



Office of Health Equity

Healthy Communities Data and Indicators Project

Short Title: Poverty Rate (200% federal poverty level).

Full Title: Poverty Rate (<200% FPL) and Child (under 18) poverty rate.

1. Healthy Community Framework:

Economic and Social Development.

2. What is our aspirational goal?

Living wage, safe and healthy job opportunities for all.

3. Why is this important to health?

a. Description of significance and health connection.

Poverty limits the acquisition of basic material necessities and impacts the ability to live a healthy life. It restricts people's access to housing, food, education, jobs, and transportation. Poverty is associated with societal exclusion¹ and higher incidence and prevalence of mental illness.² People in poverty are more likely to live in dangerous or under-resourced environments and to work in hazardous conditions, with greater risk of injury, and greater exposure to pesticides, lead, and outdoor air pollution. Low-income people are more likely to be uninsured and to have limited access to quality health care³; are more likely to suffer from chronic diseases like diabetes and heart disease, acute and chronic stress, and to die prematurely.⁴ It has been estimated that 133,250 (6%) of the 2.4 million U.S. deaths in 2000 were attributable to poverty.⁵

Children in impoverished families are likely to grow up in environments that are harmful to their development and health, and the schools they attend are often under-resourced and typically provide substandard education. Low educational attainment among poor children will affect their job prospects and income level in adulthood, which could perpetuate the poverty cycle across generations.⁶ Poverty is more common in communities of color, the unemployed, the disabled, the homeless, the uneducated, and migrants.

Summary of evidence

There is ample evidence strongly linking poverty and health, with a progressive improvement in health measures with increasing income. The prevalence of psychiatric disorders, including neurotic disorders, functional psychoses and alcohol and drug dependence is consistently more common among lower income groups.² Self-reported poor or fair health status, as opposed to good or better, is more than twice as common among Californians with low-income (<200% federal poverty level [FPL]) than those with incomes \geq 200% FPL.⁷ Individuals earning <200% FPL are less likely to have a usual source of care than those with higher incomes.⁸ Householders earning an annual salary \leq \$24,999 are five times more likely to live in inadequate housing than those earning \geq \$75,000.⁹

b. Key References

1. Wilkinson R, Marmot M, eds. [Social Determinants of Health: The Solid Facts](#). 2nd ed. Copenhagen, Denmark: WHO; 2003. Accessed July 12, 2012.
2. Murali V, Oyebode F. Poverty, social inequality and mental health. *Adv Psychiatr Treat* 2004; 10: 216-224.
3. Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services. [National Healthcare Disparities Report 2012](#). AHRQ Publication No. 13-0003, 2013.
4. Braveman PA, Cubbin C, Egerter S, Williams DR, Pamuk E. Socioeconomic disparities in health in the United States: what the patterns tell us. *Am J Public Health*. 2010; 100(S1): S186–S196.
5. Galea S, Tracy M, Hoggatt KJ, DiMaggio C, Karpati A. Estimated deaths attributable to social factors in the United States. *Am J Public Health* 2011; 101(8):1456-1465.
6. Braveman P, Egerter S. [Overcoming Obstacles to Health: Report from the Robert Wood Johnson Foundation to the Commission to Build a Healthier America](#). Robert Wood Johnson Foundation, 2008. Accessed July 16, 2012.
7. UCLA Center for Health Policy Research. AskCHIS 2017. Health status (California). Available at <http://ask.chis.ucla.edu/>. Exported on February 21, 2019.
8. UCLA Center for Health Policy Research. AskCHIS 2017. Usual source of care (California). Available at <http://ask.chis.ucla.edu/>. Exported on February 25, 2019.
9. Centers for Disease Control and Prevention. [Health Disparities and Inequalities Report - United States, 2011](#). Morbidity and Mortality Weekly Report, 2011; 60: 1-113.
10. US Department of Health and Human Services. [2018 Poverty Guidelines](#). Published January 18, 2018. Accessed March 19, 2019.

4. What is the indicator?

a. Detailed definition.

Percentage of all individuals or children (under 18 years of age) whose family income in the past 12 months is below 200% of the federal poverty level.

The federal poverty level is a measure of income used to determine eligibility for assistance programs and benefits. In 2018, this level was approximately \$12,100 for one person, \$16,500 for a two-person household, and \$25,100 for a four-person household.¹⁰ Due to California’s high cost of living, a 200% FPL poverty rate is a more realistic measure of financial hardship than the official 100% FPL poverty rate.

Poverty can be measured in various ways. Other methods of defining poverty include the Supplemental Poverty Measure and the California Poverty Measure. The Supplemental Poverty Measure, published by the Census Bureau, extends the official poverty measure by taking into account government programs designed to assist low-income families and individuals that are not included in the official poverty measure. The California Poverty Measure, a joint research effort by the Public Policy Institute of California and the Stanford Center on Poverty and Inequality, takes into account income, cost of living, and social safety net benefits.

Stratification.

Race/ethnicity (8 groups).

b. Data Description.

- i. Data sources: U.S. Census Bureau American Community Survey (ACS): 2011-2015 Selected Population Tables table C17002 (overall poverty). ACS 2012-2016 from the Integrated Public Use Microdata Series (IPUMS) (child poverty).
- ii. Years available: 2011-2015 5-year estimates, and 2012-2016 5-year estimates (child poverty). Although ACS data for 2012-2016 and 2013-2017 are available, these datasets lack the race/ethnicity stratifications used in HCI. The next update for this indicator will use 2016-2020 data.
- iii. Geographies available: State, regions (derived), counties, county subdivisions, cities/towns, and census tracts. For child poverty: state, some regions (derived), some counties, some cities/towns, public use microdata area (PUMA).

The percentage of individuals living below 200% FPL was obtained from the ACS 2011-2015 Selected Population Table C17002. The percentage of children ages 0-17 living below 200% FPL was obtained from ACS 2012-2016 data downloaded from IPUMS. Standard errors of the estimates were obtained from the margin of error provided by the Census. Relative standard errors and 95% confidence intervals were calculated. Decile rankings of places and relative risk were calculated. Regional estimates were based on county groupings associated with California metropolitan planning organizations as reported in the [2010 California Regional Progress Report](#).

5. Limitations.

The 200% FPL poverty measure does not account for geographic differences in housing costs, food stamps, non-cash benefits, or government programs designed to assist low-income families.

6. Related projects.

- a. **California Poverty Measure**: <https://inequality.stanford.edu/publications/research-reports/california-poverty-measure>
- b. **Supplemental Poverty Measure (federal)**: <https://www.census.gov/topics/income-poverty/supplemental-poverty-measure.html>
- c. **California Healthy Places Index**: <https://healthyplacesindex.org/>