Measuring Welfare Reform

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On July 1, 1997, welfare as we knew it—entitlement to limited cash assistance for many of the country's poorest families through Aid to Families with Dependent Children (AFDC)—officially became a thing of the past. Program eligibility restrictions, including work requirements, time limits, cuts in Food Stamps and other nutrition programs, narrowed criteria for receipt of Social Security Insurance by disabled children and legal immigrants—many already in effect—will proliferate with the implementation of state Temporary Assistance for Needy Families (TANF) block grant programs.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193, continues Medicaid coverage for people meeting prior AFDC eligibility requirements, but the interpretation and enforcement of these provisions are uncertain. In any case, states may deny adults Medicaid coverage as well as cash benefits if they fail to meet work requirements.

Potential public health implications are vast in the areas of poverty-related illness, nutrition, and occupational health as well as access to care. Practitioners and advocates are faced with an urgent need to monitor the health impact of welfare changes and to track both positive and negative effects of new policies with comprehensive, consistent, and reliable data systems.

Establishing a Baseline

*Indicators of Welfare Dependence and Well-Being* was issued as an Interim Report to Congress by the U.S. Department of Health and Human Services (DHHS) in October 1996. The Welfare Indicators Act of 1994 created a 12-member bipartisan Advisory Board, whose mandate to produce this report was given greater impetus by passage of P.L. 104-193. A collaborative effort with the U.S. Department of Agriculture and the Social Security Administration, the DHHS report makes "preliminary recommendations for indicators and predictors of dependence on income from three means-tested assistance programs—Aid to Families with Dependent Children, Food Stamps, and Supplemental Security Income (SSI)—and includes an initial assessment of the ability of existing data collection efforts to provide the data needed to report annually on the recommended indicators." Annual subsequent reports are planned to refine the indicators as welfare reform unfolds.

The publication is a valuable resource and a laudable effort to launch a national data effort to evaluate the reduction of Federal assistance and to stimulate thinking about the far-reaching effects of welfare reform. Though the Advisory Board was composed primarily of social welfare and economic experts, the report takes a basic public health approach in addressing a broad range of health risk factors. The authors went beyond their original mandate to identify predictors of dependence on Federal benefit programs: they determined to include indicators of well-being, specifically children's developmental achievements and health, in order to capture longer-term policy consequences.

Measuring Well-Being

The organization of the report is logical and thorough. Researchers are provided with aggregate data on trends in the three programs, including enrollment, benefits, participant characteristics, expenditures, and antipoverty effectiveness. Useful appendices describe the history and development of the programs, present state-specific trend data, and chart the contrasting provisions of prior and current legislation. Criteria for acceptable indicators are based on Kristin Moore's *Criteria for Indicators of Child Well-Being*. The report reviews the research literature on risk factors for welfare dependence and changes in the population's well-being. Based on this review, it identifies preliminary indicators and appropriate sources of data. The final chapter assesses the data and makes recommendations for improvements and additions to administrative and survey databases.

In addition to 43 recommended indicators of family dependence and well-being and 12 indicators of child achievement and health, a final recommendation suggests five important areas for future exploration: adult literacy, domestic violence, homelessness, interaction of noncustodial parents with their children, and parental mental health. Though these indicators may be difficult to measure, a meaningful definition of self-sufficiency must surely include freedom from the fear of homelessness and domestic violence. Another contribution of the report is a definition of poverty that is more realistic than the usual calculation of the Federal poverty level. After allowing a minimal budget for needs such as household supplies, personal care, and non-work transportation, in addition to basic food, clothing, and shelter, the authors' recommended poverty threshold is 14-33% higher than the current Federal level.

The initial set of proposed indicators, thoughtful and comprehensive in many realms, invites comment and involvement by the public health community to develop additional health-related measures. One contribution of a
Resources for Monitoring Welfare Reform

One response to the advent of experimental new welfare programs has been the rapid growth of data collection efforts by nonprofit and grassroots research and advocacy organizations as well as by government agencies. I have put together a number of information resources, many of which are available on the Internet.

- **HandsNet**, a nonprofit computer network for the human services community, produces Welfare Reform Watch ([www.handsnet.org/handsnet](http://www.handsnet.org/handsnet)), which offers extensive coverage of current welfare reform efforts at the national, state, and local level.

- **The Medicaid Clearinghouse** is a centralized Internet location with updates on the status of current legislation and advocacy activities ([www.handsnet.org/medicaid](http://www.handsnet.org/medicaid)). The Medicaid Clearinghouse is maintained by Families USA, a national health care consumer group.

- **The Department of Health and Human Services** (DHHS) posted a new resource in April 1997 called the "Welfare Reform Implementation Package," containing a variety of welfare-related web links and other features ([www.acf.dhhs.gov/news/welfare/wrpack.htm](http://www.acf.dhhs.gov/news/welfare/wrpack.htm)).

- **The Urban Institute**, a nonprofit policy research organization, has launched a multi-year research project, titled Assessing the New Federalism, to monitor program changes and fiscal developments in health care, income security, job training, and social services as responsibility for social programs transfers from the Federal government to the states. The project’s state database is available through their website ([www.urban.org](http://www.urban.org)).

- **The Children's Defense Fund** (CDF) has been compiling examples of local research strategies—often low-budget—to measure the impact of welfare changes on the well-being of low-income families. These models can be shared with other groups trying to develop their own approaches.

  For information, contact Arloc Sherman, Children's Defense Fund, Community Welfare Monitoring Project, 25 E. St. NW, Washington DC 20001; tel. 202-662-3537; e-mail <asherman@childrensdefense.org>.

- **The Coalition on Human Needs** (CHN) is an alliance of over 100 national organizations working to promote public policies that address the needs of low-income and other vulnerable populations. As part of a project to monitor the effects of the new Federal welfare law, CHN has developed a client survey form for organizations to use to collect data from families.

  For a copy of the survey or further information, contact the Coalition on Human Needs, 1000 Wisconsin Ave. NW, Washington DC 20007; tel. 202-342-0726; fax 202-338-1856; e-mail <chn0079@handsnet.org>.

- **The Institute for Women's Policy Research** (IWPR) has created a network linking researchers, advocates, and women's groups interested in monitoring welfare reform. As part of a project to coordinate welfare research, IWPR maintains an electronic bulletin board dedicated to discussion of welfare reform and distributes a newsletter, Welfare Reform Network News, both electronically and by mail.

  For more information on the listserv, contact Jackie Chu at <jchu08@aol.com>; to receive the newsletter by mail or obtain other information on IWPR's Welfare Monitoring Project, contact Ms. Chu at Institute for Women's Policy Research, 1400 20th St. NW, Suite 104, Washington DC 20036; tel. 202-785-1921; fax 202-833-4362.

- **The Center for Law and Social Policy** (CLASP), a national public interest law firm with expertise in law and policy affecting the poor, monitors welfare changes and publishes a newsletter, CLASP Update. CLASP recently received a grant from the Kaiser Family Foundation to work on issues related to reproductive health and welfare, including documentation of state reproductive health policies and production of "issue briefs."

  For information, contact the Center for Law and Social Policy, 1616 P St. NW, Suite 150, Washington DC 20036; tel. 202-328-5140; fax 202-328-5195.

- **The Center on Social Welfare Policy and Law** (the Welfare Law Center), another national legal and policy organization, publishes a bimonthly newsletter, Welfare News, with information about legislation, advocacy, and monitoring.

  The Welfare Law Center can be contacted at 275 7th Ave., Suite 1205, New York NY 10001-6708; tel. 212–633-6976; fax 212–633-6371; e-mail <hn0135@handsnet.org>.

- **The Poverty and Race Research Action Council** (PRRAC) produces a newsletter, Poverty and Race, which includes an extensive list of resources on welfare and other topics in every issue. Materials listed are often available free of charge.

  PRRAC can be reached at 1711 Connecticut Ave. NW, Suite 207, Washington DC 20009; tel. 202-387-9887; fax 202-387-0764; e-mail <prrac@aol.com>.

- **The Welfare Information Network** in Washington, DC, offers technical assistance (tel. 202-628-5790), publishes a newsletter, and maintains a web site ([www.welfareinfo.org](http://www.welfareinfo.org)).
public health perspective might be to scrutinize, and try to measure, the environmental context of behavioral and other changes. As stated in the report, "Caseload increases and decreases are driven by a combination of social, economic, demographic and policy forces, and are not simply the result of families becoming more or less dependent."

For example, one of the proposed indicators is child abuse and neglect. Data presented in the report indicate that there was a slight increase (3.6%) in the rate of substantiated child abuse cases from 1990 to 1992. Over the same two years, however, the rate of substantiated neglect cases rose by 31.5%. We do not know the extent to which perceived parental neglect may be explained by increased economic deprivation, gaps in child care for working parents, or inability to provide supervision due to work demands. In order to interpret such trends, many additional individual, ecological, and macroeconomic indicators are needed.

Federal reporting requirements apply to the Federally funded TANF program recipients, but not the recipients of state-funded programs. The impact of eligibility and program changes, however, may be measured best by population-wide monitoring since nonrecipients may suffer the most severe consequences. An obvious addition to the proposed indicators would be the inclusion of broader parental indicators for achievement and health. Increased focus on the health and well-being of mothers would not only sharpen our understanding of paths to economic independence and the assurance of children's well-being but would also help to counteract the tendency to blame poor women for social ills and fiscal problems. One of the recommended indicators is receipt of early prenatal care, given the rationale that "prenatal care improves the health of the fetus and health-related behavior of the mother." Public health experience shows that prenatal care provides opportunities for addressing a broad range of maternal needs, such as social support and nutrition, which might fruitfully be monitored as well.

Another area in need of development is the influence of changing social policies on the health and well-being of the general adult population. Many adults are caretakers, family members, or neighbors of low-income children, and the loss of adult benefits through current or prior repeals of entitlements has a significant impact on communities. The report notes that inclusion of indicators for state and local General Assistance (GA) programs was recommended by the Welfare Indicators Act, but this recommendation was not implemented due to lack of data.

*Indicators of Welfare Dependence and Well-Being* is an important document that deserves careful attention from public health constituencies who can provide valuable input to future revisions.

The authors determined to include indicators of well-being—specifically children's developmental achievements and health—in order to capture longer-term policy consequences.

The report can be obtained at no cost by calling the Office of the Assistant Secretary for Human Services, Department of Health and Human Services, at 202-690-7409.

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