Dubuque, we conducted our third focus group with consumers of these services at the Hillcrest Wellness Center in mid-March 2012. Finally, we

conducted a focus group at the MFC in early April 2012 with members of a Hispanic/Latino group, which represented a category of residents that had mostly been missed by earlier community feedback efforts. We had 6, about 20, about 7, and 5 participants at the four respective focus groups. Although we did not record participants' demographics, the team members who conducted the focus groups observed that the majority of respondents were White.

In contrast to the questions for service providers, the resident focus group questions addressed Dubuque's quality of life in broad terms, and addressed poverty and material hardship only obliquely (see focus group questions in the Appendix). We believed it would be an infringement of residents' privacy and dignity to ask directly about their income status or use of social services. We also sought to determine whether low-income "Dubuquers" have the civic capacity to advocate for policies favorable to them, and whether Sustainable Dubuque meets their needs as citizens. Each focus group lasted 1 to 1.5 hours, and the student facilitator kept the tone casual. Conversations sparked by the questions were allowed to flow as freely as possible, with the facilitator interjecting only to clarify participant feedback, give more quiet participants a chance to speak, or to keep the discussion "on-topic." We did not make audio recordings of the focus groups, so the notes in the Appendix are a paraphrase of participant comments, rather than a transcript.

Community Feedback Questionnaire/Survey

The team originally intended to conduct door-to-door surveys in low- and moderate income neighborhoods. However, due to time constraints, we used a convenience sampling method instead. That is, we distributed questionnaires at locations where we knew low- and moderate-income persons gather, and where we had a working relationship with the leaders. Similar to the resident focus groups, the purpose of the questionnaire was to gain insights from Dubuque residents who use community services. However, we sought quantifiable feedback on topics more specific than those the focus group had considered (see questionnaire in Appendix). From mid- to late March 2012, we distributed questionnaires at five venues; an "Open Closet" clothing distribution event at St. John's Lutheran Church; an Orange Park Neighbors meeting; an evening meal for needy persons at St. Patrick's Catholic Church; an evening at the Multicultural Family Center; and an afternoon at the Carnegie Stout Public Library, near the public computer lab. We obtained 98 questionnaires from these five events.¹⁰⁶ Although we targeted low-income residents, we allowed any interested person to take the questionnaire. As a result, our respondents included a few persons of relatively high socioeconomic status (e.g. middle-aged church volunteers, college students).

¹⁰⁶ For the raw survey data, please contact the authors or The School of Urban and Regional Planning.

Affordable Housing Model

The fair market rent price in 2012 in Dubuque is \$590 for a two-bedroom apartment. Thus, a person who earns minimum wage (\$7.25 per hour) would have to work over 63 hours per week to afford a two-bedroom apartment in Dubuque. This stresses the need for affordable housing, but where affordable housing should be located is often a topic that many communities struggle to resolve. Siting affordable housing must meet the needs of low-income populations and the concerns of other members of the community, including public institutions such as schools.

In order to assist Dubuque in determining where affordable housing should be located, multiple spatial criteria were used.

1. Distance to existing subsidized housing locations
2. Elementary school mobility percentage
3. Elementary school poverty percentage
4. Elementary school ELL percentage
5. Crime density
6. Median household income
7. Distance to transit line

Converting feature files to raster was the first step to standardizing the data. The next step involved a linear transformation of the data resulting from the following formula:

$$0 \text{ to } 1.0 = \frac{x - \text{minimum cell value in dataset}}{\text{maximum cell value} - \text{minimum cell value}}$$

The resulting data was weighted using the follow criteria:

X40 distance to existing assisted rental housing
X20 elementary school mobility rate
X10 median household incomes
X10 elementary school poverty rate
X10 Elementary schools ELL rate
X5 crime density
X5 distance to transit line
100

The separate weighted raster files were then stacked to create a composite score (on a scale of 1 to 100) to determine which areas were more suitable for affordable housing locations. An example of a raster layer is shown in Figure M, which displays rankings based on proximity to public transit lines. The ArcGIS Model is shown in Figure N.

Figure M. Rankings Based on Proximity to Public Transit Lines

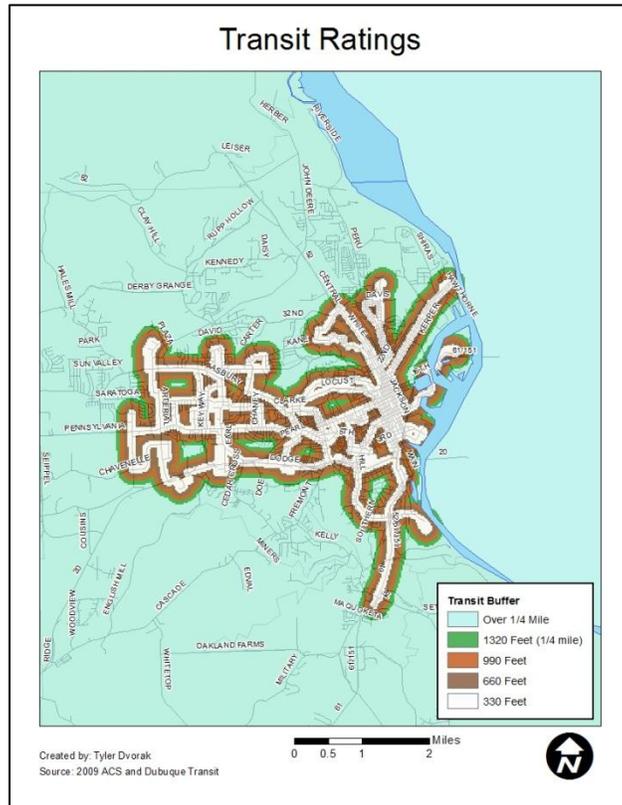
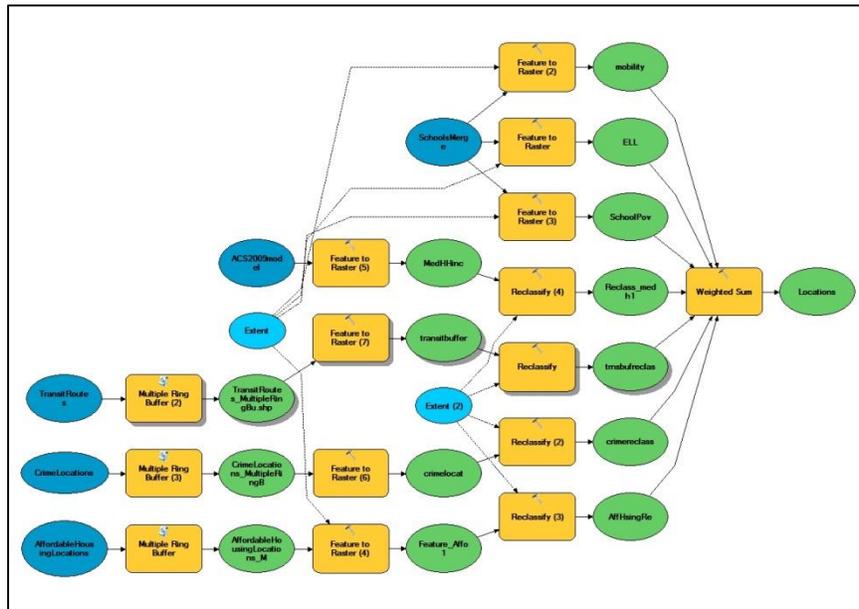


Figure N. Affordable Housing Model Using ArcGIS



Model created by Tyler Dvorak. 2011

Transportation Accessibility Model

In order to find potential gaps in accessibility between low-income and high-income residents, we restricted our scope in terms of targeted population, traffic modes, traffic destinations, and accessibility indicators. Only households within the city limits of Dubuque represented as residential parcels are included. Additionally, we define major traffic modes as driving an automobile, walking, or public transit. Destinations were defined as workplaces, public schools, shopping stores, auto services, banks, and hospitals (places that we assumed every household requires access to regardless of interest, profession or demographics). We utilized two indicators of accessibility: time cost (walking, driving, or transit time for each single trip), and monetary cost (percentage of household income spent on each single automobile driving trip).

We utilized a GIS geodatabase, which contains point shapefiles of the locations of various urban amenities, a residential point shapefile, a residential parcel shapefile, a street centerline shapefile, a transit line shapefile, a bus stop shapefile, a block group shapefile, and several supplementary map layers. Using online GIS Network Analyst instructions, we created a single mode network dataset out of the street centerline shapefile by adding driving time and walking time values for each street segment using speed limit data stored in the street centerline shapefile, and average walking speed of human beings. Multimode network datasets were derived by combining the transit line shapefile, the bus stop shapefile, and the street centerline shapefile. Then, we assigned each transit line segment a “time cost value” based on the bus schedules found on the Dubuque transit website.

Figure O. Dubuque Transit Network Map

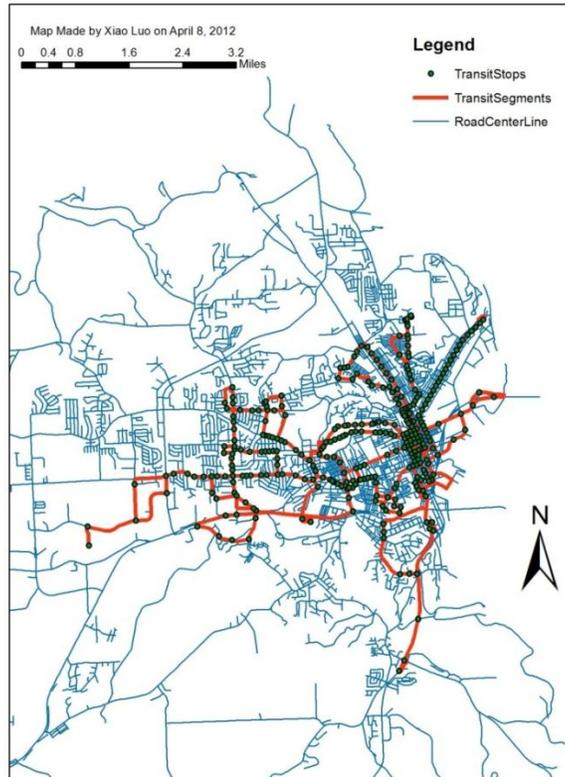


Figure P. Dubuque Community Amenities Map

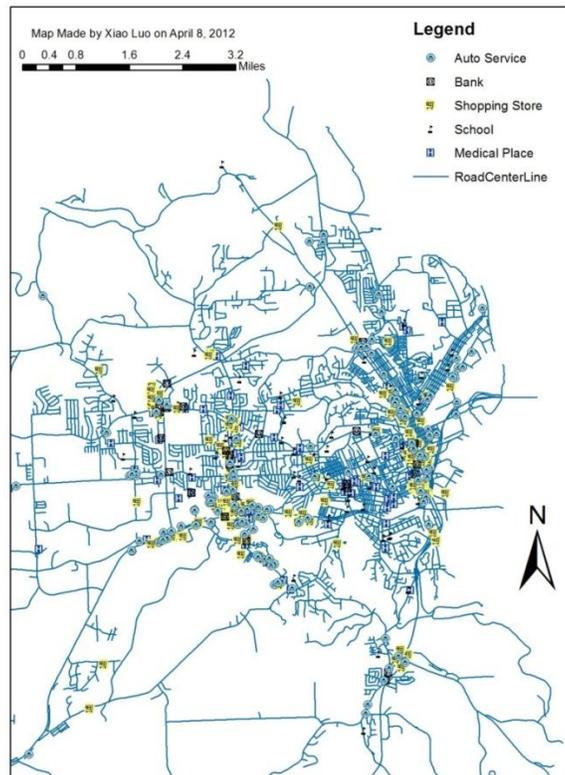


Figure Q. Dubuque Employment Sites Map

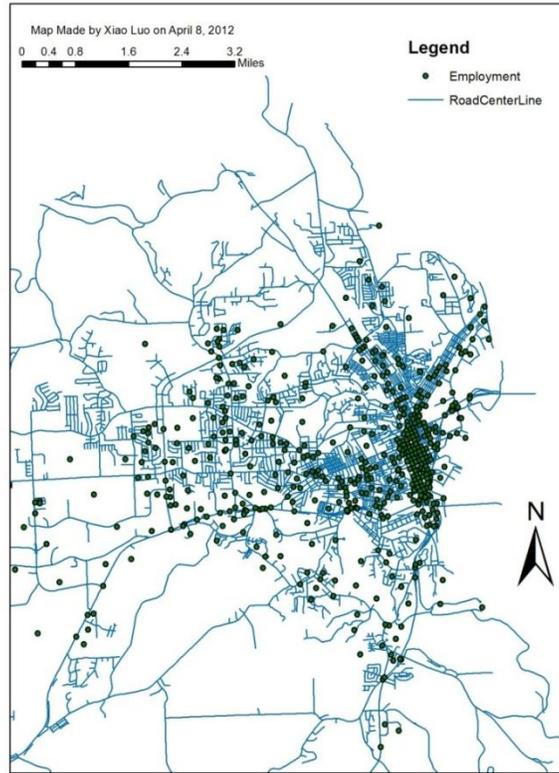
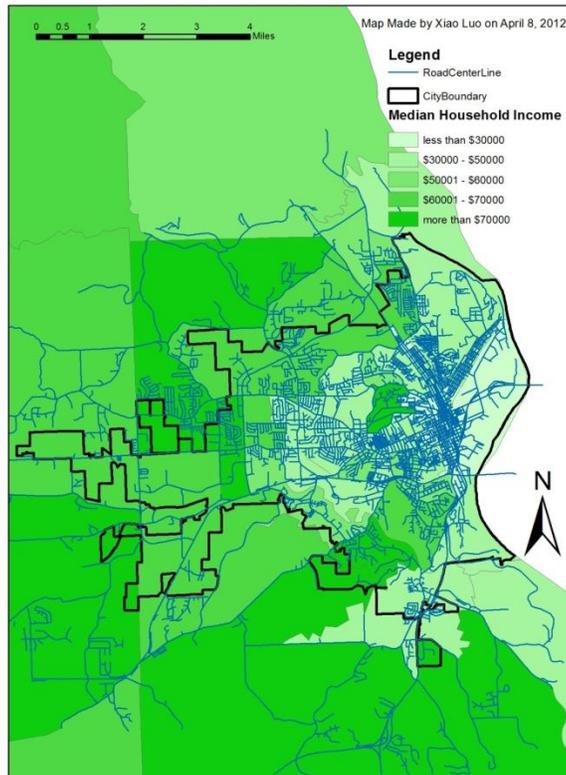
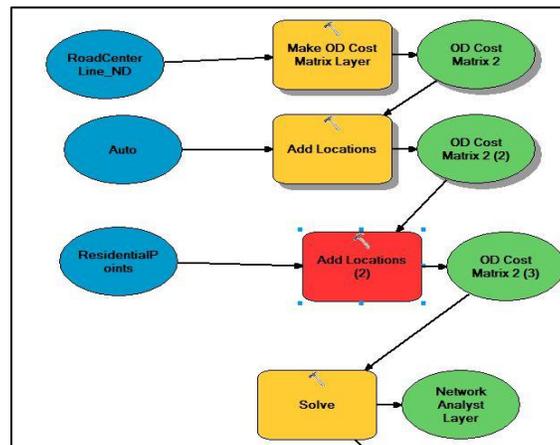


Figure R. Median Household Income in Dubuque by Census Tract (2010)



For walking and auto driving, we designed a model (refer to Figure S, which is an example for auto service), and completed the following steps. First, we created an OD cost matrix from the single mode network dataset. Next, the shapefile Auto was added into the Destination sublayer and the residential point shapefile into the Origin sublayer. Then, the network analysis was solved with the OD cost matrix as the input. The Solve function then outputs a network analysis layer whose attribute table contained route mileage, driving and walking time costs between each origin and destination. By selecting and exporting the table record of the lowest walking and driving time costs for each origin, we received an output table that could be joined to the residential parcel shapefile so that it would contain data on the lowest walking and driving times for each residential parcel. We performed the same procedures for the other destination types.

Figure S. GIS Network Analysis Model



We used essentially the same model for public transit analysis with the single mode network dataset replaced by the multimode network dataset as the input, and imported the lowest transit time data for each origin and each destination type to the same residential parcel shapefile. Then the time cost data were available to process.

Data Processing and Results

To process the time cost data obtained in the Methodology section, we first used the Intersect function in GIS to intersect the residential parcel shapefile with the block group shapefile, which contained median household data. The output shapefile consisted of all the residential parcels, each of which was associated with the median household income data of the block group to which it belonged. In the attribute table of the output shapefile, we created a new field named Monetary Cost and calculated the field using the equation below, so it represented the percentage of annual income each household had to spend on a single automobile driving trip, i.e. the monetary cost.

$$\text{Monetary Cost} = \text{Mileage} * 1.36^{107} / \text{Household Income}$$

Then the household income, walking time, driving time, transit time and monetary cost fields were copied and pasted to an Excel spreadsheet (the walking time, driving and transit time fields for each destination type were pasted separately) so that we got a spreadsheet format like the table below (Table A, an example for the workplace).

Table A. Spreadsheet Format of the Workplace Data to be Processed

Household Income	Walking Time for Workplace	Driving Time for Workplace	Transit Time for Workplace	Monetary Cost for Workplace
Parcel 1 Data	Parcel 1 Data	Parcel 1 Data	Parcel 1 Data	Parcel 1 Data
Parcel 2 Data	Parcel 2 Data	Parcel 2 Data	Parcel 2 Data	Parcel 2 Data
Parcel 3 Data	Parcel 3 Data	Parcel 3 Data	Parcel 3 Data	Parcel 3 Data
Parcel 4 Data	Parcel 4 Data	Parcel 4 Data	Parcel 4 Data	Parcel 4 Data
.....

Using the Correlation function in Excel, we calculated the Pearson correlation coefficients between household income and walking time, household income and driving time, household income and transit time, and household income and monetary cost (coefficients for each destination type were calculated separately). The correlation coefficients between household income and each traffic mode for each destination type are displayed in Table B.

Table B. Final Results of the Pearson Correlation Coefficients Calculated

	Driving Time	Walking Time	Transit Time	Monetary Cost
Workplace	0.147917	0.146852	0.136583	-0.21784
Auto Service	0.119161	0.132915	0.406674	-0.31289
Bank	-0.04415	0.004405	0.421643	-0.44112
School	0.091109	0.11066	0.335989	-0.29797
Hospital	0.043197	0.057745	0.30966	-0.39765
Shopping Store	0.051568	0.082685	0.433852	-0.33488

Using 0.3 as the Pearson's r threshold, the data suggests that driving time and walking time generally have no significant correlation with household income. Transit time is positively correlated with household income for all the destination types except workplaces, meaning that lower-income households spend lower amounts of time on a bus trip. Monetary cost is negatively correlated with household income for all the destination types except workplace, which means that lower-income households spend a higher percentage of their annual income on automobile maintenance and operation for a driving trip.

¹⁰⁷ Note: An online calculator found at <http://commutesolutions.org/external/calc.html> shows that an average automobile in the US costs \$1.36 in maintenance and operation per mile.

Appendix B: Community Feedback

Provider Survey

A complete summary of the Provider Survey results can be found in the December 2011 report provided to the Community Foundation of Greater Dubuque by our team.

Figure T. Percentage of Respondents' Clients that Live in the City of Dubuque

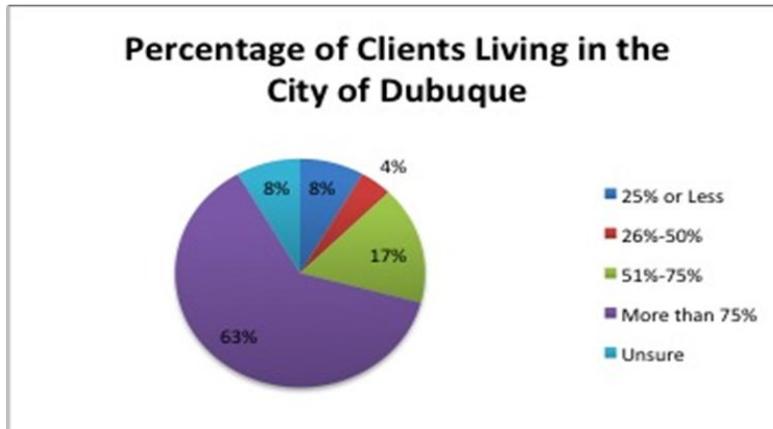


Figure U. Low-Income Clients Served by Respondents

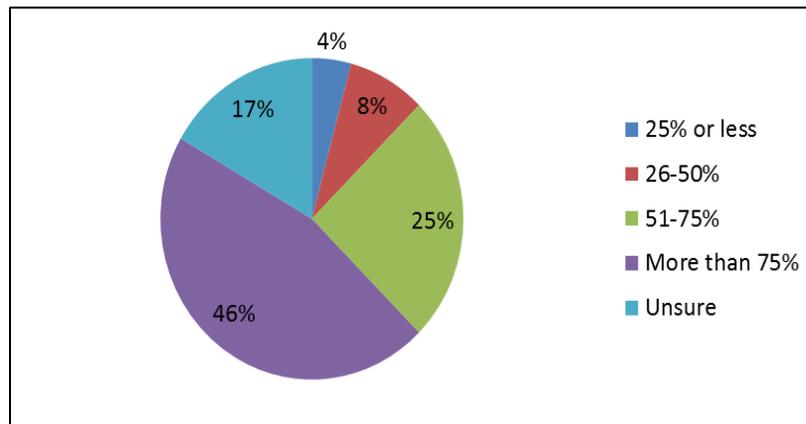


Figure V. Percentage of Respondents' Programs with Income Restrictions

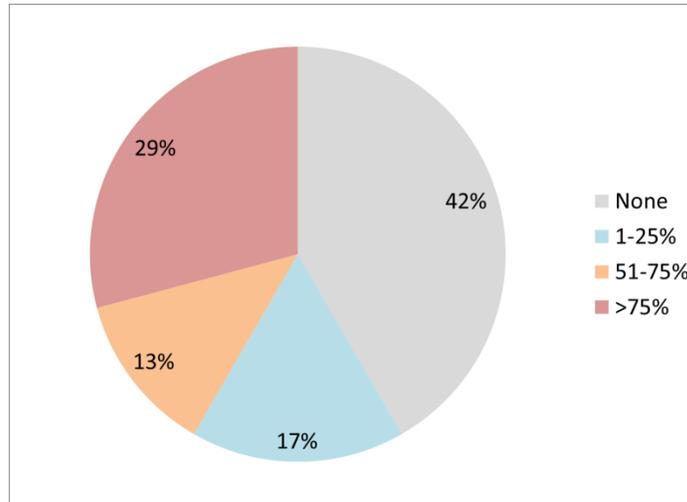


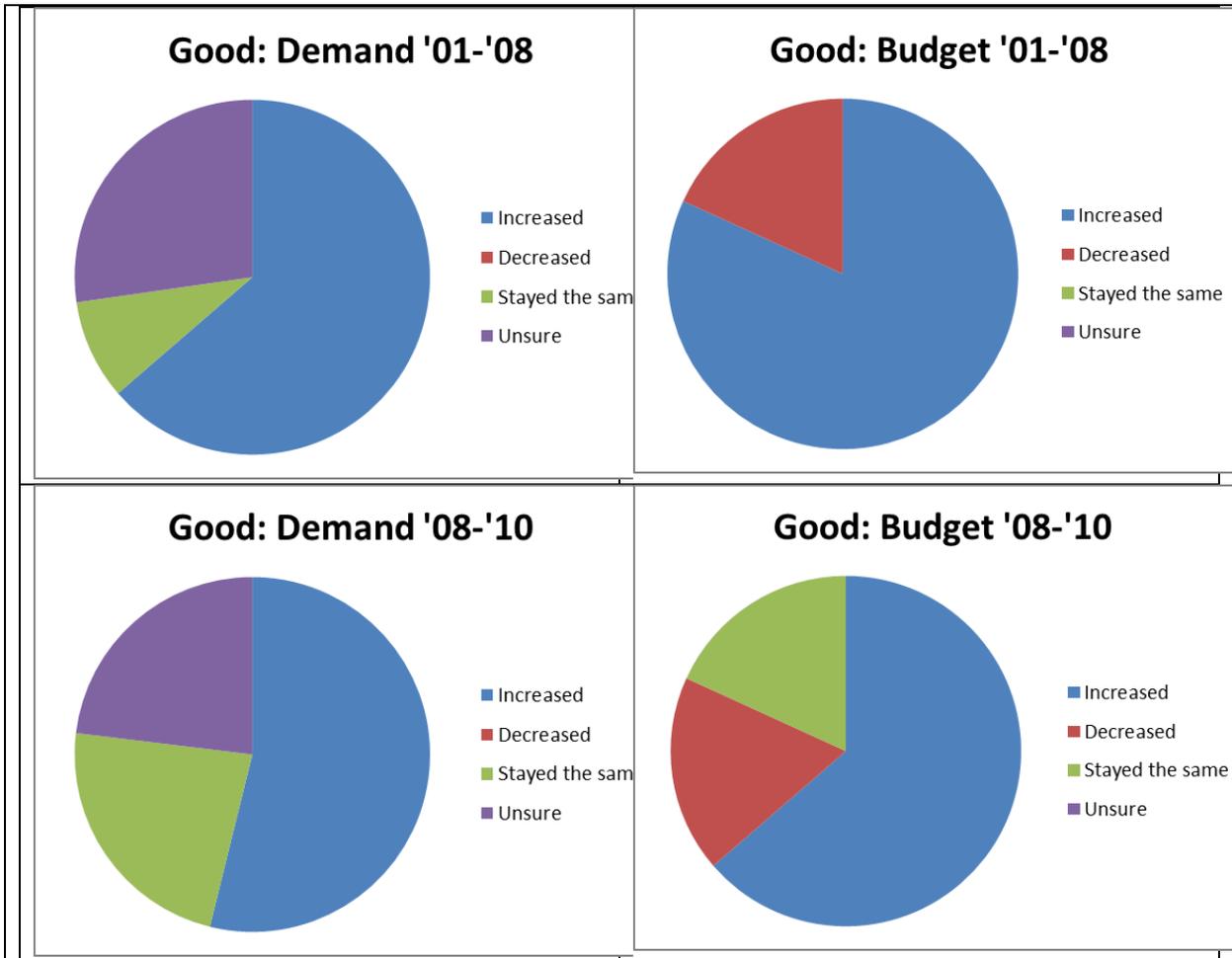
Table C. Reasons Given by Providers for Assigning Scores of 2 or Lower to Certain Service Categories

There is a gap in mental health services and residential settings.	
Employment options for persons with intellectual disabilities are limited, and supported employment options are almost non-existent. Housing services: limited accessible housing with 3 bedrooms which many persons with intellectual disabilities require to make ends meet to live [rest of response cut off by survey software]	
Do not feel that the demand for Emergency Shelter, Cash Assistance, Housing, Legal, Medical/Dental, and Mental Health Services are meeting the increasing need for those services. This may not always be a community problem as much as a State/Federal funding problem.	
There is a lack of resources in these areas [Clothing & Household Needs, Emergency Shelters/Homelessness, Cash Assistance, Legal Services, and Medical/Dental Services]; especially for the adult population we serve [clients of Mental Health/Substance Abuse Services].	
The Employment, Food, and Cash assistance in Dubuque is the most consistent complaint I receive from our clients. We do our best to help supplement food assistance with foodstuffs we keep at our office. Additionally, other than Section 8 there are few opportunities [rest of response cut off by survey software]	
There is a huge need in our community for mental health services, and not enough psychiatrists. Long waiting periods to get in to see someone.	

Table D. Provider Comments on Inter-Agency Collaboration

It depends on the agency. Some cooperate and collaborate more than others.	
Dubuque is small enough for most providers to know each other. This is a plus. Many services providers have been meeting on F a.m. for years. Presently the meetings are poorly attended. Not sure of all the reasons why.	
I believe they really try to get a comprehensive coordinated effort. Sometimes funding may be a roadblock.	
There is good collaboration among agencies, providers, organizations.	
This is due to confidentially (sic)	
The Community Foundation of Greater Dubuque should raise funds for programs and grant or contract those funds to service pro established track record of successfully providing programs services to the community; rather than the current (cut off by survey	
Appears Dubuque does better at this than many other cities in Iowa.	
I have done this job in many areas of Northeast Iowa, and Dubuque has a good array of services with pretty good coordination. A other areas I have worked.	

Figure W. Demand and Budget Fluctuations for Services Described as "Good" by Focus Group Participants



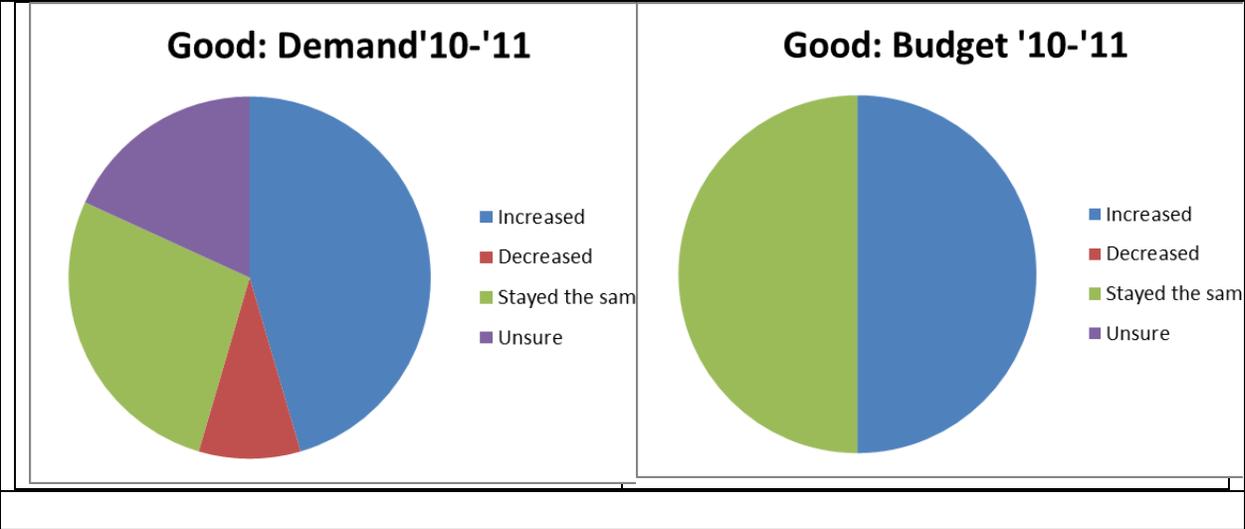
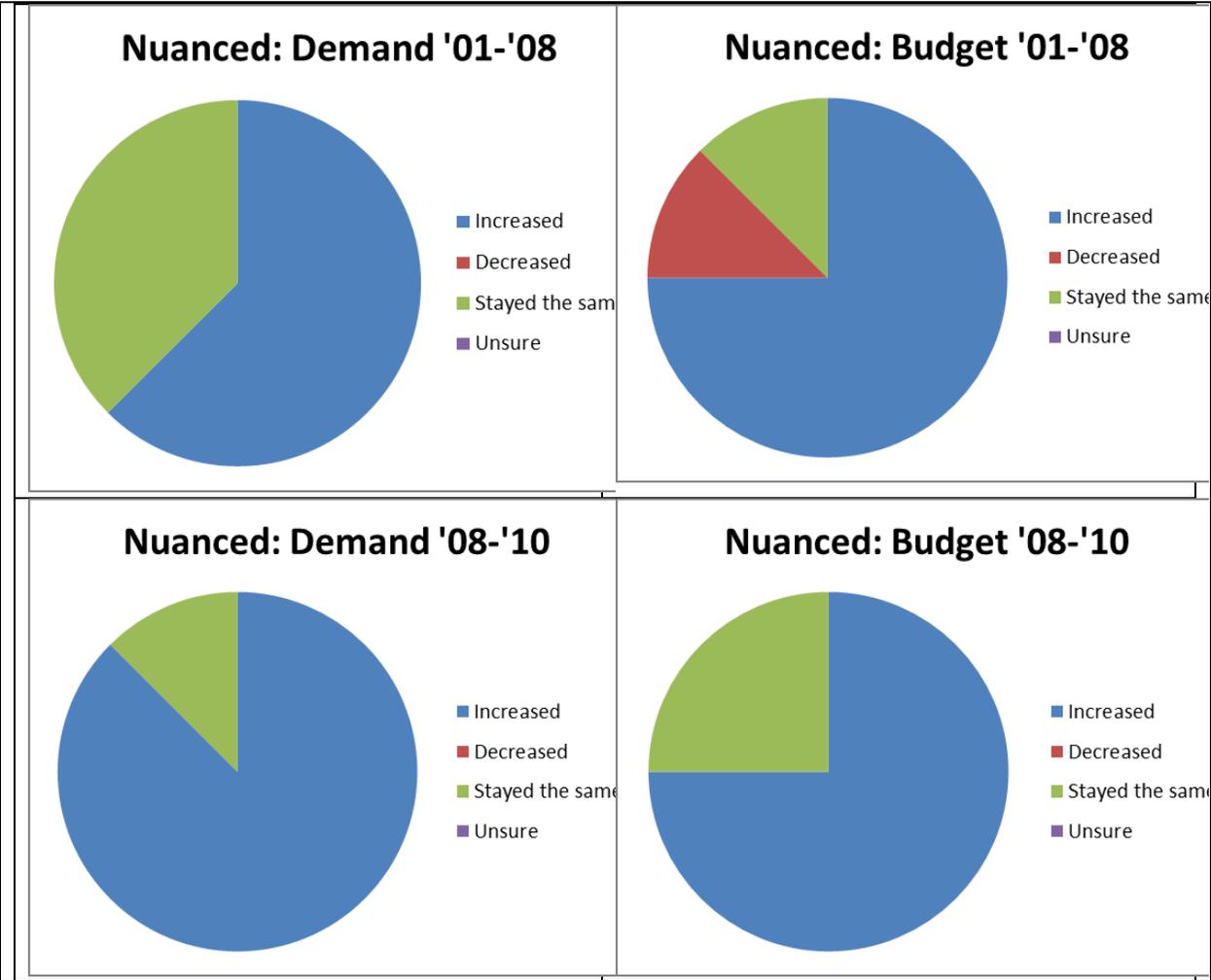


Figure X. Demand and Budget Fluctuations for Services Described as “Nuanced” by Focus Group Participants



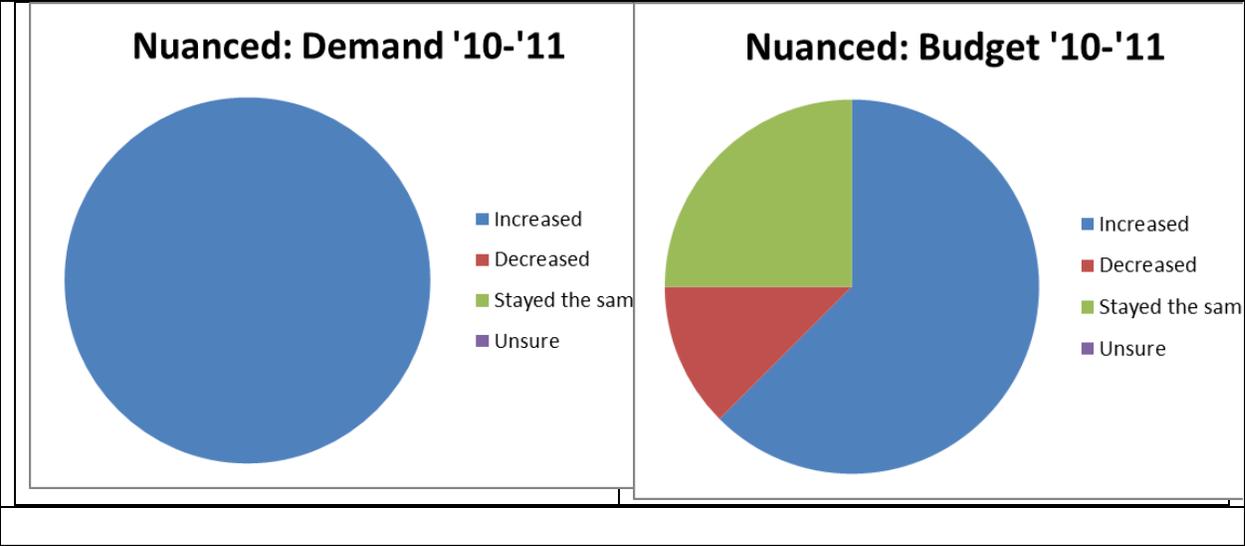
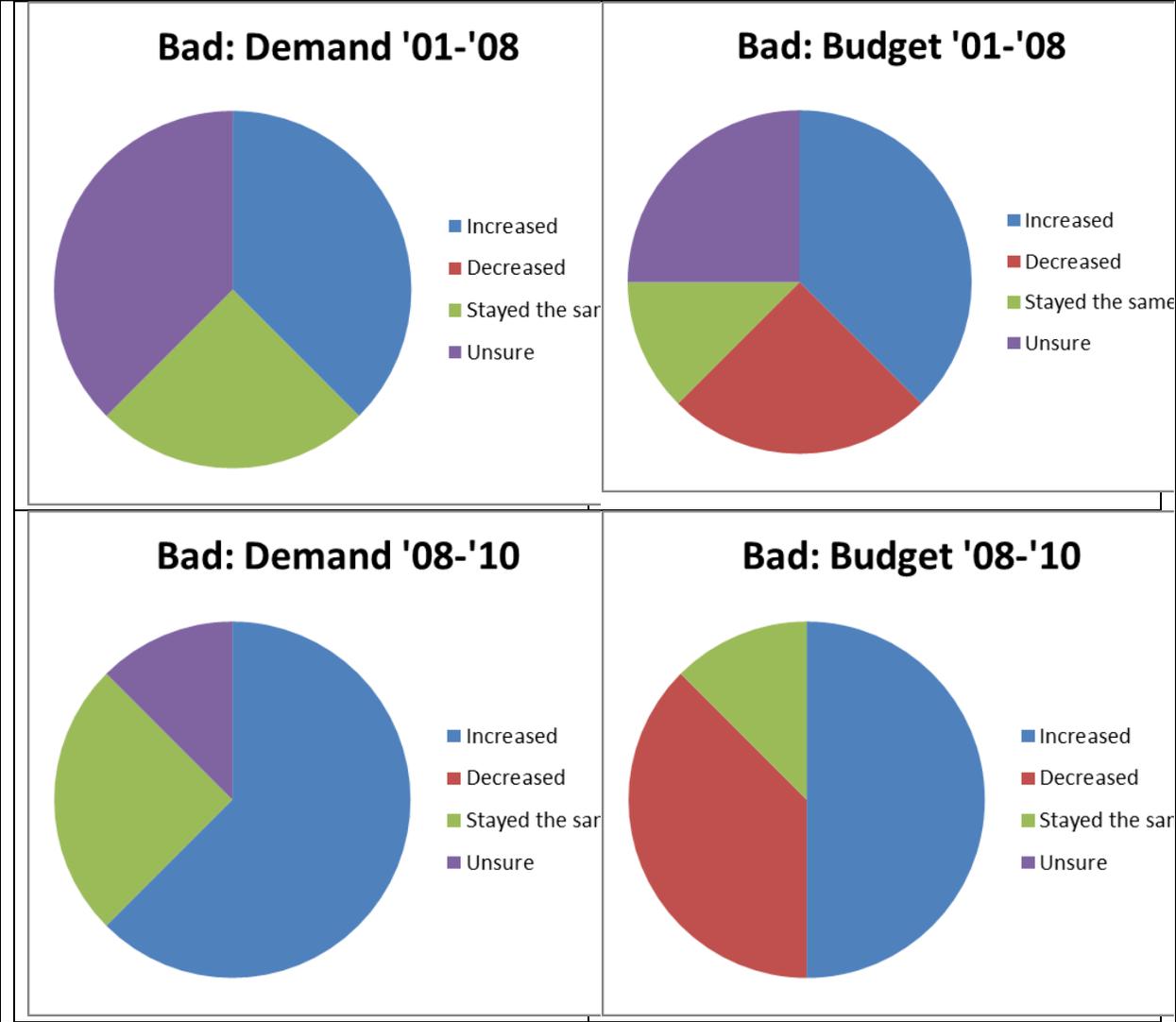
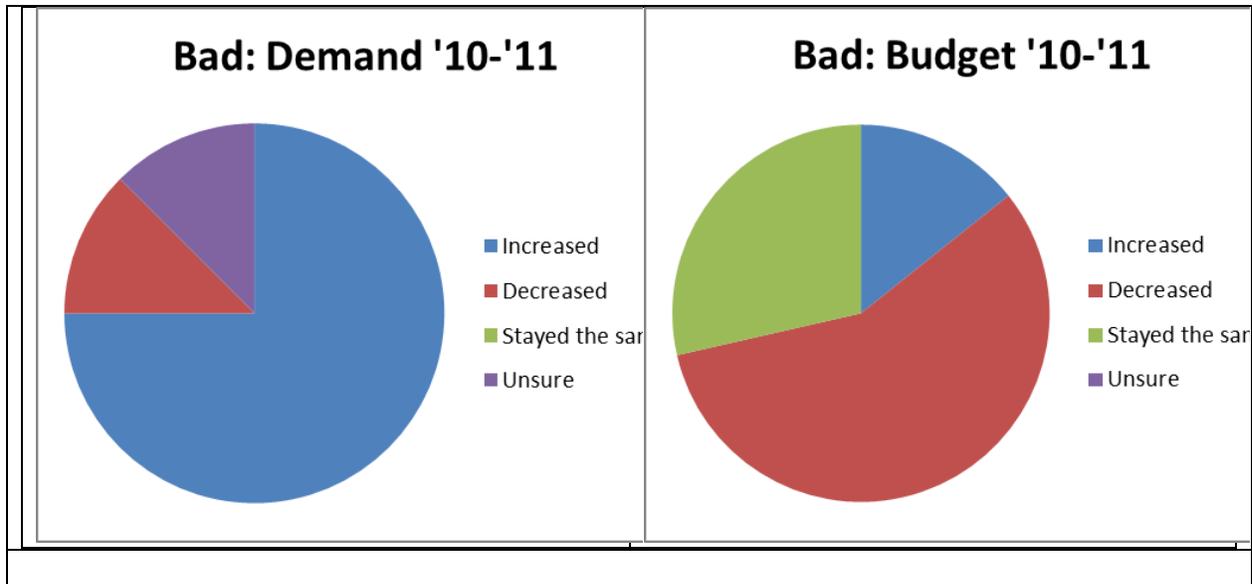


Figure Y. Demand and Budget Fluctuations for Services Described as “Bad” by Focus Group Participants





Focus Groups

Questions

1. How long have you lived in Dubuque?
2. What are some of the positive things about the Dubuque community?
3. What are some of the negative things about Dubuque?
4. If you could *add* 3 things to Dubuque that would benefit families, what would they be?
5. If you could *take away* 3 things in Dubuque that are harmful to families, what would they be?
6. For the past couple weeks, we've been surveying agencies that provide a variety of services for residents in Dubuque. We asked them how they feel about the types of services on the list that's going around. Basically, we asked the agencies if they think there are enough of these services in Dubuque, and whether they're good quality or not. We also want to know how residents in Dubuque feel about these services. Which services do you think do the best job of meeting demand for that service? The worst? Which services do you think provide the best quality? The worst?
 - **Housing** (other than Emergency Shelters)
 - **Employment Services** (e.g. job skills training, job search assistance)

- **Transportation**
- **Day Care** (for children or adults)
- **K-12 Schools**
- **Adult Education** (including literacy classes)
- **Medical / Dental Care**
- **Mental Health / Substance Abuse Services**
- **Emergency Shelters**
- **Clothing & Household Needs**
- **Food Assistance**
- **Cash Assistance**
- **Legal Services**
- **Senior Services**
- **Disability Services**
- **Children & Family Services** other than day care (e.g. crisis intervention, parenting skills, before/after school activities)
- **Domestic Violence Services**
- **Abuse and Neglect Services**
- **Financial Literacy / Counseling**
- **Information & Referral**

7. When there are community issues or concerns that are important to you, do you have opportunities to express your opinion?
8. If so, how do you find out about these opportunities?
9. If not, how could the community create more opportunities for people to get involved?
10. Are you familiar with the city's "Sustainable Dubuque" program? If so, how do you feel about it?
11. Do you have any more comments or thoughts about living in Dubuque?

Focus Group 1: Multicultural Family Center. 11/29/11

How long have you lived in Dubuque?

37 years

Born/raised, moved to Clinton IA in '75 but visited DBQ regularly, moved back to DBQ in '80s

Moved here for college in '04, college, stayed and worked

4 years (has a daughter; homeless)

Lifelong

14 years

What are some of the positive things about the Dubuque community?

Good [community and social] programs, good local businesses, the MFC is a big positive in my life.

DBQ has changed for the better, and it's growing.

The new businesses are good, and there's better transportation into and out of the city (roads, rail, airports).

The public library.

→Patti—Does any organization in DBQ perform similar functions to the MFC?

There are lots of good nonprofits, like the neighborhood associations. A negative would be the duplication of services, but collaboration among nonprofits is becoming better.

If nobody knows about a program, you can ask for information about it, and they'll tell you.

The churches are really involved in outreach programs—they didn't use to be.

Not just outreach—they also have social events, like ice cream socials.

The Neighborhood Center in Hope Church on Jackson Street has useful services for pregnant women and kids

Presentation Lantern—

→Is it geared toward Hispanics?

→No, it's for anyone coming into Dubuque, they help you transition.

Presentation Lantern didn't do a lot when they first opened, but they've gotten bigger.

What are some of the negative things about Dubuque?

Jobs

Affordable housing

Ever since IBM came in, housing costs have gone sky-high!

Parts of town that used to be slumlords' havens now have new condos, and they've tripled the price!

They could improve homeless centers. People come in from out of town—

→(someone interjects—I didn't record this, so it may be inaccurate) They have residency requirements for the shelters now. You have to have lived here for 6 months.

[It wasn't clear from the context if this participant objected to out-of-towners using the shelters or not.]

The Teresa house kicks people out during the daytime. Where do families go?

It's meant to get them out into the city, to explore and find jobs.

There's no place that a family with dual-gendered children can go and stay together. The Teresa Shelter and Maria House have a 12-year age limit for boys to stay with their parents.

The amount of homelessness—

There's more than people are lead to believe—I have 3 families living with me.

Public transportation—

→(Choruses of "Yes!" One woman quips, "What public transportation?")

Jule [the local bus system] just came out with more routes.

Jule needs solid feedback—they don't come on time where people are waiting, they need to train their drivers better. It's hard to call and complain, because they put their phone on answering machine.

I was late for my appointment because the bus was running late, but they [the people she had an appointment with] were understanding.

Trailways is the only way to get into and out of DBQ if you don't have a car.

[The Jule bus system and Trailways] is all we're gonna have—we're not big enough for a better system.

We used to have Greyhound, but they don't stop here anymore.

TV is a problem—you need to pay to get any reception.

Internet is also a problem. Mediacom has a monopoly, essentially. Qwest offers service, but it's not very good.

There's no problem accessing land lines, though.

Duplicated programs and projects—agencies need to collaborate more to do them effectively.

We need a coordinator—not someone who runs everything, just someone to organize programs.

We need priority funding for those services & programs [that the community values]. There's no funding for a huge service coordinator position.

Race relations and religious relations could improve . . . we're getting more friendly to the LGBTQ community though.

When you say "we", who do you mean? You haven't been to the redneck bars!

DBQ is a bubble.

Yes, yes, yes, I come from Chicago; DBQ is incredibly closed in on itself.

I have to leave every now and then to remember what the rest of the world is like . . . I've lived in Los Angeles, Kansas City, North Carolina . . . All of a sudden, I'll say something, I'll wonder where did that come from?

It's not just DBQ, a lot of places have that. We've made progress, but we have a huge way to go.

I disagree, because DBQ is so small. I've lived in other communities, and they're not like this. In DBQ, people have family, they've got their circle, their comfort zone.

If you don't have any other transportation, you don't even know all of DBQ. Asbury is hard to get to without a car, for instance.

There's work I could get if I had transportation to it . . . for instance, on the NW Arterial, a.k.a the Rich District.

It's White flight—they're developing the west end, which has hollowed out the downtown. It's damaged the Washington Neighborhood.

It's funny, because most of the programming and the interesting parts are Downtown.

People don't want to come downtown because of what's happening here [e.g. crime], but it's happening other places [in Dubuque] as well.

It has a lot to do with race. . . . The social services are downtown, but not so much entrepreneurial development.

It's very Catholic, and it used to be very racist—it's still racist—

→(Choruses of agreement, including "Hell yeah!")

You have to know somebody to get somewhere.

It's all about networking, if you want a decent-paying job. You have to be one of the good ole boys, or have a friend working there.

Otherwise your application will go right to the garbage.

I've been looking for work for awhile . . .

The families living with me have too . . . they'll do token interviews, at least, if you have enough credentials.

I've been in my job 8 years, and people come and go every day. That's how it is, it's the economy.

If you could add 3 things to Dubuque that would benefit families, what would they be?

Jobs, transportation, and accessible medical care. Crescent is wonderful unless you can't make the copay. If you can't go to Crescent, you sure can't go to the hospital—except for the ER.

There's starting to be a larger, well-known gay community [and the trend should continue]. They're looked at as the bottom of the rung. If you can accept them, you can accept anybody. I'm just starting to see it here. . . . All people should be able to say what they've been through, who they are. [She made some comparisons of LGBT tolerance in Dubuque and Chicago, but I didn't catch them. I can't remember if she said Chicago is more or less tolerant.]

Tolerance is huge, but it's more than tolerance. Tolerance isn't just seeing people from afar—there needs to be action and behavior changes. Organizations are serving those [marginalized] populations, but others aren't being served, [and Dubuque is] complacent with the problem.

Affordable housing.

We need better accessibility—we need to get the word out about programs, go all the way with outreach. So many people have no idea of the things they could benefit from . . . Poverty is a whole different mindset; there's a lot of fear.

I could help you with that project [of getting the word out].

If you could take away 3 things in Dubuque that are harmful to families, what would they be?

Closed minds.

Yeah!

Slumlords—

→Good one!

→Which nobody can touch. We mentioned something a week ago at Housing Services, and they said "All they have to do is meet codes."

Change some of the guidelines to get into the housing program. [Wasn't clear if she meant for landlords or tenants.]

You only need to live here for 6 months—

But there's still a hierarchy.

Which categories of social services in Dubuque are best or worst at meeting demand and providing quality services?

Employment services—I've been to the Workforce Center a few times. They talk the talk—everyone is assigned a mentor, gets skills training, gets their skills refreshed—I don't know anyone who's gotten any of that. It sounds good in the paper, and they have a nice office, but it's not happening.

Transportation and housing services aren't as good as they could be.

The Community Foundation of Greater Dubuque—They have that much money, they're putting so much into lovely printed materials—they're not putting the money where it should be. There's a lot of talk, great publicity, awards . . .

Check out the membership—they're do-gooders that don't want to get their hands dirty. Organizations that just want a tax write-off.

→Daniel—What about legal services?

I had my child's father's parental rights denied. In the process, she lost her assistance [health insurance and ?FIP]. They [the agencies that terminated the benefits, or the lawyers—I'm not sure which] never asked me about her medical problems . . .

They [the agencies] held a child as a hostage. Iowa Legal Aid is overloaded, their funds cut, the lead prosecutor [in DBQ] is a severe alcoholic with women issues.

She [the participant that just spoke] didn't know ahead of time [that the daughter would lose her benefits]. The communication should've been better

It all has to do with DHS.

There's a huge administrative trickle-down [i.e. red tape]. Some of the working poor miss the threshold for benefits.

I hear ya . . . it's another huge nonprofit corporation without the capacity.

I need to get an appointment to get health insurance for my daughter . . . It's a problem, because I haven't worked for 12 years. [Unclear if she was directly in the market for an insurance policy, or if she was looking for a job that would offer insurance benefits. The context suggests the latter.]

Try to get a job that'll get you benefits . . . [Sarcastic, as in "It'll be nearly impossible".]

I have a Bachelor's, and I've never made more than \$13. So many jobs are \$10 and under—you can't live off it!

I know, I live paycheck to paycheck, with one child, and it's not easy. You fall through the cracks.

Healthcare needs improvement. You don't know about the programs, or employer [insurance] programs are super-expensive, and you can't get care except in the ER.

Where I work, I pay \$80 biweekly for health & dental just for me, with \$20-\$40 copays.

→(Others point out that her premiums are comparatively low.)

When there are community issues or concerns that are important to you, do you have opportunities to express your opinion? If so, how do you find out about these opportunities? If not, how could the community create more opportunities for people to get involved?

I go to my neighborhood meetings, I do meetings throughout the city, I'm very involved. It's something a lot of people should do, especially in your neighborhood. *(Asked if they're easy to find out about)* Yes.

If you have a TV, or if you pass by the park and see the sign.

I attend City Council and school board meetings, but they could do a better publicity job.

They could announce them on the marquis at every school!

→***Daniel: Are meetings accessible?***

There's no public transportation in evenings when meetings happen. Not everyone lives in walking distance, and some people like me are disabled.

I don't remember the last time I rode a city bus!

The last time I rode, there was a snowstorm. The driver kicked me off, saying "I'm not driving any farther, ma'am." I said, "I don't know where I am, or where to go!" "He said, "Just walk that way, you'll find something."

One participant's daughter: The City bus skips us. There'll be 2 dozen kids that they're supposed to pick up . . . they'll make us go across the street to catch the bus. In the morning, the lady keeps saying she'll kick us all off, even though only a couple of kids are acting up.

We tried calling to complain, and they say, "We'll take care of it"—they never do.

Jule should have a bus attendant for crowd control, like the school buses have. Drivers are worried about people acting up on the bus because they're liable.

Daughter: She cusses at the kids, she screams and yells.

Are you familiar with the city's "Sustainable Dubuque" program? If so, how do you feel about it?

I'm on the e-mail list.

I've heard of it, but I never knew what it was.

I participated [as a client, not a volunteer] in Green Corps Greener DBQ. I'm not afraid to sign up for it—it saved \$30 on my electric bill.

We know about it only because we went to an expo.

I applied, but they never called me back.

They ran out of funds.

[Another participant has some info on how she could enroll in the program.]

I think Sustainable DBQ is another fluff program. They're not targeting the low-income or poverty population—the publicity pathways target people of privilege.

It's do-gooder, but it *will* do some good.

They need to talk to people like us that have used it—they don't want people to know what it's really about.

You can find out about it, they just don't want to go to the time and effort [to advertise or explain the programs].

We could do much better to redistribute resources. We have so much money—look at the Millwork District. It's ritzy gentrification 101—next to the poorest, most diverse neighborhood in town. Then there are these super-fancy arts places—totally for privileged people.

They'll change the renter/owner ratio of the Washington Neighborhood. [I.e. the poverty will be less obvious in official statistics, because it will be diluted by affluent newcomers.]

I'm working on being a 1st time homebuyer, and there's lots of red tape I didn't know about. I didn't know you need perfect credit!

They're giving you a loan to buy your home, so you need a good score.

You need a median credit score, not a perfect one.

DBQ jumped on the sustainability bandwagon when it got trendy—
→1) Right—now they're starting to talk about transportation and things like that.
They need more programs for the kids—rollerskating, movies etc.

[The conversation drifted back to good and bad things about DBQ]

→Bridges out of Poverty and Gettin' Ahead in a Just Getting By World are good. The Circles program is an extension of Gettin' Ahead. Affluent people meet with Getting' Ahead graduates to give them ongoing support and advice.

→We're in a bubble, but it has lots of mini-bubbles.

Focus Group 2: Bridges out of Poverty. 12/20/11

How long have you lived in Dubuque?

Moved here in August

All my life

32 yrs

4 yrs

55 yrs

26 yrs

7 yrs

6 months

25 yrs

45 yrs

30 yrs

10 yrs

51 yrs

30 yrs

What are some of the positive things about the Dubuque community?

Recent things they've implemented to try to bridge [opportunities] for people that are more disenfranchised. They've recently made some really great efforts towards engaging all community members—e.g. this program, and the police/community dialogue for people of different ethnic backgrounds. It's helped break down some barriers, some of the stereotypes.

Me and my kids have enjoyed the school system. They just jumped into whatever they were allowed to get into—football, band, orchestra, etc. They didn't have those things where we came from. I became a student at NICC, and I felt very welcome, I got a lot of help. At first I felt like a blind person, I was antisocial, I didn't know how to ask for help. The community station in the downtown NICC office was very helpful. Dubuque is a place where, if you want to do better, there are services where you can move forward.

The library system offers different activities. For instance, there are free movies, with popcorn & soda, which is good for people who can't afford the theater.

Availability of child care assistance.

Past city mothers and fathers put together plans to develop the downtown—Main Street, The Port of Dubuque, etc. They got the money together for these projects, which bring life to the community, bring people down to visit.

The City leadership is willing to fund this program, as well as places like the wellness center. At the wellness center, you can do arts and crafts, play cards . . . it's a place for someone to go if they don't have any place else. [In response to a question of whether it's just for Hispanic immigrants] It's pretty much for everybody.

The art museum and the Mississippi River museum. I like looking at the art projects that people do. I also like the festivals in the summer and fall, and the Multicultural Family Center.

It's a beautiful city, a beautiful place to live, lots of spiritual resources.

Me and my kids came on a field trip to the museum. We saw the mountains and eagles and birds, and I thought—maybe this is the change I need, some fresh air.

What are some of the negative things about Dubuque?

The parking meters. I don't carry cash with me, so I have to remember to bring change. Most of downtown is metered, but the metered spots are only two hours, which is a problem for someone who's handicapped like me. The longer-term spots are farther away. Also, the streets are bumpy.

45-minute meters are in front of places where you're likely to spend much more than 45 minutes.

There's a deficiency in good mental health access, particularly for poor. A person who wants to be admitted to a mental hospital because they're suicidal will be turned away if they don't have insurance.

I've had that experience. . . .

There's been improvement from when I got here in '04, but there are still racial tensions coming from all different angles. You see it everywhere you go, but this is the worst I've ever seen it—and I've lived in the South.

I live up on the hills, so I'm worried for the wintertime. [can't remember the context—icy roads?]

I've been here about 4 years, and it's not so much racial tension . . . but rather, a lot of narrow-mindedness, hypocrisy, judgmental aspects toward anyone who's different. It's not so much that people who are different aren't physically safe; they just don't feel as comfortable here.

I think it's unintentional ignorance. The waitresses ask me to order first [as a White person dining with Black friends], and they bring the check to me.

Unfortunately, even the City promotes it . . . it's the cliques. You've got the Washington Neighborhood, the Point, the North End . . . if you move from the Point to the North End, you're still a "Pointer".

Downtown, the sidewalks are really bad, especially in impoverished areas where people have trouble getting around.

You can bet that the places with the money will have their streets cleaned first. Westview, the North End . . .

If you could add 3 things that would benefit families in Dubuque, what would they be?

Add evening transportation . . . till the mall closes at least, about 9 or 10 pm.

We need transportation earlier in the day as well. I've known people who need to go to work at the strip mall by 8 am, but the bus doesn't get there till 9.

On the weekends, the buses don't start as early. I had an issue a few years ago when I couldn't get to work.

It's been a fight constantly every few years—"we need this service, we need that service"—but people don't use it at certain times of year. The transit system doesn't make revenue at certain times of year. If you're going to commit to it—say, riding 60 times a year or 30 times a year—you need to commit to it. If you go fewer times, you pay more per time.

A good footnote on the buses—they've held the fare at \$1.00 for a long time. It makes it attractive to have the basic fare so low, with deals below that.

More after-school programs for children whose parents have to work late at night. We need more programs just like the Multicultural Family Center and the Boys and Girls Club offer.

The Boys and Girls Club is such a good place for kids. It would be good if there was another one.

St. Margaret's does a lot of good after-school stuff, although it's just till 5:30. My kids participate.

More and smaller secondary schools. Our middle and high schools are too large, and they get out of control. I worked at Roosevelt for a couple of years, doing lunch duty for 2 years in a row. Instead, they're moving toward fewer and larger schools.

There was an issue like that in the Raleigh-Durham, NC, area.

Bringing in jobs and offering breaks to businesses that are going to hire people in DBQ—instead of giving transit breaks and tax breaks to a company that hires outsiders. I think it's disgusting . . . you know who I'm talking about.

They came in, they have this arrogance about them . . .

Emergency overnight child care. If someone gets arrested or goes to the hospital, the kids go straight to DHS, which opens a whole can of worms. With overnight day care, you could have people who are certified to watch children.

If you could take away 3 things that hurt families in Dubuque, what would they be?

Oh yeah!

I'm not necessarily going to say DHS . . . but if you or your culture are different, it's difficult to deal with them. They could be more understanding of different cultural practices, instead of infringing upon—and capitalizing—on those differences. Once you're engaged in their system, it's difficult to fly under their radar. Once you're out, your ability to get back to a normal life is slim to none.

When I walk across the street, people don't pay attention—they're talking on their cell phones—especially when children are crossing to go to school.

Negativity to people with disabilities—I've experienced it. They see someone with a wheelchair or walker, and they're like, "Get out of my way, you're going to slow."

Some of these inclines and buildings are hard to navigate.

Lack of civility. In terms of language, a girl 12 years old swore at her mother. I see a lot of general rudeness.

When I had a vehicle with a handicapped sign, I'd get out and they'd give me the staredown, because I'm not in a wheelchair or on crutches.

I've experienced that too—people don't realize you don't have to be in a wheelchair to be disabled. Sometimes I want to just tell them, "I had a stroke."

People not minding their business when they should, or not interfering when they should. For instance, I was at the grocery store, and a little girl shoved a package of hot dogs in her mouth and almost choked. Her mother yelled at her to take it out. A woman walking by said, "I'm a mandatory reporter, and I could turn you in to DHS." But if she had seen what I'd seen in the last couple minutes, she wouldn't have interfered. . . . Not everyone has "now little Timmy, you go in time out!" There are different cultural practices.

Another aspect of disability is employment. You bring up the "D" word, and they're like, "we don't want you!"

Oh, yeah!

Which categories of social services in Dubuque do a good job or bad job of meeting demand?

You can always get a meal in town—at least one, at a church or somewhere. [People nodding in agreement]

The shelters—

—Unless you have a male child.

A single man with children has the biggest problem.

My cousin is pregnant, and her parents kicked her out. She has a 3rd shift job, and the shelter told her to quit her job [so she could use their facilities during normal operating hours].

Substance abuse services are really limited.

They've suffered a setback and somewhat of a crisis—there was some mismanagement leading up to it.

How long does it take them to recover?!

My kids were removed from my home because of substance abuse issues. But I had sought help *before* DHS got involved, and there was no one in the immediate area.

Mental health services are also hard to find—they've had a crisis also.

"Interim health" for the disabled, between when they find out they have the problem to when they get services such as food stamps and housing.

Some of these programs class you all together. Not everybody progresses at the same amount of time. They expect you to go from point A to point D in a certain amount of time, and if you don't, you're done. It's not so much the organization's fault, it's the lack of funding.

Which services in Dubuque are of good or bad quality?

Housing assistance is good, but they're looking for more funding.

Part of that is because a lot of people abuse it. [She might have been talking about social services in general, not just housing] My husband goes to work every day, but can't afford the health insurance. Why go to Crescent, where a nurse practitioner will scratch her head, and deal with each medical issue in isolation? You get a prescription for one health problem, and then you have to schedule another appointment for another prescription. I'm a volunteer at the Y domestic violence shelter. It's good quality, but there's not enough funding or space. We're full all the time.

Intensive Psychiatric Rehabilitation (IPR) through Hillcrest is good. I wouldn't have gotten Social Security, housing, or other services without it. It's basically a program to learn how to help yourself.

Vocational Rehab is good.

I'm fairly healthy, but I have blood pressure and diabetes issues. But I can't see one doctor without a bunch of tests ordered by the first doctor.

I want to second what she said earlier about the domestic violence shelter.

Voc Rehab is subpar. They pick and choose who they're going to help. I have a friend who's been on the list for awhile, and someone who just came out of prison will get right in.

Housing assistance is good, but only for a certain demographic—you need to be a single parent with children.

I get turned down [for housing assistance?] because my car's too new—I have assets. You need a car, you need assets . . . the car isn't even paid for yet.

When there are community issues or concerns that are important to you, do you have opportunities to express your opinion? If so, how do you find out about these opportunities? If not, how could the community create more opportunities for people to get involved?

No, absolutely not.

When I got here, I was at the shelter, and there was a TV channel that lists community meetings. It gives a list of times and dates that the City and officials are having meetings.

Word of mouth. I've been here 4 years—when I first moved down here, I didn't know anything that was available. I called the library, and the lady told me to go to the county.

Depends on who you know. Most agencies and organizations have the ability to pick and choose. If you know somebody, you're likely to get the help you need in an expedited time. If you don't have the language of negotiation, 9 times out of 10 you're out of luck.

I was on a couple of city advisory commissions. We worked so hard to get input. We moved them around town, to make it easy for them to come, but people don't come. It's in the paper, in the library, in city hall . . .

I don't really go to the library, and I don't get the newspaper.

I don't get TV or the newspaper.

Post it in different areas that different people would go to, such as Wal-Mart.

We need something like the school has that posts what's going on there—have that in other places.

Post flyers in coffee-shops, supermarkets, restaurants, the Wellness Center. Post it ahead of time.

To come here today, I got the information from another agency, from Voc Rehab. If different agencies work together, they can spread the word around.

Radio PSAs, but not just on one type of station.

My husband hasn't heard about things, and he listens to 4 different radio stations.

Why does someone have to hit the bottom before they hear about these places [social service agencies]?

Maybe there needs to be some kind of education at the junior high and high school level, so kids will know about these programs when their families do need them.

I get the newspaper, but sometimes I don't find out about these things. I don't read those lists. If there's an article that says, for example, "The library board is meeting, and public input is desired", I might go. Otherwise you think it's just for the board.

If you feel like you don't fit in, you're less likely to get engaged, and you feel disenfranchised. I've been here 7 years, and I'm just getting to the point where I feel where I should be here. I've got double whammies—mental

health issues, on top of being a Black woman. It's not just me, but those who perpetuate the stereotype of Black women . . . I'm not asking for welfare.

The resident advisory board for housing meets in afternoon—you need money to plug into the meter.

What if someone works during these meetings?

I agree with what she said about fitting in . . . my fiancé and I tried to fit in. She's transgender, and I'm gothic-bisexual. It's hard to be out there without being called names—

—Or stared at.

Are you familiar with the city's "Sustainable Dubuque" program? If so, how do you feel about it?

[About 2/3 or 3/5 of attendants have heard of it.]

It's like a sound bite—it has no real meaning. People have heard the term, but it doesn't go beyond that.

I think "green" means DBQ can function without having to use a lot of outside resources. With Sustainable Dubuque, there's also been a little talk about more jobs.

I don't think the public knows much about it. We need to get the word out—initiate neighborhood meetings or discussion groups.

Any further comments?

Dubuque is a good place to live.

It's a great place to live! I will say one thing, and then I'll shut up: Title IX people are coming in, and then going out. I know White people and Blacks that have been on it for 3 generations . . . but we don't have the money for it anymore.

Agencies working against one another is a big problem. For instance, say you're on food stamps and then you get housing assistance—suddenly you lose your food stamps. So what if you save \$50 on housing, if you lose \$100 in food stamps?

Once you make that bridge over to self-sufficiency, you suddenly find yourself trying to overcompensate in other areas. For instance, they take taxes out of my husband's pay . . . but people next door have housing, food stamps, and everything. My husband goes to work even when he's sick, and he doesn't have health insurance. . . . if this is an all-American city, shouldn't it be consistent for all Americans?

→Do service agencies collaborate?

Nope.

The programs are good by themselves, but not when you put them together.

Right now my kids and I are surviving on everything government. I don't want to—but I'm afraid if I go off, my kids will lose benefits.

When I came here, I was living off what money I did have, to get a place for me and my 2 children. I did get some help in terms of referral to an apartment with week-by-week rent. It's limited as far as advice and referrals are concerned.

The parks are excellent.

You can get ahead if you find the right resources, if you want the help . . . but you have to be willing to put everything on the line. You have to tell your story even if you don't want to—you have to play by their rules.

One of the needs is for people with mental health issues. If they're in a poverty or low-income state, reintroducing them to society is especially difficult. The system adds insult to injury—for instance, maybe you can't get a job because you have a criminal background or unpaid fines, but you can't pay the fines because you can't get a job.

Will the results of your research have positive feedback?

→[Presenter replies that the students will do our best to impress the importance of our findings on the Community Foundation and city officials, but we can't make them act on it. She emphasized that it requires buy-in from community members such as those in the Bridges program to be effective.]

Hopefully we'll raise \$60M for a new Amtrak route to Dubuque. The Illinois legislature has already appropriated the funds.

UI has a medical school. They could tell people who go into psychiatry that they'd lower their tuition if they do service in Dubuque. UI Health Center is a good example, but Iowa Care is only available in Iowa City.

Crescent is providing Iowa Care.

. . . until they run out of funds. They only have a few months' worth.

Focus Group 3: Hillcrest Wellness Center. March 12, 2012

How long have you lived in Dubuque?

30 years

Grew up in Dyersville, moved here in '92

Born and raised here

Born and raised here—lived here 55 years

Moved here in '73

Moved in and out of DBQ over my lifetime, been here since '95

Been in Dubuque County since '65

What are some of the positive things about the Dubuque community?

The parks. The more “nature-like” parks aren’t quite as close to me as I’d like, though. One of my coping tools has been to go down to the creek and pray and sing.

I like the size—it’s not too big or small.

The medical and psychiatric services are better than in smaller towns. I used to live in small towns—5000 people or less—and they had medical services but no psych.

The hills and river.

Collaboration between social service providers and the community—

(A couple of participants agree that collaboration has improved in the last 5 years or so)

For instance, if you’re receiving services from more than one place, you have a DHS worker. By having that link, one of her jobs is to let you know the options that are available to you. Just recently we have some more options than we’ve ever had. You find out about them from case workers and peers. Before I was disabled, I didn’t know I would’ve qualified for Section 8—I thought my full-time job disqualified me. One frustrating thing is that everything is moving to west end. The Social Security office is an example—they don’t have bus service to the door.

The location [of some services] is not good.

Also, the DMV moved to Key West—they don’t have direct bus service there either.

They do have bus service now to the drivers’ bureau—it just started.

What are some of the negative things about Dubuque?

The minibus is very frustrating—it’s hard to get what you need from them. Sometimes they come a half-hour or more before your appointment to pick you up, other times they don’t want you to call [for a ride home?] until right after your situation is over. Sometimes I’ve had to wait an hour and a half or more. I have several friends who have stopped going into the community because they’ve gotten so frustrated with the minibus.

The City bus only is available during the day—there’s no night bus service.

There’s no service on Sundays or holidays either.

If you have a job from 9 to 5, you can't use the bus, because they end at 5. When I worked here on weekends, I wanted to use the bus, but the last bus left at 3:30. In the '80s, it was great—the bus ran till 10 pm and came more frequently. A lot more people used it.

Alcohol use is accepted far too much; there's also a problem with drug use. People think they need alcohol at every party ...

This is a river town, the kind Mark Twain described—drinking is kind of a given. Apparently there's more drinking per capita in Dubuque than anywhere else in the US—it was in the newspaper a few years ago. We have an inordinate amount of neighborhood bars. In L.A. and other big cities, those bars are going by the wayside—when one of these bars goes out of business, the community tries to get rid of it for good. Dubuque now is like Des Moines in the '50s—we're about 10 to 15 years behind. But drug use being high here ... that's a loaded statement. I'm not trying to blame the police—they do a good job protecting us, and I feel very safe here. And drug use in Dubuque is nothing like in L.A. But the drug problem is out of control anywhere. The police know where the pockets are, but they can't necessarily go in. I live in the 'hood, and I've seen 2 street dealers—the police quickly had them jacked up and squared away. They're keeping a lid on [the drug problem]. But you don't see any prostitution. ... Alcohol is a gateway drug. You could even say nicotine is a gateway drug—they're all addictive. (*Jody: How does it affect Dubuque?*) It makes the downtown a little unsafe at night. You see people at various stages of alcohol abuse ... About midnight, 12:30, people come rolling out from the bars, then again at 1:30 and 2 am.

Yes, you see problems in the parks—the street gangs take over, so little kids can't play.

I lived on the North End for 25 yrs ... they [deal drugs] so bluntly, it's ridiculous. You see a car jet up to a house, drop off money, and back out.

[The police] know, but what are you gonna do? Unless you send someone in, you can't get 'em. This is everywhere. You can get meth in any small town. ... Two weeks ago, they got caught making meth in a student apartment near Loras.

If you could add 3 things to Dubuque that would benefit families, what would they be?

A drug task force—

They already have one—

But it's not enough.

I think the transportation need should be addressed really hard—it's a huge limiting factor for a lot of people. I used to take a route where people could get 3 or 4 errands done—now you're lucky if you can get 2 things done.

You need a downtown loop. [The City] spent a couple hundred thousand on that study they did, and I put [the idea of expanded bus service] to John Kurdish [spelling?], but it never went anywhere. [Said something about Simonite (??) and a car wash, but I missed it] People are riding their bikes up these hills, but they can't get up the hills on a bike, so they have to walk ... I've known people who walk 2.5 hours to work and 2.5 hours back.

We need more parking downtown.

But an awful lot of people don't have money for the parking meters.

(Jody: Is there a limit of space in general or just free space?) A little bit of both.

I'd increase mental health services. Right now it's just Hillcrest and [???] Associates—those big monopolies. Dubuque's situation may be better than small towns, but it's not enough.

Substance abuse treatment facilities—there are no inpatient facilities right now. Turning Point is outpatient.

I've taken a mentally ill person to the emergency room—we sat there for 6 hours, and he still didn't get admitted. There are no beds in the whole state of Iowa for the mentally ill.

I agree, inpatient beds for the mentally ill—the trend is to not hospitalize, but sometimes you have to. My son has been transported across state lines in a few cases when he needed to be hospitalized. Also, there are no halfway houses for drug abuse—there are for mental health, though.

We used to have [a halfway house for recovering addicts] ...

We need affordable housing. There are apartments being built; that's fine and dandy if you can afford \$700/month.

In the last couple years, I've seen perfectly nice houses ... houses I've cleaned up after the elderly inhabitant sold and moved out ... they tear them down and build huge new houses that take up almost the whole lot. They keep building for what is above the median income in the city. You don't see the smaller houses, just the big houses going up. *(Jody: Where?)* Everywhere!

You don't see a lot of new houses in the downtown area. Most housing that people with disabilities or low incomes can afford is in the downtown, though. I can't afford anywhere near the West End. Even Keyway, which isn't that far west—even those houses and apartments are too much. People with limited incomes have to live in the downtown area.

Even downtown is becoming expensive because of IBM. IBM is great to have, but ...

We need more transitional services for people coming out of the hospital.

Some people, when they come out of the hospital, need to be in group homes. But we don't have many group homes for people with psychological disabilities; those with developmental disabilities are better served [??]. There are only 4 group homes for people with psych disabilities.

My parents were in assisted living. They had a nurse on call, meals provided ... sometimes just having that much support can make the difference between living inside or outside a group home.

If you could take away 3 things in Dubuque that are harmful to families, what would they be?

There's a cultural attitude here against the mentally ill, same-sex people, and drug abuse. The stigma is a big problem—it's a cultural thing. Again, Dubuque is 10 to 15 years behind bigger Iowa cities. It's not just the attitude, but the culture. I'm not going to say we need "tolerance"—I'm not going to judge one way or other—but we need more DIALOGUE. Some people, for instance at the vet center, have attitudes from the '50s and '60s. I don't want to talk bad about the city, but I will say, they need to address the cultural issue. For instance, the river town drinking, the ongoing dispute between landlords & tenants, etc. Some landlords have stepped up and said, "We will rent to convicted felons—everyone needs a place to live." When they're denied housing, that's how they end up on the street, in gangs ... we live in an accusatory society. That doesn't solve the problem. You need to get in there and say hey, they're people too, we need to address those problems.

There needs to be more awareness ...

It happens even in my family—anyone on Social Security or disability, they say, "They're just not trying."

I've had 2 of my relatives tell me I'm a deadbeat—I'm on a military pension. Even the Unitarian Universalist church that I belong to, the most liberal church in town—one woman in the congregation says, "If my relative would only just do this ..." Well guess what—if we could "just do" those things, we'd be normal just like everybody else!

It's the politics—we [the mentally ill?] are already the lowest reimbursed service on Title 19, and they're cutting us again??? We've got mental health cut 3 times in the past few years.

Which categories of social services in Dubuque are best or worst at meeting demand and providing quality services?

That's a good question.

Everyone's on same thought about wanting the services, but they keep cutting it. It's here, you start getting used to it, then it's gone. You're in the first step to mental or physical recovery, then bam! Out the door it goes. Everything that's supposed to be good to keep you healthy—if you're low-income, it might just disappear ... and it's unannounced. You find out from some agencies. There are so many other ways they could announce it, though, such as newsletters.

Before I came down here, I didn't know about any services. There was jail diversion, but not anymore.

A drug court would be nice.

When we had a jail diversion program, someone would come out of incarceration, and they'd be in our office almost immediately. We'd try to get them mental health services, etc. They'd have no money, only 1 or 2 refills of medication, etc. We connected them with the social services they qualified for, and we advocated for them.

They've had a board meeting for 3 years now on reintroducing a jail diversion program. They can pull you off your meds when you go to jail, but other programs require you to stay on your meds to get services. When you get out of jail, you're on your meds, but you only have a 30-day supply. The county doesn't want to appropriate money for mental health services in jail.

Adult education is keeping up with demand, but it's expensive. You have the community college, and Clark and Loras have continuing education, etc.

Project Concern's good, and the Crisis Center is good quality—it's kept people out of jail. The price for prisoners is \$45-50/day, so this saves the county money. Our [mental health?] board is working on training for police to take people to the Crisis Center. But we still need jail diversion, a drug court, etc. Dubuque could lead the way—we're big enough—and Mental Health Redesign is underway at the state level. If we could just get the Mayor's Office and City Council on board ... they need to stop just relying on the mental health organizations in town. They need to step up and step forward—I don't know what they're afraid of. Maybe that cultural thing—they don't want to be "soft on mental illness".

Sustainability is nice, okay, but it's about *things*. I'm talking about the *people*. Sure, you're catering to the homeowners, but it's not helping the *people* across the board.

It seems like our town gives money to the business areas, but leaves the people who actually live in the city and pay taxes in high water.

When there are community issues or concerns that are important to you, do you have opportunities to express your opinion? If so, how do you find out about these opportunities? If not, how could the community create more opportunities for people to get involved?

[Regarding the existence of opportunities] Not in the city.

We have this [focus group], which is a good thing. You've got people from several organizations right here in this room. They need to utilize us more as a resource.

I really think we need to separate the Human Rights Commission from the City—there's too much political overlap. If you have a complaint against the City, they don't do anything because of the conflict of interest.

(Jody: Would people use HRC more if it were independent?) Yes—people I know have gone there and been frustrated.

They could do a lot more if they were independent.

When people aren't heard, and are frustrated, it translates to abuses of all kinds. Again, I don't want to evoke the slippery slope argument, but that's what happens.

Even the people I know who work for the HRC say that they can't do what they want, because they're tied to the City. They have trouble getting an agenda through.

I've heard over and over again—if you have a really good project, and City gets involved, you may as well forget about having any control over your original [idea] and all the work you've done. For instance, a friend of mine wanted to open a house for higher-functioning people with disabilities who couldn't find housing elsewhere. [When the city took up the idea], she all of a sudden found herself without a voice in the project. It's not just that

project—I've gone to several transportation board meetings, and I don't feel like we were listened to once. The timing of the transportation committee meetings is after the buses run!

And the buses are often full.

It's partly because they have schoolkids riding the bus. When I rode during the day, that was a problem. They also went to smaller buses on some routes.

Are you familiar with the city's "Sustainable Dubuque" program? If so, how do you feel about it?

(Most focus group participants have heard of Sustainable Dubuque)

I've been several times to a young man who works as the [sustainability coordinator?]. I said, "You're still pushing the squiggly light bulbs! Now it's LEDs!" He was 2 years behind—the head of sustainability for Dubuque! He thought there were only red and green LEDs, but they have White ones now as well. They're using old technology, old information—the light bulbs are just the best example.

My feelings are mixed. Once they got media attention, they stopped doing things—for instance, you can't recycle glass anymore. Once the media is gone, their commitment isn't there.

And it's all about IBM lately.

Everybody's turning green, green ... [said something about the blue dumpsters that I missed]

Recycling glass—that's the most recyclable thing out there! Especially clear glass!

Again, Des Moines, my hometown, is ahead of Dubuque on this. My elderly mother had to separate things in containers, and drag it out in the snow because her rotten son wouldn't do it. Now, finally, they're doing single stream in Des Moines. Dubuque did it only very recently. We're chasing sustainability, chasing human rights and all that good stuff—but we're behind. It should be so easy for a small city, compared to a large city. We should be able to turn on a dime.

A lot of apartments don't have recycling.

A fair number of landlords are doing recycling, but not all of them. My apartment has just one small dumpster for 24 [?] units, and everything goes in there. We have a couple of can men who rip open the bags—they're very polite, as can men always are—and pull out the metal and plastic. Look around the downtown area—there's not enough capacity for garbage or diversion of recyclables, so there's lots of trash around. It contributes to the narrative that the downtown is a seedy area.

The recyclable redemption area is all the way out by Hobby Lobby now.

You can't take big bottle and can bags on the bus.

We do have the best water in Dubuque though!

That's what they say in Des Moines too.

I think there should be a gay and lesbian center, and more education [about accepting them].

They're working on that—there's a new board now. Jessie's on that board.

They keep pushing “whole health” —Michelle Obama's program— at the federal level, but it's still a medical model for mental health. And the governor is going to pick blue zones. Why can't we all have blue zones? Why is everything gotten by lottery? For instance, IBM—I don't think Dubuque even tried [to get them]! ... [The City is] trying to encourage participation, but it seems to just be a publicity stunt—you'll probably get nothing from it.

We have a good K-12 educational system—but we need to do AWAY with No Child Left Behind. As a former teacher, I say it's a nightmare.

Schools: Good

Services to children have declined since NCLB—it's taking us back to the '50s.

I'm peer support in a variety of programs, I'm a member here [at Hillcrest], and I'm on a number of boards. These are group members here [at the focus group]—they're not just speaking as individuals.

Grassroots approaches are best. The pyramid is the strongest structure, and the inverted pyramid is the weakest.

Bridges out of Poverty—that's a good program. They have a focus group every Tuesday—a discussion at Prescott School.

Children/Family Services (?): Good

Over at St. Pat's??, there's a Hispanic Mass at 2 pm on Saturdays. It's not just for Catholics, but [geared toward] all Latinos.

Hopefully [the Portrait of Poverty project] goes somewhere—in politics, the best way to kill a topic, do a study on it.

A couple people here were part of Citizens for Community Improvement in '80s. We helped get a law passed to prohibit utility shutoffs for poor people—elderly, single mothers, etc.—people living in houses that just leaked heat.

Father Kushner, a local, was one of the founders of CCI. They're pretty forward thinking—some think they're radical, but I don't think they're radical enough.

Things went bad—there an embezzlement scandal [in the Dubuque chapter of CCI?] ... A friend in of mine from Davenport was the director of the chapter.

Operation New View used to help with siding, insulation, and other weatherization activities.

You used to be able to get help replacing windows, and blow-in insulation, but don't do that anymore. Now they put plastic on the windows—you have to do it again every winter.

They probably need more than just one day of doing it around Dubuque—

And there isn't enough funding for everyone.

The City Expo is in April [Date??] from 5 to 8 pm. Each service provider has a different booth. They have free food, so it gets really crowded.

Carolyn Lang was instrumental in winning the Magellan Grant for the Crisis Center—ours was one of only two Iowa communities to get the grant. The locations are all over Northeast Iowa, and in Washington County. She also founded this Wellness Center. They take people to the Crisis Center instead of to jail, and they have a trained counselor and 2 peer support people on-site or on-call 24 hours a day. They're trying to get staff on-site around the clock. They route people to the psych ward and other places in community. It's useful for petty crimes—what are known as “mental health nuisance crimes”. For instance, one guy goes around and cusses out buildings. The cops know who he is—they know he's harmless, but he's jailed occasionally. Another guy blesses all the buildings. Another guy goes around praying over the buildings.

Jail Diversion is a State of IA program that ran out of money. Twenty-five people [in Dubuque?] representing various stakeholders met with the Department of Corrections, local law enforcement, the County Attorney, and so on. They've been meeting 3 years, and nothing's come of it. They don't want me on that commission <:-P

Focus Group 4: Hispanic/Latino Group at the Multicultural Family Center. 4/3/12

How long have you lived in Dubuque?

11 years

9 years

8 years

5 years

What are some of the positive things about the Dubuque community?

→The city was able to help me buy my house. I am able to go to Crescent to get cheaper healthcare than anywhere else. This is especially for those without SS or health insurance.

→I like the schools, but especially the Catholic schools. They not only teach English, but also provide materials in Spanish.

→St. Mark's has a program for public elementary school kids. They provide two hours of day care and breakfast before school, as well as after-school care and an afternoon snack. All for only a dollar a day.

→The St. Mark's day care program also sends me a letter regularly asking if I need transportation for my kid.

→It's a very family-oriented town—public library, museums, lots of parks and park programs. If you can't afford the park programs, they give you half off. There's also public pre-school available to everyone in the state of Iowa—for 4-year-olds.

→Last year about this time, we started to do focus groups with different cultural groups. One was a Hispanic group—the attendees decided it couldn't end with a focus group. I (Molly) help coordinate the logistics.

→Relations have improved with some [Hispanic/Latino residents], but not all. There's a core group that's more united than everyone else. The others may not have interest, or they may be afraid [because of immigration issues?] . . . it's hard to disseminate information. There's no central way to get info out. The group wants a couple hours on KETA to get info out (and music).

→The idea of having those few hours of Spanish on the radio would be beneficial not only to Dubuque, but also to the surroundings. It would let people know that Dubuque does provide these services, and get people over that barrier.

What are some of the negative things about Dubuque?

→Sometimes I think it's a little segregated. It seems like there's a low population of Hispanic or Black residents. I think the MFC has helped a lot [to bring people together]. My husband is Mexican, but we're Baptist, not Catholic. We don't have that [Catholic] church community [that many Hispanics rely on], so the MFC helps us feel connected. You have a lot of community in the church, but if you're not of the same faith, you're not getting the message as much.

(Another lady said the same thing—she doesn't go to church, so she doesn't get the information as much.)

→The crime rate, especially in the downtown area.

→I think there's some negative perceptions too. There's a perception if you're of another race or ethnic descent, you aren't as educated. Everyone I meet, they have training from their country, but it's not acknowledged.

→In the Hispanic community, we have lawyers, but they can't practice here—their license isn't recognized in the U.S.

→Throughout the U.S., there are a lot of restrictions for foreigners who have a Ph.D. or something—they can't practice what they studied as a job. If only they'd take down some of those restrictions and just administer a test based on their level of English [unclear if she meant that the test should be written to be understandable for each taker's proficiency level, or that test takers should be certified if they have a certain minimum English proficiency].

If you could add 3 things to Dubuque that would benefit families, what would they be?

→Expand programs such as the one that helped me buy my house. It took a long time for me to get my house, though, because they did a lot of investigation. It felt like I had a 2-year wait when others just waited a week. [The city gives you the house, you don't get to choose it. The city has bought it at a cheap price, or has confiscated from a non-paying owner.] It seemed like they played games with us—I felt ignored throughout the process, and that's

why it took so long. They'd tell me "this is your house", then "no, this isn't your house"—finally, someone in the agency put their foot down and said, "you have the rights to this house".

If you could take away 3 things in Dubuque that are harmful to families, what would they be?

→It's a long process and they require a lot for Medicare for my kids. Sometimes they deny it—but they're U.S. citizens, so they should get it. I went to talk to them, and the front desk girl asked what my immigration status was. I said, "It's not for me, it's for the kids!"

→That could cause fear—people won't want to apply if they're going to ask things like that.

→[Joke] that's why Molly has to come to the meetings—to report them : P

→What about the Hawk-i insurance—can you get that if you don't qualify for Medicaid?

(It was established that Hawk-i is available for children of low-income parents who earn too much to qualify for Medicaid. However, if you do not qualify for Hawk-i, you certainly will not qualify for Medicaid.)

Which categories of social services in Dubuque are best or worst at meeting demand and providing quality services?

→There isn't someone in person to translate to Spanish for a lot of services. E.g. for DHS, they have a 3-way call, which isn't always the best way to communicate. At Crescent, by comparison, they have nurses and front desk people who speak Spanish. It's cheaper, since we don't need to pay a private interpreter to come with us.

→I'd be able to take English classes if I could find day care for my young child.

→I wish Medicaid could provide more services and more coverage—such as braces. I've even thought about sending my daughter back to Mexico for braces.

→My husband has gone to a grocery store and tried to pay with cash or card, and people haven't wanted to touch his money. I also think there's racism like that in the human services department.

→Most of the services are pretty good—the issue is translation.

→An example of racism—we were moving to Dubuque, and I was looking for a job. A lady was ready to hire me when I talked to her on the phone. But then I sent my resume—my last name is Mexican—and I never got a call back. I'm sure it was that, because I was overly qualified for the job. I'd rather not say who the employer was—it was a literacy education company. And I'm not the only one who experienced that moving to Dubuque. A friend of mine is Black, and she experienced problems as well moving to Dubuque ... that was 5 years ago. They made comments to her family . . . And I've been chatting with people, talking about where we live, and I've been told, "Oh, you're the Mexican family on the road!" There's a lot of negativity, which I'm very sad to say.

→It's because the people don't come [to public meetings] and don't say nothing, only me : P

→If you're already made to feel that way, and then you're invited to something like this [focus group], it's hard to share your experiences because they were hurtful.

→There aren't that many day care services where I feel comfortable leaving my child while I'm at work. It has a lot to do with language—my daughter will feel isolated because she doesn't know the language well. ... And the day care services are expensive. Jobs here in Dubuque don't pay well enough to afford day care.

When there are community issues or concerns that are important to you, do you have opportunities to express your opinion? If so, how do you find out about these opportunities? If not, how could the community create more opportunities for people to get involved?

→Before there wasn't, but since the Hispanic community group began, there is now. There are better opportunities to speak out. I go and tell everything, because I feel I need to speak up in order for the community to be aware of the problems that exist.

→I found out about the Hispanic group by coming to the MFC. The MFC's been around for 2 years at this location.

→It was practically in a closet before; the facility we have now is beautiful.

Are you familiar with the city's "Sustainable Dubuque" program? If so, how do you feel about it?

→No . . .

→Is that the eco-friendly program? I know there's programs like that—for instance, my son's school is a "green visions school". They want you to recycle, and they earn flags for the things they do. I think this was part of Sustainable Dubuque too—they went around doing home inspections after the storm, and helped them do repairs if they qualified [by income?]

→I've heard about it—particularly a program that helps people replace windows. Is that Sustainable Dubuque? [This is the same woman who originally said "no" . . . she's heard of individual programs, but hadn't realized they were under the aegis of "Sustainable DBQ"]

→No, I think it was a lead abatement.

→Could it have been a scam?

→I know there's assistance to help people weatherize and make other sustainable changes. The only member of the Hispanic/Latino group who was interested was the homeowner.

→The program that allowed me to buy my home was designed to help the neighborhood as well as the new homeowners . . . is there also a program that could help me renovate the 3-unit apartment complex that I own? Everything around me is being renovated, and I'm worried I won't qualify because I already got help buying my home.

Other comments

The language barrier is an issue—I feel more restricted. I hope there'll be more translators, more ways to communicate.

Community Questionnaire

Students from the School of Urban and Regional Planning at the University of Iowa have partnered with Sustainable Dubuque to assist with their community projects. The purpose of this survey is to gather your feedback on available resources and quality of life in Dubuque. We encourage your feedback. This survey will take you around **10 minutes**. Your participation is voluntary, and you may skip questions or stop the survey at any time. Questions or concerns about this survey should be directed to Dr. Charles Connerly at the University of Iowa at (319) 335-0032. Thank you!

RESIDENCY

1. How long have you lived in the Dubuque Community? (Please circle or \checkmark your answer.)

<input type="radio"/>	Less than 1 year
<input type="radio"/>	1-5 years
<input type="radio"/>	6-9 years
<input type="radio"/>	10 or more years
<input type="radio"/>	NA/Prefer not to respond

2. If you moved to Dubuque from another location, please tell us why you moved here? (Circle or \checkmark all that apply.)

<input type="radio"/>	Family/Friends here
<input type="radio"/>	Job/Employment opportunity
<input type="radio"/>	Attend College
<input type="radio"/>	Public Schools
<input type="radio"/>	Church or community organizations
<input type="radio"/>	Housing availability or costs
<input type="radio"/>	Cultural or recreational attractions
<input type="radio"/>	Available community or social services
<input type="radio"/>	Other (<i>please explain</i>):
<input type="radio"/>	Prefer not to respond

3. Which neighborhood do you live in? (Please circle your response.)

Bluff Street	North End
Bradley	Orange Park
Broadway Extended	Point
Downtown	South Grandview
Grandview	Valley View
Hilltop	Other (<i>please explain</i>):
Historic Bluffs	Unsure
Ivy League	Prefer not to respond
Langworthy	

4. Do you like the neighborhood that you live in?

Yes	No	Does not apply	Prefer not to respond
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

QUALITY OF LIFE

In the next section, please tell us how much you agree or disagree with each statement (Please circle or V the option that best describes your feelings.)

5. In my experience, housing in Dubuque is affordable for persons who want to rent a home.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Prefer not to respond
<input type="radio"/>					

6. In my experience, housing in Dubuque is affordable for persons who want to buy a home.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Prefer not to respond
<input type="radio"/>					

Comments: _____

7. In my experience, it is easy to obtain a job that pays a living wage in Dubuque.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Prefer not to respond
<input type="radio"/>					

Comments: _____

8. If I or a family member were facing a hardship, I know who to contact in Dubuque for assistance.

Agree	Disagree	Does not apply	Prefer not to respond
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

COMMUNITY INVOLVEMENT

9. Have you ever participated in a community meeting (e.g. a city council, school board, or neighborhood group)?

Yes	No	Does not apply	Prefer not to respond
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. If you've ever had difficulty getting to a meeting that you wanted to attend, what issues made it difficult to attend? _____

11. I think that Dubuque is a welcoming community for persons who may be perceived as "different".

Yes	No	Does not apply	Prefer not to respond
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Question

11: _____

12. Are you familiar with the city's "Sustainable Dubuque" program?

Yes	No	Does not apply	Prefer not to respond
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

parenting classes)						
Quality of Services in Dubuque continued...	Excellent	Good	Fair	Poor	Don't know	Prefer not to respond
Domestic Violence Services	0	0	0	0	0	0
Financial Literacy / Counseling	0	0	0	0	0	0
Information & Referral	0	0	0	0	0	0

A LITTLE BIT ABOUT YOURSELF (optional)

13. Please tell us your household's income. (Circle the correct category below.)

Less than \$6,000	\$6,000-10,000	\$10,001-15,000	\$15,001-20,000	\$20,001-25,000	\$25,001-30,000	\$30,001-35,000
\$35,001-40,000	\$40,001-45,000	\$45,001-50,000	\$50,001-55,000	\$55,001-60,000	\$60,001-75,000	Greater than \$75,000

14. Age	15. Number of persons in your household	16. Race/Ethnicity (v <u>all</u> that apply)
<input type="radio"/> 18 years or younger	<input type="radio"/> 1 person	<input type="radio"/> African American
<input type="radio"/> 19-30 years	<input type="radio"/> 2 persons	<input type="radio"/> American Indian/Alaska Nat.
<input type="radio"/> 31-40 years	<input type="radio"/> 3 persons	<input type="radio"/> Asian
<input type="radio"/> 41-50 years	<input type="radio"/> 4 persons	<input type="radio"/> Hawaiian Native/Pacific Isl.
<input type="radio"/> 51-60 years	<input type="radio"/> 5 persons	<input type="radio"/> Native American
<input type="radio"/> 61-70 years	<input type="radio"/> 6 persons	<input type="radio"/> White
<input type="radio"/> 71 years or older	<input type="radio"/> 7 or more persons	<input type="radio"/> Hispanic/Latino
<input type="radio"/> Prefer not to respond	<input type="radio"/> Prefer not to respond	<input type="radio"/> Prefer not to respond

Please feel free to share any additional comments you may have about life in Dubuque.

****Thank you for taking the time to fill out our survey. Your input is appreciated!**

Comments from Residents Who Took the Survey

“Do you like the neighborhood you live in?”

Good city

Friends, food and drinks.

I walk everywhere so being downtown, I'm close to where U need to be.

centrally located. Hwy 20. Plaza 20. 15 minutes from anywhere.

Tired of certain people getting away with stuff around here, the hollering discrimination and all.

I (dec?0 for every holiday. Others (otherwise?) my stuff is taken or gets broken.

I just wish that people would not litter.

It's all drama.

It's all drama!

It's a good trailer park.

A lot of trash moving in there. They don't pick up their garbage or take care of their houses or yards. Talked to Lynn Sutton but she doesn't do anything.

Love living downtown- wish there were more stores downtown, like there used to be years ago. They went out to the West End.

Very good people and places.

Uptown's gay as AIDS.

It's ok to (sic) many cops.

Too much crime.

Neighborhood going bad, with the caliber of people moving in from Chicago on housing. (not safe anymore)

So much to do downtown and love the multicultural family center.

But it is getting dangerous- can't move- had stabbing/kids stealing/people littering.

Crime too high. Geographically isolated from West end. Buses don't run frequently enough.

Neighbors are awesome

Love that place.

We moved back expecting a quality public education for our children, but was disappointed and now home school our children.

“Housing is affordable for those who want to own/rent.”

Background check

Believe cost is increasing faster than growth

depends on landlord

It's fair

I only rented 1 year. I lived in my 1st home for 29 years, my parents home, 25 years.

All about the landlord.

Or housing assistance.

Very good town

Renters are way too pricey

Have not looked into buying a home.

Usually very affordable for college students.

If you want decent house in good neighborhood have a lot of money.

The quality of affordable housing available leaves much to be desired.

“It is easy to find a living-wage job.”

Disabled

Very good town

There's too many jobs that won't hire felons and a lot of DBQ residents are felons.

Depends on where you go.

Not enough computer jobs.

If your (sic) from here or you know someone from here.

“If you’re facing a hardship, do you know whom to contact?”

Do have several organizations that help

They have good services for help

By me veteran yes

I do find that Dubuque does help less fortunate (sic).

Real estate is overpriced (too highly appraised)

Yes, but not lately since I had trouble with Dr. at Medical Associates West, a misunderstanding, OB GYN, INFERTILITY.

Not the cops

But they turn a lot of people down.

It depends on the hardship.

Housing assistance very poor, long waiting period.

Strongly advise folks to report problems/difficulties to law enforcement.

Dubuque is a masterpiece, except the bad is really BAD.

“If you ever had trouble attending a community meeting, what issues made it difficult to attend?”

Minority

Transportation (x 3)

Travel

Time

No ride. Can’t walk well.

Transportation (x 3)

They are not posted or announced early enough sometimes you don’t here (sic) about it till it is already over.

Caucus for Obama- someone said they would pick me up but they never showed up.

Transportation, Winter, fall, I've got arthritis.

Transportation

Ha no, not at all.

Gas and bus prices.

No car

Transit

No transportation

Not finding a ride if far away

Public transportation at night.

Transportation (x 5)

My self

“Is Dubuque a welcoming community for those perceived as different?”

Have 3 Asian children who had to deal with a lot of racism.

I think Dubuque is becoming more open to minorities, but a long ways to go.

Sometimes not

Sometimes they welcome in bad types.

Especially now that they have gay marriage in IA, I go to an open and welcoming church.

They got a lot of people who are ignorant.

Except for the multicultural family center.

Has been bad in the past, but is improving.

"Natives" have life-long groups. Takes a while to get accepted, even if "normal".

“Have you heard of Sustainable DBQ? If so, how do you feel about it?”

Satisfied

I'm not familiar with it.

Pretty good

Don't know about it.

More apartments for lower income.

I think it's a positive effort.

Somewhat

It's just another initiative to get recognition.

Supportive

What is?

Would like to know more. Should be promoted more.

Too far reaching into federal funding.

FYI- I collect and recycle fluorescent light bulbs (over 42), that's good for the environment.

Good service

Good innvierment (sic)

I don't know what that is!

Not sure what that is.

I really like that it's here in Dubuque.

I think the idea is good.

It's a good program.

Awesome. I think it is a very good step in the right direction.

I wish we could have kept the urban chickens/ found out cancelled and that it costs \$250.

I really haven't any feelings about it.

I think it's a great idea, but I don't like how IBM is in it.

Expensive program, but might be going overboard.

Good cause, bad leadership.

In favor.

Sort of, but not sure which programs are part of it.

Miscellaneous Comments from Residents on Survey

I think they can improve more jobs for people who have been looking.

It's changed threw (sic) the years, but with my medical disability that I was born with. I have good doctors in town here. Fire Dept/Police Dept. has been good to me in need in an emergency/ Dubuque has good services to help people in need. I lived here all my life it is called home. Sometimes you need a break from here, but it's still home sweet home.

I came to help a someone else got caught in something but no ??? Help need more understanding, I am vet, got good job, but got set behind lost my houseing (sic), still need help, please help.

Dubuque has progressed regarding housing with background checks. Mental health and troubled teens and youth need more help. Education is changing. The arts are good.

There are not enough services for married divorced or single women iregardless of how low income. Once in awhile, a woman gets a few food stamps (if they don't have children). There are not enough places of employment that pays more than minimum wage. A single person making minimum wage job barely gets by. More medical facilities for low income people. Free or minimmal payment OBGyn services included free classes to get GED or certificate for CNA, etc. Free daycare for mom's in low income jobs.

The violence is terrible. Some of the people holler discrimination and get away with things.

Much safer community. Following the efforts of the SCTF program. Dubuque has an outstanding trail system.

(Translated from Spanish) I tried to get my GED but they (classes) are only in the morning and in English. I'd like to be able to do this (get my GED) in a Spanish (format).

I think Dubuque is a good environment for people of some means, but less favorable for those of low income.

Dubuque needs more increased access to mental health for low income or XIX insurance.

Studies have been made to be more open to new ethnic groups over the years. When people are struggling economically, they can feel more threatened. Bus service is needed for longer hours. A friend pays a third of her salary as a dishwasher to take a cab home.

It is not fair that they discrimanate (sic) and is not safe to walk around without getting jumped.

It's not a safe town to walk around at night.

I like Dubuque but I don't think housing and neighborhood watch makes people clean their garbage. I've seen yards that look like junk yards. With animals in it. The bus should run longer. Food pantry should be once a month not done every 2 months. People at the mission should be employed to cleanup Dubuque and pick up garbage. They live for free and have free time.

Dubuque police concentrate to (sic) much on crimes that result in income by fines and not enough on theft, burglary etc that do done generate fines to pay their (sic) budget but do not impact litter.

Dubuque, The arts and entertainment, medical, law enforcement, law people, community activities, churches, etc. "All good".

Good place to live. Good schools ad good people. Lots of things to do in Dubuque.

It sucks!

It would be better if they had more programs for kids who are less fortunate.

Lots of trash in alleys and on the streets.

Quiet.

We had a good city.

Life in Dubuque is pretty good. I've been here for twenty years. Dubuque isn't like it used to be.

Rental apartments are ok if you have money more than social security.

trio/Upward Bound and the MFC are the best programs offered in Dubuque.

I have enjoyed living in Dubuque, but am ready to move on.

I do love Dubuque however it is hard to have a tourist economy and live here as a local person. We need better bus system they close at 5pm. Too much money is going for things as a city we could do without. Who plans a big ditch for runoff in back of a K-5 school? Why not underground. When someone drowns- who is at fault then?

it would be better if there were more transportation services and more things to do that aren't expensive. I'm very dissatisfied with my life experience in Dubuque over the last six years. I wish I hadn't moved here.

It's a good place to raise a family but other then that I am go to Hawaii.

Piss poor town!

Gambling is a fixed, high dollar business.

Dubuque is a nice community, except the BAD parts make Chicago look good. That why I moved from Loa Angeles to Dubuque. I had never saw the bad until I moved here.

They give plenty of places to go for help but nobody actually helps much. There are so many loopholes its crazy. And there is violence all over downtown.

Great place to raise a family.

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