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## Disconnected Americans

Over the past two decades, the structure of public income support in America has changed drastically. As the focus has shifted towards providing income support for workers, cash assistance caseloads have fallen. This has led to a growing interest on the part of researchers and policymakers in understanding the circumstances and characteristics of those who appear to have no source of income nor are they accessing publicly available supports—the “disconnected.” The topic of what it means to be disconnected in America is explored in this issue.

Among the many challenges to studying the disconnected population is the current lack of agreement on exactly what it means to be disconnected; many different definitions are possible. In the years since welfare reform and the creation of the Temporary Assistance for Needy Families (TANF) program in 1996, the term “disconnected” has most often been used to describe those who left TANF cash assistance, but who were not working in the formal labor market. As TANF caseloads have decreased, the term has been increasingly used to describe all low-income mothers who are neither receiving TANF (whether or not they ever received it) nor working. The reports summarized here, all of which were supported by the U.S. Department of Health and Human Services, continue the evolution of the concept of disconnection; they use a number of different approaches to define and analyze the disconnected population.

The first article, by Pamela Loprest and Austin Nichols of The Urban Institute, defines disconnected single-mothers families as those without earnings, TANF, or Supplemental Security Income (SSI) in the previous four months, and where the mother is not in school. They assess how many such families there are in the United States, their economic circumstances, what other benefits or income sources they have, how they differ from other low-income single-mother families, and their patterns of disconnection over time.

The second article, by Maria Cancian, Eunhee Han, and Jennifer L. Noyes from IRP, draws on data from Wisconsin to look in detail at participation in and disconnection from a number of public sources of support other than TANF cash assistance. The authors’ primary definition of disconnection is no program participation (defined as TANF, Supplemental Nutrition Assistance Program [SNAP], subsidized child care, Medicaid, SSI, Social Security Disability Insurance [SSDI], and unemployment insurance benefits), child support receipt, or earnings one year after entering the study; they also use four alternative definitions. They compare outcomes across three populations, including some who have never received TANF cash assistance. By examining three distinct cohorts, one of which participated during the recent economic downturn, the authors provide evidence on changes over time in participation and disconnection.

The third article, by Donald Bruce, William Hamblen, and Xiaowen Liu from the University of Tennessee Center for Business and Economic Research, also seeks to look at a

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broader population of the disconnected, this time in Tennessee. The authors use three definitions of disconnection to describe those who have left TANF and are not working, and also consider those who are unemployed and temporarily or permanently disconnected from public health insurance.

Finally, the fourth article, by David J. Harding, Jessica J. B. Wyse, Cheyney Dobson, and Jeffrey D. Morenoff from the University of Michigan, uses in-depth interview data to examine the well-being of former prisoners, a group at high risk of disconnection. The authors assess how former prisoners make ends meet after their release from prison, how some are able to make the connections required for economic security while others are not, and which services and supports create pathways to employment or long-term legitimate income sources.

Additional information, including a fourth university-based study funded by the U.S. Department of Health and Human Services' Administration for Children and Families under its "University-Based Research Partnerships on Disconnected Families," is linked in the inaugural edition of the *Focus* electronic supplement, which provides links to additional readings and videos related to the articles in each issue. The supplemental materials on disconnection include a video presentation featuring two authors from this issue, a research synthesis brief on Disconnected Families and TANF from The Urban Institute, and more information about the public programs discussed in the articles, among other links. ■

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# The dynamics of disconnection for low-income mothers

Pamela Loprest and Austin Nichols

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Single-mother families with children who have neither earnings nor means-tested cash benefits are very likely to be poor. How many such families are there, and what are their economic circumstances? Do they receive other benefits or have other income sources? Are there particular characteristics of these disconnected families that distinguish them from other low-income single-mother families? Do families remain disconnected for relatively short periods, or are some families chronically disconnected? This article addresses these questions using longitudinal data that allow the changing circumstances of families to be observed over time.<sup>1</sup>

## Who is disconnected?

In this article we define “disconnected families” as single mothers between ages 15 and 54 with at least one child under age 18 living with them, with income less than 200 percent of the poverty line who have no own earnings, are not receiving TANF benefits or Supplemental Security Income (SSI), and do not report being in school as their primary activity.<sup>2</sup> To be counted as disconnected, families must meet these criteria for four consecutive months.<sup>3</sup>

## Characteristics of disconnected families

As shown in Figure 1, the percentage of low-income single mothers who are disconnected has increased over the last 15 years. About one in eight low-income single mothers was disconnected in 1996, but about one in five was disconnected in the period from 2004 to 2008. Approximately 1.2 million

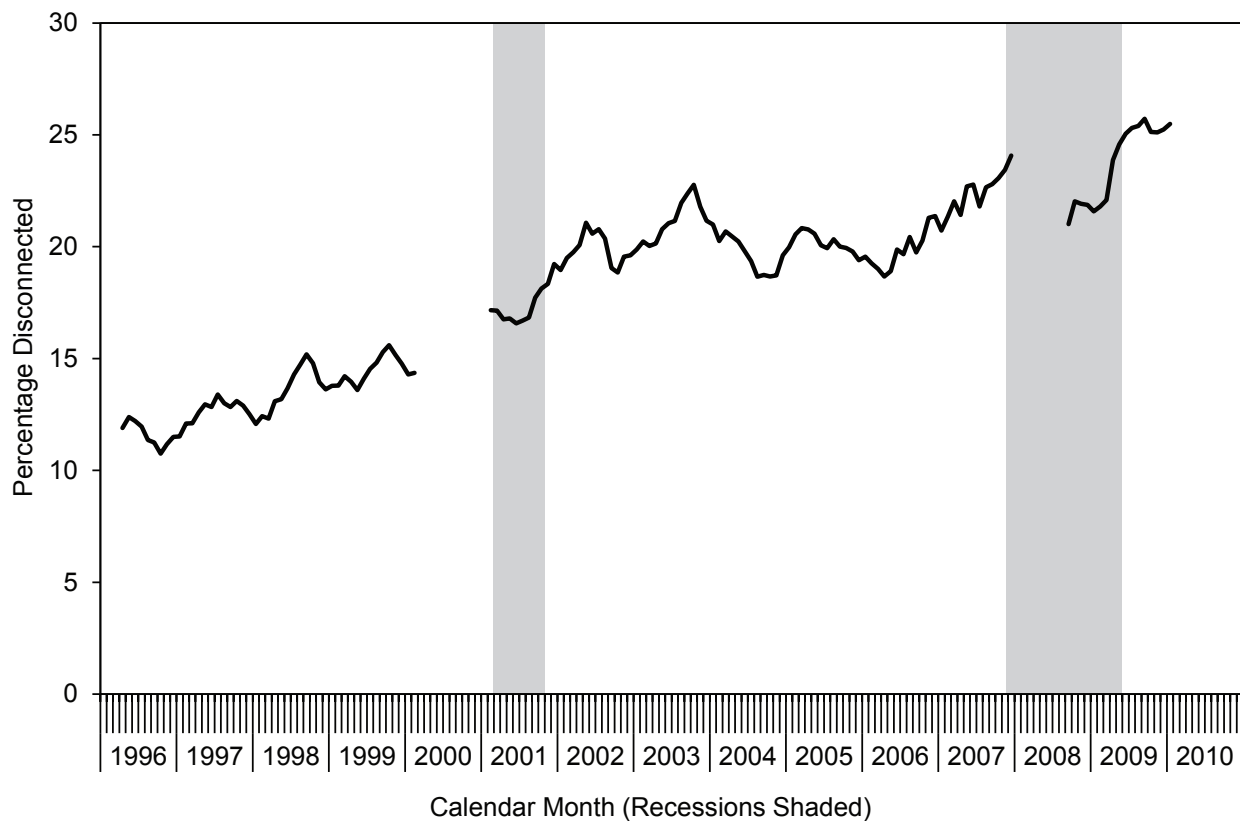
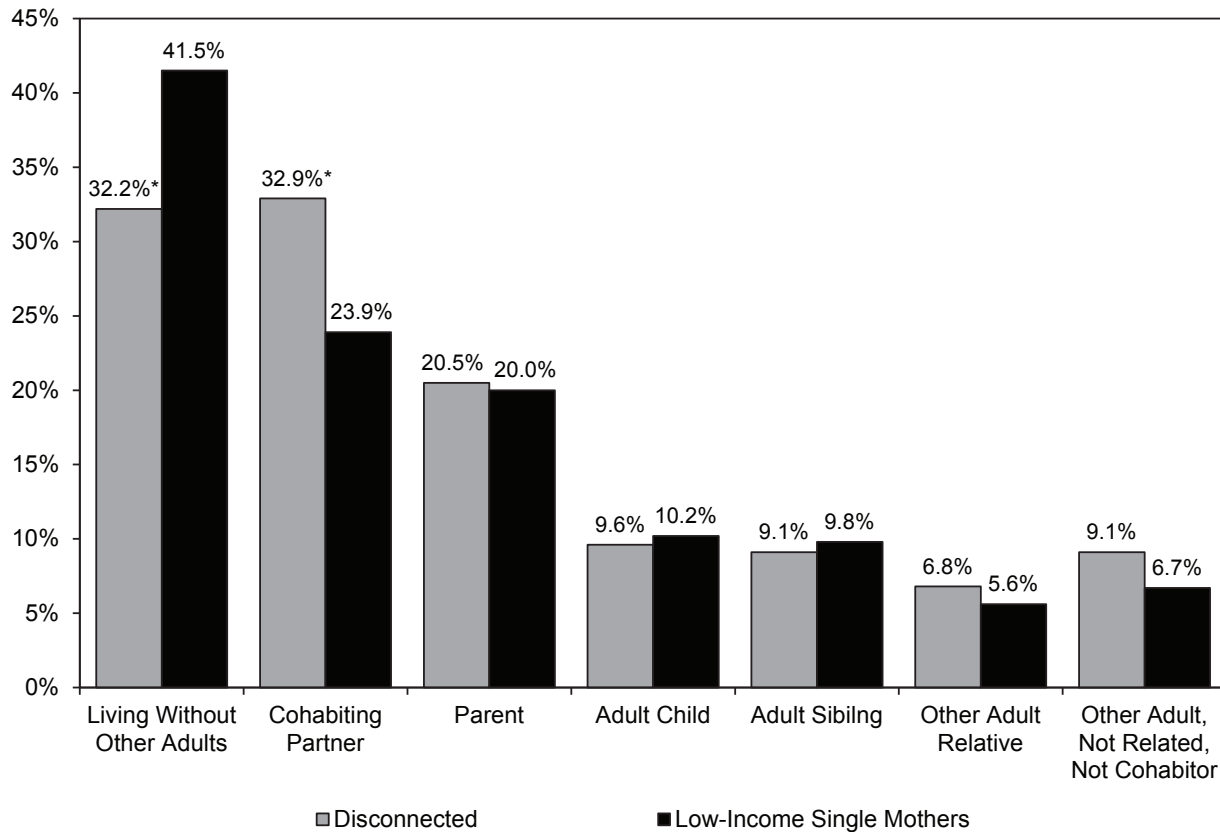


Figure 1: Percentage of low-income single mothers disconnected over time.

Note: Based on four-month moving average of the proportion of low-income single mothers who are disconnected in a particular calendar month. Breaks in the line indicate months for which there is no Survey of Income and Program Participation (SIPP) panel data.

Source: Author’s calculations from SIPP.



**Figure 2. Relationship of disconnected and all low-income single mothers to other adults in the household.**

\*Significant at the 5% level.

Source: Authors' calculations from the Survey of Income and Program Participation, 2008.

women were disconnected at a point in time in 2008. These results are consistent with other research that found rising levels of disconnectedness from 1990 to the early 2000s.<sup>4</sup> Since the numbers of low-income single mothers have remained relatively steady as a proportion of the total population over several decades, this increase can be attributed primarily to an increase in the number of disconnected mothers.

### Living arrangements

Figure 2 shows both disconnected and all low-income single mothers by living situation in 2008. About a third of disconnected mothers lived without other adults in the household, and another third were cohabiting. Disconnected mothers were less likely to live without other adults, and more likely to live with a cohabiting partner, than were other low-income single mothers. The rates of disconnected mothers living with other relatives were similar to those of all low-income single mothers. Living with other adults could mean that resources are shared across household members, easing the burden for disconnected mothers. There is limited evidence on the extent to which resources are shared and how that varies depending on the relationship of the disconnected mother to the other adults in the household, but some research has shown that cohabitators share income, although to a lesser extent than do married partners.<sup>5</sup> It is also possible that liv-

ing with others means a less stable arrangement, as families move in with others as a last resort.

In both 2004 and 2008, almost a third of disconnected mothers lived without other adults in the household; approximately 350,000 families. Another third of this group lived with a cohabiting partner. This compares to about 50 percent of low-income single mothers who lived in sole-adult households (falling to two-fifths in the recession) and about one-fifth cohabiting. The distribution of other living arrangements (such as living with parents or siblings) was similar for both groups.

### Other demographic characteristics

Aside from their living arrangements, disconnected mothers are for the most part demographically similar to all low-income single mothers, as shown in Table 1. There is no difference in average age or number of children between disconnected and low-income single-mother families. Disconnected households are slightly larger, consistent with the finding that disconnected mothers are more likely than other low-income single mothers to live with other adults. Disconnected mothers are also more likely to have young children than are all low-income single mothers.

## Potential barriers to work

Table 1 also shows that disconnected mothers are more likely to have personal characteristics that could be potential challenges to working or accessing benefits, including having a young child, health problems, lower education levels, and not being a U.S. citizen. In mothers' direct reports on the reason they are not working, by far the most common response was that they were pregnant or taking care of children or others. About 60 percent of disconnected mothers gave this reason for not working, compared to a little less than half of nonworking low-income single mothers as a whole.

## Economic circumstances and supports

As shown in Table 1, immediate family income for disconnected mothers is very low, much lower than for all low-income single mothers. The table shows immediate family income both in dollars and as a percentage of the federal poverty line. Disconnected mothers' household income is substantially higher than immediate family income, but still less than household income for all low-income single mothers.

In 2004, the annual median family income of disconnected mothers was \$2,203; and by 2008, it had fallen to \$535. Total median household income for disconnected mothers was \$20,415 in 2004 and \$18,049 in 2008, compared to roughly \$23,000 in both years for low-income single mothers.

Although by definition, disconnected mothers are not receiving TANF or SSI, they may be receiving other benefits. Disconnected mothers are as likely in 2004 and slightly more likely in 2008 to receive public benefits such as Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), housing subsidies, and health insurance compared to other low-income single mothers. However, rates of receipt are relatively low, as shown in Table 1.

## Comparison of disconnected families by living arrangements

One-third of all disconnected mothers live in households without other adults, and these disconnected mothers are extremely poor. Although they are more likely than those living with other adults to receive public benefits, rates of receipt are still relatively low. This group has some characteristics that could potentially make it easier to work, but other characteristics that could present a barrier.

Disconnected mothers who are the sole adult in the household are significantly older than disconnected mothers who live with other adults. In addition, their children are older, and they have slightly more children on average than do disconnected mothers living with other adults. Disconnected mothers living without other adults are more likely to be black than are those living with other adults, but less likely to be Hispanic.

Disconnected mothers in sole-adult households are more likely than those living with other adults to have certain

**Table 1**  
**Characteristics of Disconnected and All Low-Income Single Mothers in 2008**

	Disconnected Mothers	Low-Income Single Mothers
Average Age in Years	32.1	32.0
Household Size	4.2*	3.9
Mean Number of Children	1.9	1.8
Percent with Child Under 5	55.5*	50.2
Percent with Child Under 1	15.6*	11.5
Education		
Less than high school	28.8*	18.4
High school degree	33.8	34.9
Some college	32.1	40.3
College or more	5.3	6.3
Potential Barriers to Work		
Health problem that limits work	20.2*	13.2
Health problem that prevents work	17.9*	8.5
Not a U.S. citizen	17.4*	10.0
Child receives SSI	4.4	3.8
Any Work in Previous 4 Months	0	65.8
If Not Working, Reason Given		
Injury, disability, or other health reason	16.1	21.8
Pregnant, taking care of children or others	56.9	45.2
Unable to find work, or on layoff	21.6	19.0
Not interested in working	1.3	1.0
Other	4.1	13.1
Income		
Immediate family income as a % of poverty level	27.1*	79.1
Mean immediate family income	\$4,701*	\$13,325
Mean total household income	26,368*	32,592
Other Income Sources and Benefits		
Food stamps/SNAP	49.9%*	44.1%
Public housing or subsidies	20.8	20.3
Unemployment benefits	7.8*	4.1
Child Support	30.4	28.6
Public health insurance	46.6	42.7
Household reports transfer income	13.5	21.7
Sample	477	2,372

**Source:** Authors' calculations from the Survey of Income and Program Participation.

**Notes:** \*Significant at the 5% level. Immediate family income includes all income sources of the single mother and her minor children, including unemployment insurance and child support. Household income includes income from all household members, relatives and nonrelatives. Income is the annualized value of the average income for the four-month period.

circumstances that make work more difficult, such as health problems and having a child who receives SSI. However, those who live with other adults are more likely to have other potential barriers to work, such as not being U.S. citizens and having young children.

Both groups of disconnected mothers have very low immediate-family income, on average well below the poverty line. However, as would be expected, those who live with other adults have substantially higher household income than those in sole-adult households. Disconnected mothers living without other adults are much more likely to receive other benefits including SNAP, public housing or housing subsidies, and public health insurance.

## How long do low-income single mothers remain disconnected?

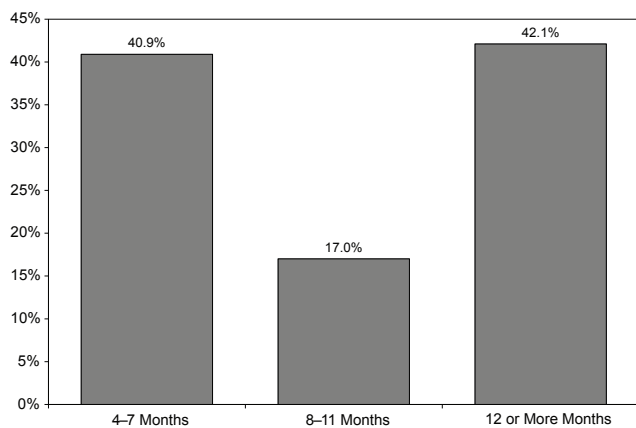
Over a quarter of all low-income single mothers are disconnected for at least four consecutive months over the course of a year. Of those, over a third are disconnected for between four and seven months, about one-fifth for between eight and eleven months, and about two-fifths for the entire year. Looking only at those who become disconnected during our observation period, more than 40 percent remain disconnected for a year or more (see Figure 3). A slightly smaller number remain disconnected for between four and seven months. We did not find significant differences in spell length between disconnected mothers in sole-adult households and those living with other adults.

### Events associated with becoming disconnected and reconnected

Losing a job is the most common reason for becoming disconnected, roughly 5 times more likely than losing TANF benefits (see Figure 4). Similarly, finding a job is the most common reason for becoming reconnected. Losing TANF is a less common reason for becoming disconnected, in part because a low percentage of low-income single mothers receive TANF. About one-fifth of low-income single mothers who have lost or left TANF subsequently become disconnected for at least the next four months.

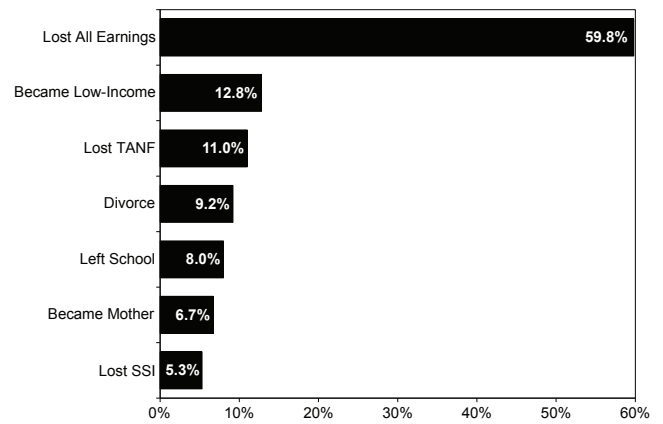
Other reasons for becoming disconnected, such as losing SSI benefits, becoming low-income, getting divorced, having a child, or leaving school are less common than losing a job. Other reasons for becoming reconnected are gaining TANF or SSI benefits, getting married, becoming a student, or no longer living with a child under age 18, but again, these events are less common than getting a job.

Women with personal challenges such as health problems and low levels of education are more likely to become dis-



**Figure 3. Length of disconnected spells among those becoming disconnected during observation period.**

**Source:** Authors' calculations from the Survey of Income and Program Participation.



**Figure 4. Reason for becoming disconnected out of all disconnected women.**

**Note:** Probabilities are between wave 1 and wave 2. Multiple transitions are possible.

**Source:** Authors' calculations from the Survey of Income and Program Participation.

connected and to remain disconnected than women without these challenges. These characteristics could be associated with more difficulty finding and maintaining work or accessing and remaining on TANF or SSI benefits.

Living with other adult earners increases the probability a woman will become disconnected and decreases the probability a disconnected mother will become reconnected compared to disconnected mothers in sole-adult households. These results suggest that disconnected mothers living in a household with other earners may be sharing resources with these household members, making it possible for the mother to go without work or benefits.

Living with other adults who are not earners (or have only minimal earnings) decreases the probability a woman will become disconnected and increases the probability she will become reconnected compared to living without any other adults. These results suggest that disconnected mothers living in a household with other nonearners have an added incentive to work or to access TANF or SSI benefits. They may also be more able to work because other household members are providing child care.

Receipt of SNAP benefits decreases the probability of becoming disconnected and remaining disconnected for low-income single mothers who live without other adults. Low-income single mothers in sole-adult households who receive SNAP benefits may have a higher propensity to receive other public benefits, either due to knowledge of public benefit systems or to less perceived stigma around benefit receipt, and so are more likely to eventually gain access to TANF or SSI than women not receiving SNAP. We find no significant relationship between receipt of SNAP and disconnectedness for all low-income single mothers.

## Conclusions

The findings of this study support the perception that disconnected families are worse off economically than other low-income single mothers. They have lower personal incomes, are more likely to have personal barriers to work, and are only slightly more likely to receive other public benefits such as SNAP, public housing, housing subsidies, or Medicaid than other low-income single mothers. Disconnected mothers remain so for long periods; more than 40 percent for a year or more. However, our results also suggest that some of these mothers may be coping by living in households with other adults. Disconnected mothers are less likely to live on their own and more likely to be cohabiting, compared to other low-income single mothers. While we do not know the extent to which the resources of other household members are available to disconnected mothers and their children, our results show that living with other working household members increases a woman's probability of becoming or remaining disconnected relative to living without any other adults, suggesting some resource sharing. Living with nonworking household members has the opposite outcome.

The one-third of disconnected mothers that do live without other adults appear to be economically vulnerable, with very low incomes (approximately \$5,000 a year). Although they are more likely to receive public benefits such as SNAP, public housing or subsidies, and Medicaid than disconnected mothers living with other adults, the majority of these mothers will be disconnected for eight months or more—40 percent for over a year. Disconnected mothers living in sole-adult households account for approximately 6 to 7 percent of all single mothers—roughly 350,000 mothers nationwide.

The study findings also provide some evidence for concerns about disconnected families' ability to access benefits beyond TANF and SSI. The proportions of disconnected mothers receiving other benefits are relatively low, especially given their income levels. Even among disconnected mothers living without other adults, only two-thirds receive SNAP benefits. Our results suggest that receipt of SNAP may not be serving as an income buffer for disconnected women who receive neither TANF nor SSI, but instead is associated with not being disconnected. This suggests that those who get SNAP are more likely to move onto TANF or SSI, while those who do not get SNAP are less likely to do so. This could be due to barriers to accessing all of these benefits, or stigma or personal preference to not receive benefits. For these very poor mothers, many with long durations of being disconnected, the impact on children of going without these benefits is an important consideration. Continued study of how to improve access to benefits for these single mothers is called for. In addition, the substantial percentage (one-fifth) of women for whom ending receipt of TANF benefits is associated with becoming disconnected suggests continued need to study the potential role of TANF policies and practices in this transition.

Finally, the evidence shows that not working (loss of all earnings) is the dominant reason for becoming disconnected,

while gaining earnings is the primary way out of being disconnected for single mothers. This suggests that when we consider all low-income single women who are without work and welfare (as opposed to a focus on former TANF recipients), the primary issue is losing or gaining work. Attention to policies and programs that make work more attainable and sustainable for these low-income single mothers, including those with health problems and low education levels, is critical to reducing the likelihood and duration of being disconnected.

Going forward, it is important to discuss some of the limitations of research on disconnected mothers and where new research might be most profitable. Research addressing how best to help low-income single mothers avoid or get out of a spell of being disconnected is made somewhat more difficult because this status combines both work and benefit receipt. Avenues to promote and retain work can be different from avenues to improve access to benefits. Of course, some policy concerns pertain both to work and benefit access—for example, addressing the issues of women with multiple personal characteristics that affect ability to work. Research that addresses these characteristics—how to best serve women facing them and measurement of their impact on outcomes—is enhanced by considering both work and benefit access as outcomes. In general, our understanding would benefit from separate consideration of impacts on and policy solutions to finding and retaining work and accessing benefits.

Another focus of research on disconnected mothers is the identification of a group of families who are the most vulnerable, not only poor but without connection to systems that might help them gain other needed economic and service supports. Our findings show that even within the group of low-income single mothers without work and welfare for significant periods of time, there is variation in how needy these families are. We identify a group of disconnected low-income single mothers who are living without other adults for significant periods of time. While these families are certainly economically vulnerable, there are limitations in the survey data used to identify and analyze such a small (both in reality and survey sample size) subset of single mothers. Limitations include the possibility that income sources are misreported or underreported by respondents because they are infrequent or don't fit easily into survey categories or are not asked about in the survey (e.g., infrequent off-the-books work, one-time or inconsistent help from friends or family). This is in addition to underreporting of public benefits in household surveys generally.<sup>6</sup> These limitations call into question the ability to truly say one small subgroup of single mothers is more economically vulnerable than another small group. Analysis of the circumstances of economically vulnerable single mothers might be well-served by using a more common definition such as those in deep poverty.

Specific areas for concern that have been highlighted by the research on disconnected mothers would benefit from further direct research. The relatively high prevalence of characteristics that affect the ability to work among these

mothers suggests that further research on ways to serve “hard-to-employ” mothers is needed, and that this research needs to include thinking on how to make sure those who are not receiving TANF benefits have access to the kinds of services and supports they need. In addition, our results suggest the need for additional research on how to improve access to benefits for very-low-income mothers who are not only not receiving TANF or SSI but also not receiving SNAP or Medicaid. Research to better understand why these mothers are not receiving these benefits is important.

These results also suggest the need for more research about the stability of more complex household living arrangements of some single mothers (including cohabitation), the role these arrangements play in providing positive economic supports for very-low-income nonworking single mothers (including lower housing costs, income sharing, and child care provision) and the impact on children of these arrangements. Finally, the finding that losing work and remaining without work for significant periods of time is relatively common among low-income single mothers suggests the importance of continuing research that focuses on how to best support all of these mothers in finding and maintaining work. ■

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<sup>1</sup>This article is a summary of a longer report prepared in May 2011 for the Department of Health and Human Services Assistant Secretary for Planning and Evaluation, *Dynamics of Being Disconnected from Work and TANF*. Available at: <http://aspe.hhs.gov/hsp/11/disconnecteddynamics/index.shtml>.

<sup>2</sup>The study relies on data from the Survey of Income and Program Participation (SIPP). Our descriptive statistics compare 2004 and 2008 and our dynamic analysis relies on the 2004 panel, individuals who were followed for up to 48 months, although the sample was reduced by half due to budgetary cuts after the 32nd month (after the eighth wave). SSI is excluded because it is a means-tested cash benefit and mothers who moved from TANF onto this program still have public income support.

<sup>3</sup>The four-month requirement was used in order to exclude short spells of nonreceipt or being without a job that are due to misreporting, program administrative issues, or short periods without work between jobs that we do not think meet the conceptual definition of disconnected suggested by our policy questions. The survey we use interviews individuals every four months, introducing a tendency toward more similar answers over that prior four months than across different interview periods. Our analysis suggests the four-month requirement excludes 25 percent of all spells of disconnectedness, with 20 percent of spells being one or two months in duration. For the purposes of measuring income, we restrict our definition of family to the single mother and her children.

<sup>4</sup>R. Blank and B. Kovac, “The Growing Problem of Disconnected Single Mothers,” *Focus* 25, no. 2 (Fall-Winter 2007–08): 27–34.

<sup>5</sup>K. Baumann, “Shifting Family Definitions: The Effect of Cohabitation and Other Nonfamily Household Relationships on Measures of Poverty,” *Demography* 36, No. 3 (1999): 315–325; and R. S. Oropresa, N. Lansdale, and T. Kenkre, “Income Allocation in Marital and Cohabiting Unions: The Case of Mainland Puerto Ricans,” *Journal of Marriage and Family* 65 (2003): 910–926.

<sup>6</sup>For more discussion of misreporting and underreporting of data by families observed to have little or no income in household surveys (the National Survey of America’s Families) and the sources of support they do rely on, see S. Nelson, S. R. Zedlewski, K. Edin, H. L. Koball, K. Pomper, and T. Roberts, “Qualitative Interviews with Families Reporting No Work or Government Cash Assistance in the National Survey of America’s Families,” *Assessing the New Federalism* Occasional Paper No. 03-01 (2003), Washington, DC: The Urban Institute. Available at <http://urban.org/publications/310657.html>.



# From multiple program participation to disconnection in Wisconsin

Maria Cancian, Eunhee Han, and Jennifer L. Noyes

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The declining availability of cash welfare, and an income support system that increasingly provides benefits that complement, rather than replace, paid work, combine to raise concerns about families disconnected from work and welfare. These concerns were further heightened in the recent recession. While past research on disconnected populations has been particularly useful in understanding disconnection in relation to Temporary Assistance for Needy Families (TANF), new patterns of program participation suggest the importance of considering broader populations.<sup>1</sup> Further, while past research has noted that many of the “disconnected” receive some form of public assistance other than TANF, less is known about the importance of these other sources of support. Finally, while there is some evidence of increases in disconnection over time, most analyses focus on a single cohort. The study described in this article adds to the literature on disconnection in several ways. In particular, we analyze how patterns of disconnection vary for different program participation populations; across cohorts and over time for a given cohort; and by different definitions of “disconnection.”

## Defining disconnection

Previous studies of disconnected populations have usually begun with a sample of those receiving TANF or its predecessor, Aid to Families with Dependent Children (AFDC), or else with a closely related sample, such as low-educated single mothers. Our analysis follows populations in Wisconsin who we have identified as being originally “connected” through participation in TANF or the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) or receipt of Unemployment Insurance (UI) benefits. We consider three cohorts of TANF and SNAP participants (those participating at any time during 2005, 2007, or 2009), as well as two cohorts of UI beneficiaries (those receiving UI benefits in 2007 or 2009). To identify the population of program participants, we relied on unique merged longitudinal administrative data that have been extracted and developed by the Institute for Research on Poverty in collaboration with Wisconsin state agencies.

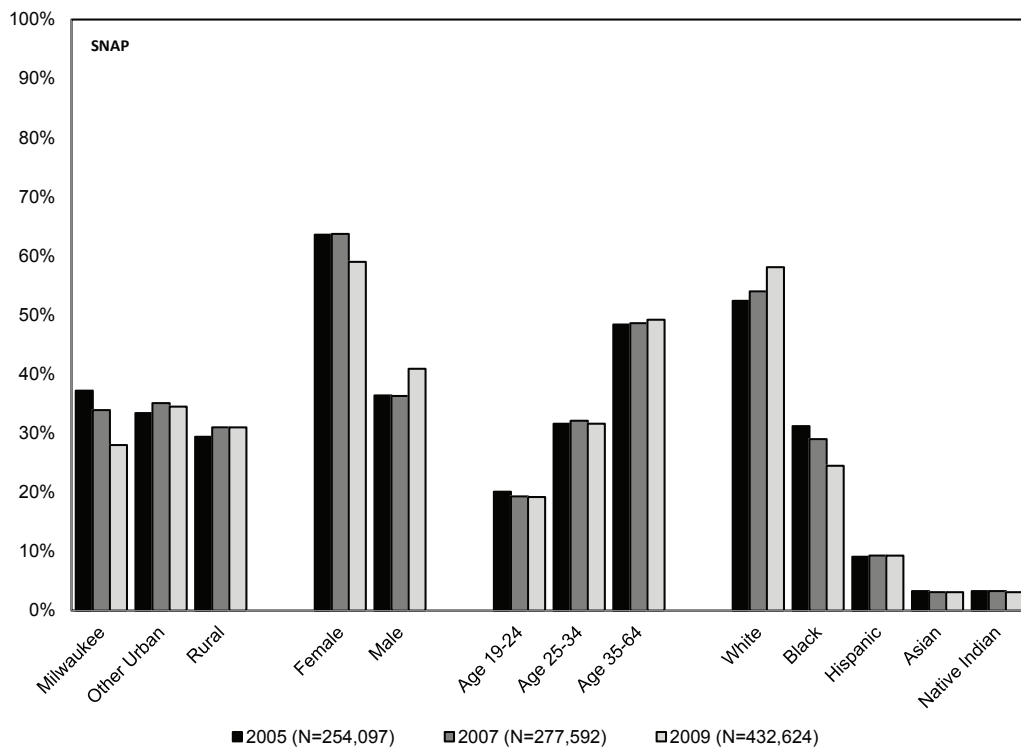
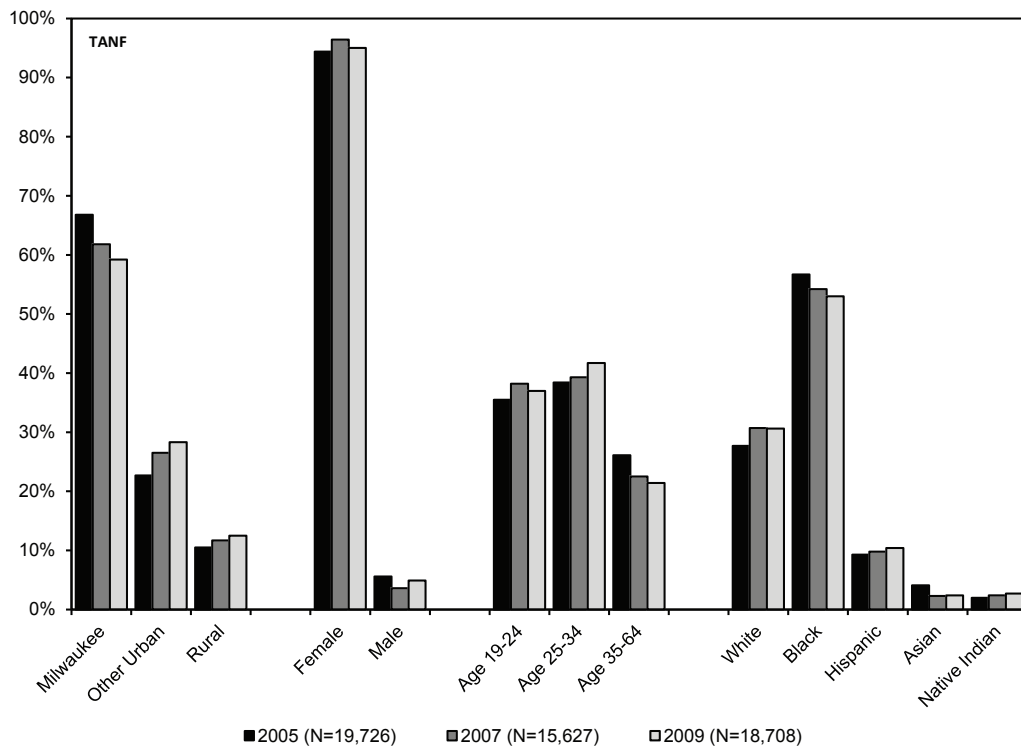
We use multiple definitions of disconnection. Our primary definition of disconnection—regardless of whether an individual was originally connected through participation in TANF or SNAP or receipt of UI benefits—is: no program participation, child support receipt, or earnings in December of the year following cohort entry. The programs considered are TANF, SNAP, subsidized child care, Medicaid, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and UI benefits. In addition to our primary definition, we measure disconnection according to four alternative definitions: (1) no program participation or earnings; (2) no cash assistance or benefits (TANF, SSI, UI), SNAP, or earnings; (3) no cash assistance or benefits (TANF, SSI, UI) or earnings; and (4) no program participation, earnings, or child support at any time in the following year (rather than in December of the following year). Further, while we focus our analysis on nonparticipants, especially on those who appear to be disconnected from both employment and public income support programs, we also document patterns of multiple program participation.

## Results

Figure 1 shows the location and selected demographic characteristics of the adults participating in TANF and SNAP in each of the three cohorts: 2005, 2007, and 2009. Administrative data for UI beneficiaries in each of our cohorts, which totaled 342,334 in 2007 and 575,828 in 2009, does not include similar demographic information and therefore is not reflected in Figure 1.

In relation to TANF, participation as reflected in cohort size fell between 2005 and 2007, (from 19,726 to 15,627) and then rose in 2009 (to 18,708). In all three cohorts, most TANF recipients lived in Milwaukee County, the state’s largest urban area, although the proportion in other urban counties and in rural counties grew over time. Adults participating in TANF were mostly young women; about three-quarters are under age 35. The proportion of participants who were black fell slightly over the period, while the percentage white rose. Across the three cohorts there was also some decline in the proportion with three or more children, from 29 percent to 26 percent and with children over age 12, from 11 percent to 8 percent (not shown on figure). Thus, while Wisconsin’s TANF program continues to largely serve very disadvantaged families, there is some evidence that the program served a broader population during the recent economic downturn.

The shift to a broader population served is even more evident in the SNAP program, where participation increased from

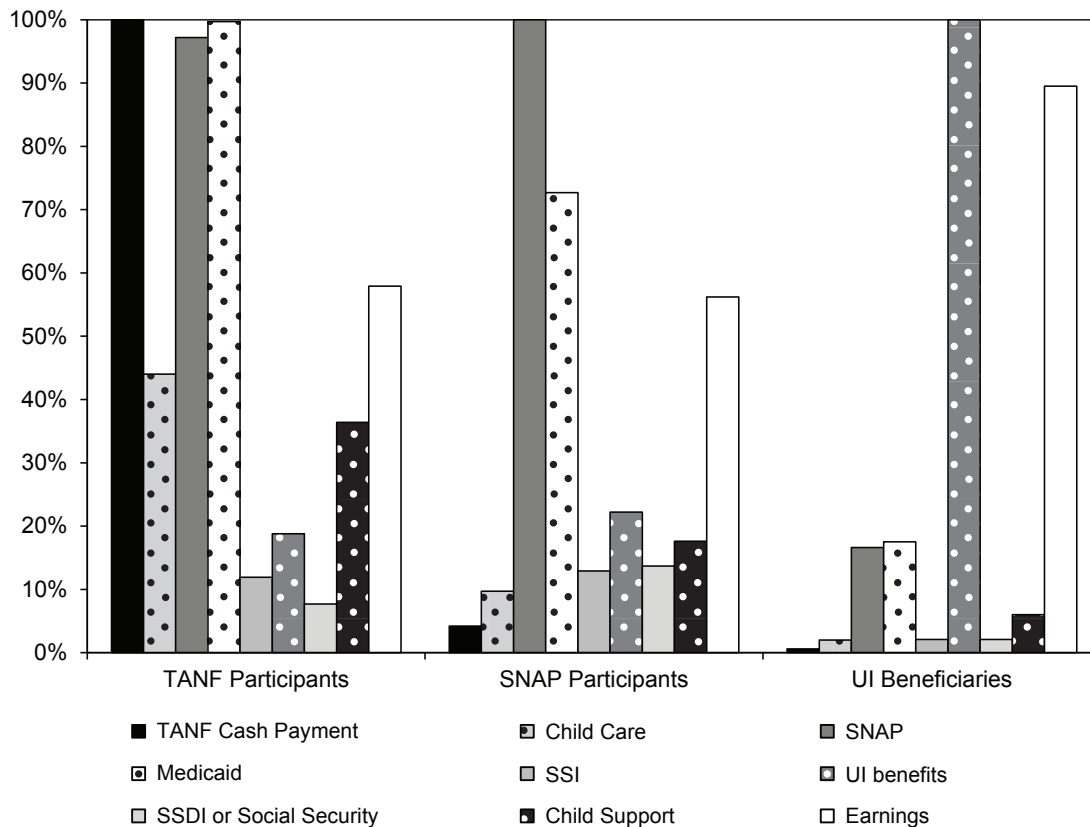


**Figure 1. Selected characteristics of TANF and SNAP participants, by cohort.**

**Source** for all figures: Linked longitudinal administrative data from the State of Wisconsin data systems. The systems are CARES (TANF), KIDS (Child Support Enforcement), WiSACWIS (Child Welfare Information), and UI.

254,097 to 432,624, or about 70 percent, from 2005 to 2009. SNAP serves a larger and more diverse population than TANF; for example, Milwaukee County accounts for only about one-third of adults served by SNAP in 2005, with the proportion falling over the three cohorts. The

proportion of SNAP participants who were white increased over time, while the proportion black decreased. By 2009, over 40 percent of SNAP participants were male, while childless adults accounted for nearly half of all participants.



**Figure 2. Other program participation in 2009.**

**Note:** Medicaid, SSI, and Social Security or SSDI participation shown includes that of both adults and their children; UI participation reflects only programs available to the adult recipients.

**Source:** Linked longitudinal administrative data from the State of Wisconsin data systems. The systems are CARES (TANF), KIDS (Child Support Enforcement), WisACWIS (Child Welfare Information), and UI.

### Multiple program participation in sample year

Across all three cohorts, most TANF and SNAP participants also received other public benefits. Focusing on the 2009 cohort, the first set of bars in Figure 2 shows that virtually all TANF participants also received SNAP benefits and Medicaid. Subsidized child care was used by close to half of TANF participants. Over a third of TANF participants received child support, and nearly 60 percent had reported earnings.

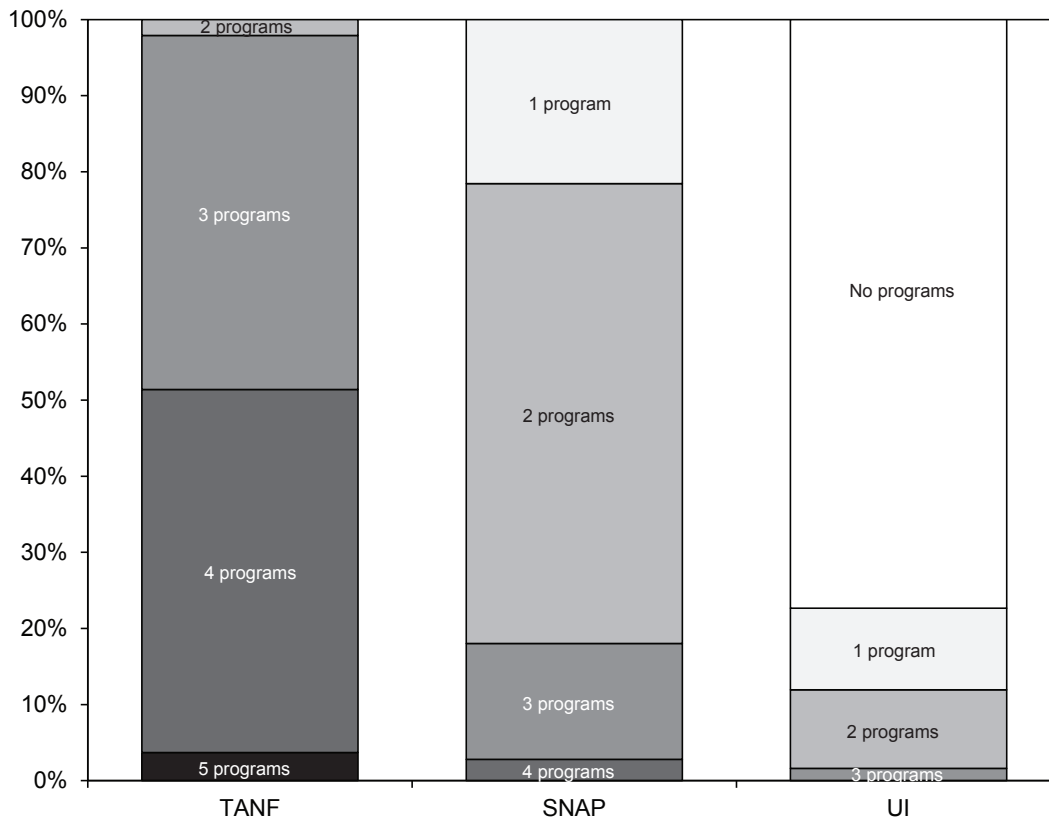
The second set of bars in Figure 2 illustrates how SNAP participants differ from TANF participants. Just under three-quarters of SNAP participants received Medicaid, compared to nearly all TANF participants. Since a substantial portion of SNAP participants do not have children, it is not surprising that participation in subsidized child care was relatively low, as was receipt of child support and participation in TANF. Both SSI and Social Security or SSDI participation were relatively high, and just over half of SNAP participants had some earnings.

The final set of bars in Figure 2 shows that UI beneficiaries, compared to TANF and SNAP participants, are substantially more likely to have earnings, and substantially less likely to receive other benefits. This result is expected, since UI benefits are not means tested and are based on work history.

Patterns of multiple program participation for the 2009 cohort across all five means-tested programs included in our analysis (TANF, SNAP, Medicaid, SSI, and subsidized child care) are shown in Figure 3. The figure highlights the intensive use of benefits by TANF participants relative to SNAP participants and UI beneficiaries.<sup>2</sup> Although the figure shows only the 2009 cohorts, we found that the intensity of multiple program participation remained fairly stable across the cohorts for TANF participants. In contrast, the growing populations of SNAP and UI beneficiaries in the most recent cohort include a somewhat higher proportion of individuals receiving only one or two means-tested benefits.

### Program participation over time

To examine how program participation patterns change over time, we first consider participation for the initial program of interest at the end of the calendar year following the year in which our samples were identified. The results are shown in Figure 4. TANF participants were relatively unlikely to be receiving cash benefits (which are time limited) in December of the year following cohort entry, although rates were higher for each subsequent cohort. Compared to TANF participants, a higher proportion of SNAP participants continued to receive benefits in December of the following year. This is not surprising, since SNAP participation is not time



**Figure 3. Multiple program participation among 2009 TANF, SNAP, and UI-benefit recipients.**

**Source:** Linked longitudinal administrative data from the State of Wisconsin data systems. The systems are CARES (TANF), KIDS (Child Support Enforcement), WiSACWIS (Child Welfare Information), and UI.

limited. As we observed for TANF, extended participation became more common in later cohorts. In contrast, for UI beneficiaries, persistence actually declined slightly between the 2007 and 2009 cohorts.

In addition to being interested in the continued participation in the programs of initial interest, we are also interested in receipt of other benefits or sources of income. We found that TANF participants were more likely to participate in other programs during the sample year, and that this pattern persists. In addition, their receipt of means-tested benefits in the following year is in most cases greater for the more recent cohort. For example, 78 percent of 2005 TANF participants continued to be covered by Medicaid in December of the following year, a figure that rose to 82 percent and 85 percent, respectively, among 2007 and 2009 TANF participants. Further, among 2005 TANF participants, 67 percent received SNAP benefits in December of the next year, a figure that rose to 73 percent and 84 percent for the next two cohorts. In contrast, SSI and Social Security or SSDI receipt remained relatively steady, and subsequent employment and subsidized child care fell somewhat for the latest cohort of TANF participants.

For SNAP participants, participation in other means-tested programs during the sample year declined somewhat over the cohorts. In contrast, participation in the following year seems to be stable, or even rising. We also find evidence of greater SNAP and Medicaid use in December of the follow-

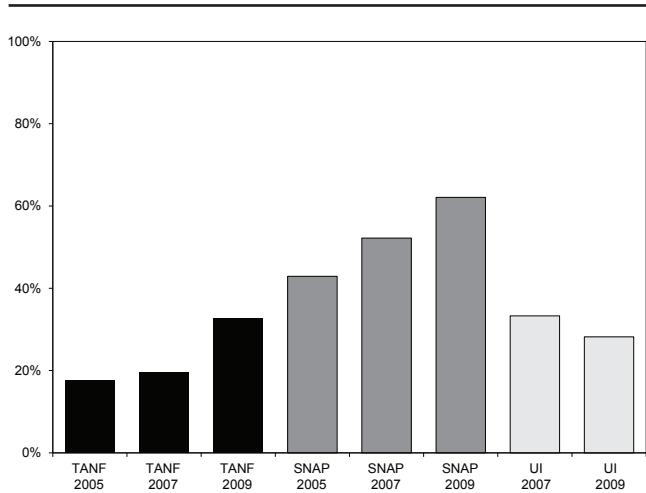
ing year among original 2009 UI beneficiaries, compared to 2007 beneficiaries.

### Patterns of disconnection

What are the implications of these patterns of subsequent benefit receipt for the population of “disconnected” participants? Figure 5 shows disconnection for initial TANF and SNAP participants by cohort. Information about the disconnection of UI beneficiaries, although analyzed, is not reflected in the figure.

Our primary definition of disconnection, shown in bold on Figure 5, is: no program participation, child support receipt, or earnings in December of the year following cohort entry. The programs considered are TANF, SNAP, subsidized child care, Medicaid, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and UI benefits. The probability of disconnection varies by the original program of connection; it falls from 6 percent to 4 percent across the cohorts of TANF participants, and from 14 percent to 9 percent across the cohorts of SNAP participants. The percentage disconnected remains close to 12 percent in both cohorts of UI participants for whom we have data (not shown in figure).

Using our primary definition of disconnection, we looked at the characteristics of disconnected TANF and SNAP participants, and found that the pattern of declining risk of



**Figure 4. Receipt of initial program of interest in December of the following year.**

**Source:** Linked longitudinal administrative data from the State of Wisconsin data systems. The systems are CARES (TANF), KIDS (Child Support Enforcement), WiSACWIS (Child Welfare Information), and UI.

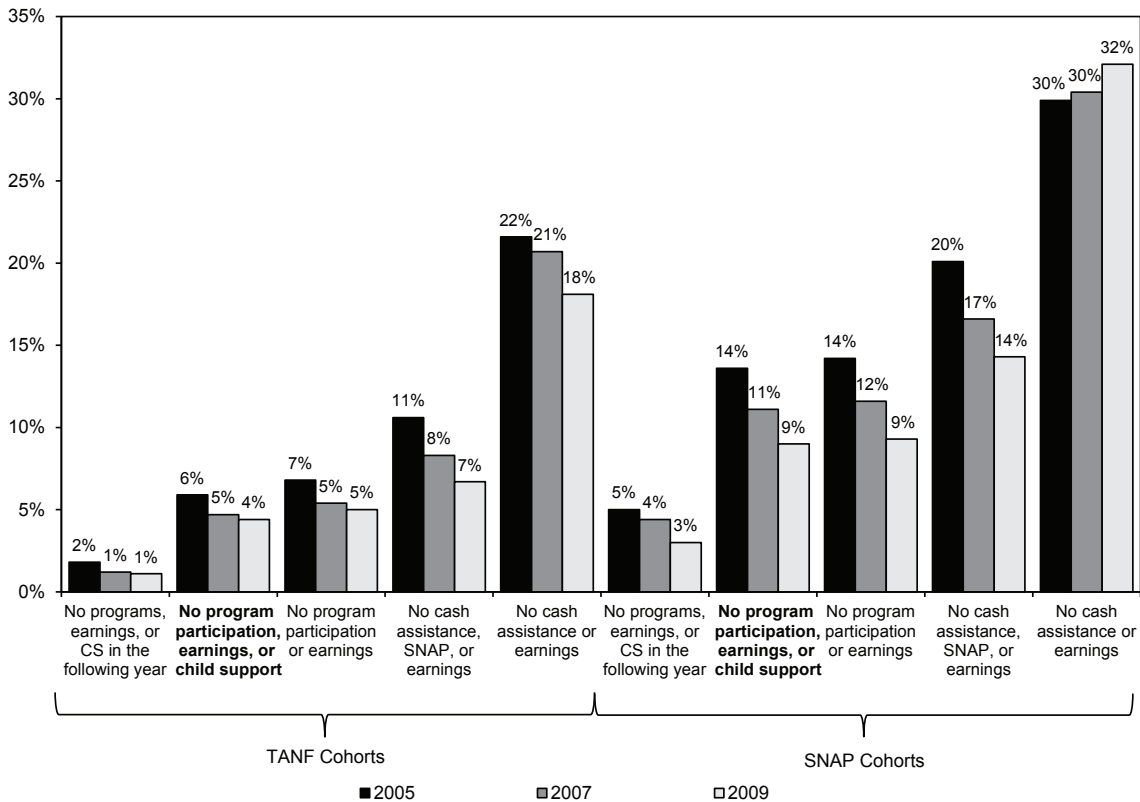
disconnection across cohorts is fairly consistent across most categories for TANF participants. Among SNAP participants, the risk of disconnection fell by half (from 21 percent to 13 percent) for male participants and more modestly (from 9 percent to 7 percent) for female participants. There was

also an unusually large decline in the risk of disconnection (from 15 percent to 7 percent) for SNAP participants in Milwaukee County—home to about a third of the state’s SNAP participants.

Overall, we find relatively low levels of disconnection, especially for the most recent cohort. In part this reflects our expansive measure of program participation. The importance of how disconnection is measured is illustrated by the other sets of bars in Figure 5, which show the proportion of initial TANF and SNAP disconnected by four alternative definitions.

If we define the disconnected as those with no program participation, no child support, and no earnings at any time in the following year (as shown in Figure 5 for TANF and SNAP cohorts in the far left set of bars for each group), only 1 percent to 2 percent of TANF participants, 3 percent to 5 percent of SNAP participants, and 4 percent to 5 percent of UI participants are disconnected.

If we measure disconnection in December of the following year (as with our primary measure), but apply an increasingly limited definition of connection as reflected in the remaining sets of bars in Figure 5, the rates of disconnection continue to rise. For example, among 2005 TANF participants, 6 percent are disconnected by our primary definition;



**Figure 5. Disconnection measures by cohort: TANF and SNAP.**

**Note:** Unless indicated otherwise, all measures are in December of the year following sample entry. Primary definition of disconnection is shown in bold type.

**Source:** Linked longitudinal administrative data from the State of Wisconsin data systems. The systems are CARES (TANF), KIDS (Child Support Enforcement), WiSACWIS (Child Welfare Information), and UI.

the figure rises to 7 percent if we do not consider child support income alone as sufficient to be connected; 11 percent if we additionally do not consider Medicaid participation sufficient; and 22 percent if we additionally do not consider SNAP participation sufficient to be connected.

Figure 5 also shows that for TANF participants, rates of disconnection have fallen over time across all the measures. The key importance of SNAP as a “connecting” program is illustrated by the high rates of disconnection with the measure that disregards SNAP participation, shown by the far right set of bars for each group. Finally, Figure 5 shows that the SNAP cohorts have declining rates of disconnection, except when SNAP participation is included. Results for the two cohorts of UI recipients, not shown on the figure, remain relatively stable across the five different definitions of disconnection, ranging from 12 percent to 16 percent.

### **Alternative connections: Child Protective Services and incarceration**

We have concentrated primarily on the earnings and public income supports of individuals initially participating in TANF, SNAP, and UI. In our primary definition, we included participation in SNAP (a “near-cash” benefit) or Medicaid as a form of connection. There is a substantial range of other public programs in which families may participate. In some cases, participation has some direct impact on economic well-being. For example, a family with children attending public schools is arguably connected—at a minimum, schools provide an access point for other services—but school attendance does not generally provide for the material needs of the children or their parents. In contrast, if children are in out-of-home care, or if adults are incarcerated, non-participation in income support programs has very different implications.

In the sample year, around 10 percent of adult TANF participants had a child with a screened-in Child Protective Services report, and about 3 percent had a child placed out of home. Being the subject of a screened-in report is an indication of potential risk to the child, while a placement out of home is generally the result of a determination that the child cannot safely remain with his or her parent(s). It also has implications for other program participation; parents of children in out-of-home placement may no longer be eligible for programs such as TANF, and their children’s economic well-being will no longer directly depend on their parents’ resources. Rates of Child Protective Service involvement were substantially lower for the SNAP population, which is expected since nearly half of SNAP participants did not have any children.

We found that former TANF participants who were disconnected were substantially more likely than the full TANF population to have out-of-home placements. For example, 3.5 percent of 2009 TANF participants who were disconnected in December of 2010 had a child in an out-of-home placement, compared to 2.3 percent for the full sample. The

difference is at least as large in the earlier cohorts. The positive relationship between disconnection and Child Protective Services involvement may reflect the increased risk of maltreatment among children in disconnected households. Alternatively, it may be that parents do not apply for programs, or are no longer eligible, when their child has been placed out of home.

We have records for both Wisconsin state prisons and the Milwaukee County Jail for only the earliest cohort of TANF and SNAP participants, those participating in 2005. We find that 6 percent of the TANF adults (who are overwhelmingly female) are incarcerated at some point in that year, most (5 percent) in the county jail. Among SNAP participants, 5 percent are incarcerated, 2 percent in state prison and 3 percent in Milwaukee County Jail. When we consider incarceration in only one month, December of the following year, rates are lower, as expected, but fall less for the disconnected population than for the full sample of TANF participants. Only 2 percent of the full sample of SNAP participants are incarcerated in December of 2006, but the rate for the disconnected is 8 percent. These figures suggest the potential importance of accounting for incarceration among the disconnected.

## **Conclusions**

We find that TANF participants tend to have very high rates of multiple program participation, and low rates of disconnection. In the sample year, more than half participated in at least four means-tested programs, inclusive of TANF, and nearly all participated in at least three. In contrast, most SNAP participants participated in just one or two programs, inclusive of SNAP, and most UI beneficiaries did not participate in any means-tested program. Comparing TANF and SNAP participants, TANF participants had substantially higher rates of participants leaving the program in the next year, but were less likely to be completely disconnected from any public programs. For both groups, we found higher persistence, and lower disconnection, among more recent cohorts. For the two cohorts of UI beneficiaries for whom we have data, around one-third received UI benefits in the following December, and about one-fifth appear to be disconnected.

In an era of major changes in program eligibility, increased state-level and local variation in program rules and administration, and declining entitlements to cash assistance for prime-age adults and their children, there is increasing interest in understanding the “disconnected” population. However, defining and measuring disconnection is complex. There are a number of important data and measurement issues, but even putting these aside, the most appropriate definition of disconnection depends substantially on the issue being addressed. For example, a question that motivated some of the earliest research on the topic is whether families have left a given safety net program because they are no longer in need, or because they have become disconnected—that is, they remain eligible and in need, but have failed to take up the ben-

efit. Addressing this question requires analysts to consider the characteristics and resources of individuals and families who leave a given program, and whether they remain in need. If all poor “leavers” are defined as disconnected, then rates of disconnection will be high. Alternatively, if we limit our definition of disconnected to those who have no recorded earnings, and no public benefit receipt, rates of disconnection will be much lower, as most families in need (as defined by their initial connection to a public benefit program) are receiving some resources, even while they might benefit from additional participation. In sum, to address critical policy issues related to program participation and disconnection, analysts will have to carefully identify the right questions, as well as their best answers. ■

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<sup>1</sup>This report is based on the report “From Multiple Program Participation to Disconnection: Changing Trajectories of TANF, SNAP, and Unemployment Insurance Beneficiaries in Wisconsin,” which was prepared as part of the project “Patterns of and Outcomes Associated with Disconnection from Employment and Public Assistance: The Wisconsin Experience,” funded by the U.S. Department of Health and Human Services’ Administration for Children and Families as part of the “University-Based Research Partnerships on Disconnected Families.”

<sup>2</sup>Again, the differences reflect in part the fact that fewer SNAP adults are part of families with children. If we restrict our sample of SNAP participants to adults in families with children, the intensity of multiple program participation rises substantially.

# The disconnected population in Tennessee

Donald Bruce, William Hamblen, and Xiaowen Liu

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Most prior studies of the disconnected population have focused on those who have left the welfare rolls. While we contribute to this line of research with an analysis of a large sample of welfare leavers in Tennessee, ours is among a small number of studies to move beyond the narrow consideration of leavers to look at those who may be disconnected but who might never have been on public assistance.<sup>1</sup> It is possible that many lower-income individuals who may be eligible for one or more assistance programs either choose not to participate in those programs, or are unaware of their existence. Also, given the highly targeted nature of most social safety net programs, some low-income individuals may be disconnected because they do not qualify for available assistance.

Our primary goal is to provide a closer look at the broader population of disconnected families who are surviving without work or public assistance. Because we use a representative statewide sample of survey data, we may make informative comparisons between the disconnected and non-disconnected members of the population. Much of the prior work has only been able to compare disconnected welfare leavers to non-disconnected welfare leavers.

## Defining disconnection

Because the concept of being disconnected is so broad that we do not believe it can be satisfactorily characterized by a single definition, we use two major data sources to consider five different definitions of the disconnected population. Using data from a longitudinal study of individuals who left Families First, Tennessee's Temporary Assistance for Needy Families (TANF) program, and are not working, we look at (1) the "TANF-disconnected," those who may be receiving assistance from various social programs other than TANF; (2) the "food-assisted-only," those who are receiving benefits from either the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) or from WIC (the federal supplemental nutrition program for Women, Infants, and Children); and (3) the "unassisted," those who are not receiving help from any major assistance or insurance pro-

gram. Using our second data source, the annual survey of Tennessee's public health insurance program (TennCare), our final two definitions of the disconnected population are (4) the "permanently health-disconnected," those who are unemployed, are single, or have an unemployed spouse, are not currently on Medicare or Medicaid, and have never been on TennCare; and (5) the "temporarily health-disconnected," who meet the other criteria of definition 4, but who may have been on TennCare in the past. Because the TennCare program is perhaps the most extensive public assistance program in the state, we believe that the last two definitions are particularly useful in considering Tennessee's disconnected population, since those on programs such as TANF or SNAP are nearly always also on TennCare, while those who are not on TennCare are not likely to be on other programs (with the possible exception of Unemployment Insurance).

## Disconnected TANF leavers

Our first three measures of disconnectedness allow us to look at individuals who left TANF and are not working. As would be expected, the largest number of people are included in the broadest measure, the TANF-disconnected, which includes those receiving assistance from any social program other than TANF. We found just under 300 such individuals at the beginning of our sample period in 2002; this number rose to a high of over 500 in 2006, then fell slightly through the end of our sample period in 2008. Figure 1 shows each dis-

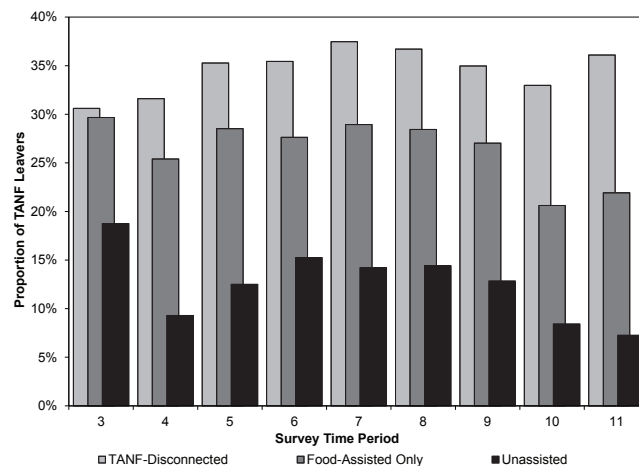


Figure 1. Disconnected as a percentage of TANF leavers.

**Notes:** The survey time periods begin in late 2002, and end in late 2008. Each survey wave was administered over a period of four to five months, and in most cases there were four to five months between survey waves. All individuals identified as disconnected had left TANF and were not working: the TANF-disconnected could be receiving assistance from social programs other than TANF; the food-assisted-only were receiving benefits only from SNAP or WIC; and the unassisted were not receiving help from any major assistance or insurance program.

**Source:** Authors' calculations from the Family Assistance Longitudinal Study.

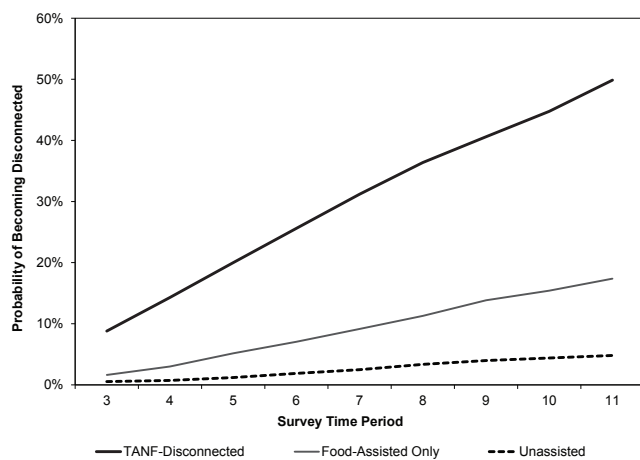


connected population as a percentage of all TANF leavers, for each of the nine waves of survey data we used. Around a third of all leavers were TANF-disconnected, meaning that approximately two-thirds of all TANF leavers were connected to either public assistance or employment at any given point in the survey period. Using the second measure of disconnectedness, food-assisted-only, we find that between 21 and 29 percent of leavers received assistance only from SNAP or WIC. Finally, from 7 to 15 percent of leavers were unassisted and did not receive help from any major assistance or insurance program during the study period.

Figure 2 shows the probability of becoming disconnected.<sup>2</sup> Of those who were receiving TANF cash assistance in January 2001, nearly 10 percent were TANF-disconnected by our first survey time period in late 2002. By the end of our analysis period in late 2008, we estimate that nearly half of the survey sample became TANF-disconnected at least once. The probabilities of being food-assisted-only or unassisted are much lower.

### *The well-being of disconnected TANF leavers*

The next component of our analysis of disconnected leavers involves a detailed look at their overall well-being as indicated by their responses to a wide array of outcome-oriented survey questions. Given the very small sample of those in our most restricted definition of disconnected leavers, we limit our discussion here to those who are disconnected according to the first two measures: the TANF-disconnected, who are neither working nor on TANF but who may be receiving assistance from other programs; and the food-assisted-only, who are neither working nor on any public assistance except



**Figure 2. Probability of disconnectedness for TANF leavers.**

**Notes:** The survey time periods begin in late 2002, and end in late 2008. Each survey wave was administered over a period of four to five months, and in most cases there were four to five months between survey waves. All individuals identified as disconnected had left TANF and were not working: the TANF-disconnected could be receiving assistance from social programs other than TANF; the food-assisted-only were receiving benefits only from SNAP or WIC; and the unassisted were not receiving help from any major assistance or insurance program.

**Source:** Authors' calculations from the Family Assistance Longitudinal Study.

for SNAP or WIC. As all survey respondents had been on TANF at some point in the past, these measures more closely resemble our temporarily disconnected population from the TennCare survey described in the next section.

Looking first at the reported reasons for leaving (or being asked to leave) TANF among the two disconnected groups, we found that about 40 to 45 percent of all disconnected leavers left the program for what could be viewed as positive reasons such as getting a job, receiving an increase in income, getting married, or moving in with friends or family. Nearly a third left as a result of non-compliance with program rules, reaching a time limit (or leaving prematurely in order to conserve benefit months for the future), or becoming ineligible as a result of moving or no longer having an age-eligible child in the home.

The vast majority of disconnected respondents in both groups report actively looking for a job. However, between 40 and 50 percent of the TANF-disconnected and about 30 to 50 percent of the food-assisted-only reported that it had been more than two years since they had last been employed. About one-quarter to one-third of those in either group had been employed within the past six months. Additionally, previous employment spells were generally short, with only about 30 to 40 percent reporting that they were employed in their last job for more than one year. These employment-related findings are surely related to the fact that such a large percentage of disconnected survey respondents have less than a high school education (33 to 54 percent).

A typical question about the disconnected is how they make ends meet. Prior research generally finds that the disconnected have access to a number of other income sources. We found that among the roughly 30 to 40 percent of disconnected respondents who are married, only about 50 to 60 percent of the TANF-disconnected have working spouses. The percentage with working spouses in the food-assisted-only group is much higher, typically above 70 percent and often above 80 percent. Incomes earned by these working spouses are fairly low among the TANF-disconnected, averaging between \$16,800 and \$22,200 per year; average spouse earnings are higher for the food-assisted-only.

About 10 to 25 percent in either group report that their children have earned some income within the last several months.<sup>3</sup> Average monthly income for these children typically amounted to less than \$300. Between one-quarter and one-half of the disconnected respondents reported receiving money from friends or relatives, with average monthly amounts generally falling between \$150 and \$200. Very few—typically less than five percent—reported receiving income from other sources such as pensions, annuities, survivor benefits, workers compensation, or veterans payments. Those who had income in these categories typically enjoyed relatively high average monthly amounts. In total, only about 50 to 60 percent of the TANF-disconnected and 40 to 50 percent of the food-assisted-only reported that they had enough money coming in to make ends meet.

Child care issues are often a significant barrier to employment for disconnected families. A significant minority of the disconnected respondents reported that they needed but could not afford child care at some point within the past several months. Larger percentages in each wave reported needing but being unable to find child care. Nearly half of the disconnected respondents reported that there was some sort of legal arrangement requiring child support payments, and those who received such payments reported amounts between \$200 and \$300 per month.

About half of the disconnected respondents report living in a house, with about 30 percent living in apartments and most of the remainder living in mobile homes or trailers. Very few were living in emergency shelters, homeless, or some other setting. Housing situations are far from permanent among the disconnected, with only about half reporting that they had lived in their current setting for more than two years. About 5 to 10 percent reported that they paid money to a friend or relative to live with them. Another 20 percent (up to 38 percent of the food-assisted-only) reported living rent-free with a friend or relative or in a shelter. Between 50 and 60 percent of the TANF-disconnected, and slightly smaller percentages of the food-assisted-only, reported paying rent (not including those who paid money to a friend or relative), and only about 10 to 15 percent reported that they owned their current home.

About 35 to 40 percent of the disconnected reported that their phones had been disconnected within the past several months as a result of being unable to pay the bill. A smaller percentage, typically 10 to 20 percent, reported that their electricity had been shut off for similar reasons. Similarly, about 10 to 20 percent reported having to move in with other people as a result of not being able to pay their mortgage, rent, or utility bills.

Despite the fact that both of our primary disconnected definitions in this section include those families who are on Food Stamps or SNAP, and the majority report that their children were currently getting free or reduced meals at school, food insecurity is a significant challenge for a significant minority in both groups. Roughly one-quarter to one-third of the disconnected respondents indicated that they were hungry and did not eat, cut the size of meals, or went to a food pantry or food bank within the past several months because they could not afford food.

More than three-quarters of the TANF-disconnected and more than half of the food-assisted-only reported that they were covered by some form of health insurance at the beginning of our analysis period, although these percentages fell somewhat over time. Administrative TennCare caseload reductions may have caused some of this decline in coverage. Virtually all respondents indicated that their children were covered by health insurance, presumably as a result of Tennessee's efforts to ensure that children are covered even when their parents are not. These relatively high coverage rates are not often observed in other studies of disconnected

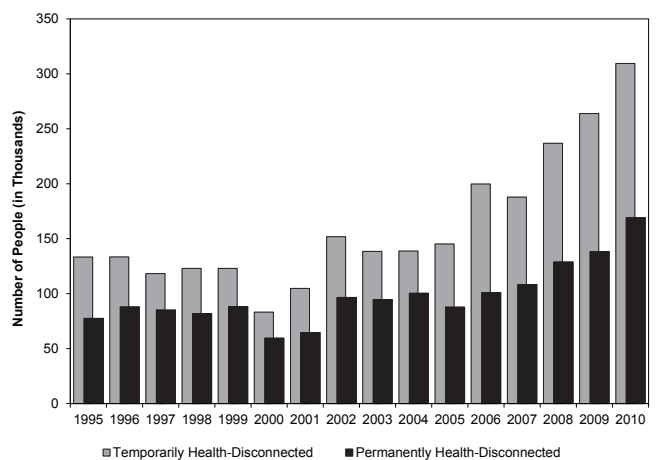
populations and likely speak to Tennessee's relatively generous health coverage programs.<sup>4</sup> Self-assessed health status is quite low among the disconnected, with half or more reporting to be in poor or fair health and less than 20 percent reporting to be in very good or excellent health. Affordability and access to health care appear to be significant barriers for a sizeable share of the disconnected.

The above results reflect the general finding in the prior literature on disconnected welfare leavers that many are doing relatively well, but a significant minority continue to face significant barriers to employment and experience a variety of hardships.

### A broader view: The health-disconnected population in Tennessee

It is important to recognize the possibility that many disconnected individuals might never have participated in public assistance programs. Zedlewski provides some early evidence of the extent to which eligible non-participants are disconnected from assistance as well as employment.<sup>5</sup> We are able to consider the broader population of disconnected individuals in Tennessee by making use of the annual TennCare survey data described above.

Figure 3 provides an initial look at the size of the health-disconnected population in Tennessee as defined by our two TennCare survey measures; permanently and temporarily health-disconnected. Note that the permanently health-disconnected (who have never been on TennCare) are a subgroup of the temporarily health-disconnected (who are not currently on TennCare). The health-disconnected population remained below 150,000 between 1995 and 2005, with some fluctuations likely related to macroeconomic swings, but rose significantly in 2006 and thereafter. Patterns for the permanently health-disconnected population are similar to



**Figure 3. Tennessee's health-disconnected population.**

**Note:** The temporarily health-disconnected were not on TennCare at the time of the survey, while the permanently health-disconnected had never been on TennCare.

**Source:** Authors' calculations from the annual TennCare survey.

those for the temporarily health-disconnected population. Since Tennessee's population remained relatively stable over our analysis period, looking at population trend reveals patterns that are very similar to the population numbers in Figure 3. The disconnected population hovered around 3 percent of the population until 2006, when the percentage began to rise to a 2010 value above 6 percent. The permanently health-disconnected subgroup appears to have grown more slowly, suggesting that the newly disconnected may have become so as a result of leaving TennCare.

To examine the extent to which these figures include those who would be considered as disconnected in the more traditional welfare-leaver sense, we identified TennCare survey respondents who were (a) female, (b) not married, (c) had at least one child, and (d) had total household income below \$10,000. In all but two years, fewer than 5 percent of the temporarily or permanently health-disconnected from the TennCare survey met these criteria. This translates in annual weighted terms to about 2,400 permanently disconnected and about 5,700 temporarily disconnected individuals who appear to be possibly eligible for TANF. Thus, roughly 90 percent of the health-disconnected from the TennCare survey would not be included in a more traditional leaver-oriented study of the disconnected.

Unlike the Families First survey, the TennCare survey data allow us to compare basic characteristics of the health-disconnected to those of the non-health-disconnected population. We find that health-disconnected individuals are about as likely to be female as connected individuals. As many as 40 percent of health-disconnected individuals in Tennessee are men; this group has been largely ignored in prior work. The health-disconnected are younger than connected individuals, likely as a result of our exclusion of those on Medicare from our definition of disconnected. The age profile of the health-disconnected population has changed slightly during our analysis period, with the proportions age 18 to 24 and age 45 to 64 increasing, while the proportion age 25 to 44 has fallen somewhat. In comparison, the age profile of the connected population has remained relatively stable over time.

Most health-disconnected adults—over 60 percent in each year—have no children, and are more likely to have no children than connected adults. Health-disconnected adults also appear to have fewer children in general than connected adults. Health-disconnected adults are frequently the only adults in their household, and they are also less likely than connected adults to be in two-adult households. However, they are generally more likely to be in households with more than two adults. While most health-disconnected adults in Tennessee are white, that population is disproportionately non-white compared to connected adults.

One theme evident in the TennCare survey data that was not observed in the Families First survey data is the gradual shift in the distribution of the health-disconnected population in Tennessee away from larger urban areas toward more rural settings. While only about 8 percent of the temporar-

ily health-disconnected population lived in rural areas in 2000, the rural share grew to more than 25 percent by 2010. Given the tremendous growth in the health-disconnected population in recent years as shown in Figure 3, this shift is likely primarily the result of an increase in the rural health-disconnected population, rather than a decline in the urban health-disconnected population.

Finally, the health-disconnected population unsurprisingly tends to have much lower household income than the connected population. However, it is notable that a sizeable share of the health-disconnected population has total household income in the middle and upper ranges. This is evidence of the basic fact that being disconnected from employment and public assistance (broadly defined) does not necessarily imply a life in poverty.

### *The health-disconnected population and socioeconomic conditions*

We next look for possible relationships between health-disconnected status and local social and economic conditions. We assess whether any local industries have been particularly impacted by the recession, whether a large immigrant population exists that is ineligible for benefits, and whether there are other barriers to work or benefit access. We consider how these and other scenarios have affected levels of disconnectedness, if at all. Note that this analysis provides only suggestive evidence of possible determinants of fluctuations in the health-disconnected population, rather than establishing causality.

We find a strong positive correlation between the health-disconnected population and the Food Stamps or SNAP caseload. In contrast, health-disconnectedness and enrollment in TANF appear to be positively related during periods of recession (such as 2000 to 2002 and 2008 to 2010), but negatively related during periods of expansion (such as 2002 to 2006).

The health-disconnected population has moved proportionately with the share of the population age 65 and over. This is somewhat surprising, given that those over 65 are eligible for Medicare and thus not included in our definition of health-disconnected. The health-disconnected population appears to be negatively related to the share of the population age 18 and under, which has fallen somewhat alongside the recent growth in the health-disconnected population.

While one might expect growth in real (inflation-adjusted) Gross Domestic Product (GDP) to be accompanied by reductions in the disconnected population, we find just the opposite. Specifically, as the Tennessee economy has grown, so has the health-disconnected population. A more careful investigation of the time series data reveals an inverse relationship between real GDP and the health-disconnected population in the most recent years of the data. It is interesting that the health-disconnected population appears to be positively correlated with most industrial categories of real GDP. Notable exceptions include the mining and construc-

tion sectors; real GDP in these two sectors has declined substantially since about 2000 in Tennessee, while the health-disconnected population has grown.

Looking at employment, we see the expected positive correlations between the health-disconnected population and the unemployment rate. However, we also see a negative correlation between the labor force participation rate and the health-disconnected population. While in most years, job growth tends to correspond to reductions in the health-disconnected population, there are some areas in which employment tends to move inversely with the health-disconnected population. These include utilities, logging, mining, construction (as also seen with GDP), wholesale trade, information, and manufacturing.

Both the manufacturing and the mining, logging, and construction sectors have experienced net job losses since 1995, especially during the most recent years. It is certainly possible that the long-term decline of manufacturing in Tennessee has contributed to the gradual rise in the health-disconnected population, as displaced workers may have been reluctant to turn to (or are ineligible for) public assistance. At the same time, it is feasible that these and other health-disconnected individuals may have been protected by Unemployment Insurance (UI), especially given the extended benefits provided during the recent recession.

## Summary and discussion

Consistent with findings from earlier studies, the disconnected population in Tennessee is sizeable and appears to be growing. In what may be the first broad view of statewide disconnected status regardless of prior welfare participation, we find that as much as 6 percent of the state population may presently be surviving without benefit of public assistance or employment. Much of this growth appears to be happening in the more rural areas of Tennessee. This may be related to the shifting employment picture, away from industries such as manufacturing, mining, and construction, and toward the service sector. This raises a possibility that warrants future research, that a growing segment of the disconnected population are men, including married men, who may have been displaced during the recent recession and are having difficulty transitioning to other sectors of the workforce.

Additionally, the possibility certainly exists that major changes to the TennCare and Families First programs have contributed to this growth. Specifically, the TennCare caseload has been significantly reduced at least twice since the mid-1990s. Similarly, while Families First operated under a waiver from federal guidelines for its first 11 years, from 1996 through 2007, full conformity with federal guidelines (which themselves became more severe in 2006) began in 2007. The combination of these policy and administrative changes, along with these programs' long-standing focus on single mothers with children, has made it more difficult for needy Tennesseans to receive public assistance.

Despite our use of slightly more inclusive definitions of disconnected status, our in-depth analysis of a large sample of welfare leavers in Tennessee echoes several themes from the prior literature. First, a significant number of leavers experience spells in disconnected status, and many of those appear to be temporary. Second, the disconnected leavers often have access to other sources of income, such as from a spouse or partner, children, family, or friends. Third, the disconnected continue to experience significant economic hardships regarding access to resources such as health care, child care, and transportation. These issues represent barriers to employment and self-sufficiency that are not likely to be fully addressed by the present menu of public assistance programs.

The future for TennCare and Families First will likely involve ongoing binding budget constraints as both the federal and state governments grapple with long-run fiscal solvency issues. While Tennessee's fiscal house is in good shape compared with the federal and other state governments, the state's ability to provide TennCare and Families First benefits will necessarily be constrained by federal budgets, as both programs (like other Medicaid and TANF programs across the nation) rely heavily on federal funds for their operation. Federal health care reform has the potential to make health insurance and health care more accessible for disconnected families, but the Families First program may be ill-suited to serve the neediest disconnected families.

Other facets of the broader social safety net will increasingly be called upon to help reduce the disconnected population. For those who are able to work, certain education and retraining programs within community colleges or technical centers can assist in preparing them for new and different employment opportunities. For those with compelling barriers to employment such as child care, substance abuse, or mental health issues, a new menu of support programs will be required. ■

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<sup>1</sup>This article is a summary of a longer report prepared in June 2011 for the University of Kentucky Center for Poverty Research (UKCPR), *Off the Grid in Tennessee: Life without Employment or Public Assistance*. The University of Tennessee Center for Business and Economic Research has entered into a research partnership with the UKCPR in order to enhance understanding of local populations in need of assistance.

<sup>2</sup>This analysis uses Kaplan-Meier estimates of the probability that a connected individual will become disconnected, given that they have not yet become disconnected.

<sup>3</sup>Questions in the 3rd and 4th survey waves were generally asked about the previous six months, while those in later waves were asked about the previous nine months; this was because the number of months between survey waves increased over time.

<sup>4</sup>For example, see R. G. Wood and A. Rangarajan, "What's Happening to TANF Leavers Who Are Not Employed?" *Issue Brief No. 6*, Washington, DC: Mathematica Policy Research, Inc., 2003. Available at <http://www.mathematica-mpr.com/publications/PDFs/tanfleave.pdf>.

<sup>5</sup>S. R. Zedlewski, "Left Behind or Staying Away? Eligible Parents Who Remain Off TANF." *Assessing the New Federalism Series B, No. B-51*. Washington, DC: The Urban Institute, 2002. Available at [http://www.urban.org/UploadedPDF/310571\\_B51.pdf](http://www.urban.org/UploadedPDF/310571_B51.pdf).

# How former prisoners become connected

David J. Harding, Jessica J. B. Wyse, Cheyney Dobson, and Jeffrey D. Morenoff

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Former prisoners are at high risk of poverty because of the challenges they face in becoming reconnected to society by finding employment or accessing public assistance.<sup>1</sup> These challenges are the result of the stigma of incarceration, as well as the disadvantages that often characterize this population, including low levels of education, mental health problems, and substance abuse.<sup>2</sup> Few prisoners leave prison with jobs or other necessary resources already secured.<sup>3</sup>

Given these challenges, the well-being of former prisoners is likely to be heavily determined by their access to, and effective use of, both public and nonprofit social services and by their ability to access social support from family, friends, and romantic partners. We know little about how former prisoners make ends meet after their release from prison, how or why some are able to secure services and supports while others are not, or which services and supports create pathways to employment or long-term legitimate income sources. Because economic security during the period immediately after prison is important to establishing a conventional lifestyle rather than returning to crime, understanding how former prisoners make ends meet may help us to understand longer-term post-prison outcomes.

A primary reason for these gaps in our knowledge is that this population is difficult to study. Current and former prisoners are often absent from large-scale surveys, as the institutionalized population is usually excluded from the sampling frame of social science datasets, and those involved in the criminal justice system are thought to be only loosely attached to households, which typically form the basis for sampling. This population is also difficult to recruit while under community supervision or in custody without the assistance of criminal justice authorities, and difficult to follow over time as they tend to move often.

This research draws on unique qualitative data from in-depth, unstructured interviews with a sample of former prisoners in Michigan followed over a two- to three-year period,

beginning just prior to their release from prison. We focus on the processes through which our subjects attain economic security. We examine how they develop stable resources to meet their basic material needs for shelter and food and how some achieve upward mobility. Our primary research questions are: How do former prisoners make ends meet after release? More specifically, how do they gain access to social support, social services, and employment? Which forms of social support and social services are conducive to improved prospects for long-term employment or other permanent sources of income in this population? How do former prisoners achieve economic stability and upward mobility over time?

Our findings reveal a sobering portrait of the challenges of meeting even one's basic needs for food and shelter after prison, as many subjects struggled with economic security while navigating the labor market with a felony record and low human capital, attempting to stay away from drugs and alcohol, and reestablishing social ties. However, our results also show how many former prisoners do manage to attain some level of economic security and stability by combining employment, public benefits, social services, and social supports. Although employment was important for many, long-term economic security was rarely achieved without either strong social support from family or romantic partners, or access to long-term public benefits such as Supplemental Security Income (SSI) and housing assistance. While some subjects achieved economic stability, only a select few were able to attain upward mobility and economic independence.

## Employment, homelessness, and service use among former prisoners

Questions about the poverty and unmet basic material needs of former prisoners have become increasingly important as this population expands. Over the last two decades, the number of individuals incarcerated in prisons and jails in the United States has risen dramatically. In 1975 the population in jails and prisons on any given day in the United States was roughly 400,000 people, but by 2003 this number increased more than fivefold to 2.1 million.<sup>4</sup> As a consequence of this dramatic rise in incarceration, many communities are now grappling with the problem of reintegrating former prisoners. Roughly 600,000 people are released each year from state and federal prisons in the United States, and about 80 percent of them are released on parole.<sup>5</sup> The large number of individuals exiting prison every year, combined with evidence of the effects of incarceration, has prompted renewed interest among academics and policymakers in the challenges of integrating former prisoners back into society.<sup>6</sup>

Incarceration is disproportionately experienced by young, low-skill, African American men, and has important consequences for their well-being. For example, declining labor force participation by young black men during the late 1990s, when a strong economy pulled other low-skill workers into the labor market, has been attributed to incarceration and its effects.<sup>7</sup> Previous research has demonstrated that the steady flow of people into and out of prisons has played a role in increasing inequality in recent decades, primarily by reducing opportunities for employment and lowering wages.<sup>8</sup>

Finding stable employment is a crucial challenge for former prisoners, and having a job is associated with reduced probability of recidivism.<sup>9</sup> There is fairly strong evidence that criminal behavior is responsive to changes in employment status, and also that incarceration or other contact with the criminal justice system reduces subsequent employment and wages.<sup>10</sup> There is even some evidence that employment among former prisoners peaks in the months following release and then declines over time.<sup>11</sup> The difficulty of obtaining and maintaining employment for former prisoners is illustrated by a recent Joyce Foundation demonstration project on transitional jobs.<sup>12</sup> Although those former prisoners who were randomly selected to receive transitional jobs participated at extremely high rates, one year later they were no less likely to be unemployed or to have returned to prison than the control group.

Previous research has also shown high rates of homelessness among former prisoners.<sup>13</sup> After release, former prisoners must rely on family, friends, or institutional living arrangements such as treatment centers, halfway houses, and homeless shelters to secure housing, and there is some evidence that, for many, this need persists far after release. Visher and colleagues report that, among 147 former prisoners from Baltimore one-year after release, 19 percent lived in their own home, 69 percent lived in someone else's home, and 10 percent lived in a residential treatment center.<sup>14</sup> Despite heavy reliance upon shared housing arrangements, securing housing with family or friends may be complicated by rules that bar those with a felony record from public housing developments or Section 8 housing.<sup>15</sup>

Many states also ban those with felony convictions from benefits such as Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), TANF, and SSI, either permanently or temporarily, although states may "opt out" of these bans, as Michigan does. For those who had been receiving state and federal income support but lost those benefits during incarceration, reinstatement can be an arduous process.<sup>16</sup> Furthermore, offenders who were receiving educational financial aid at the time of a felony drug conviction are barred from receiving this aid for a period of time based on the number of felony convictions they have received, although eligibility is reinstated once the offender completes a drug treatment program.<sup>17</sup> Notably, restrictions on many public benefits apply largely to drug offenders. Because drug-related offenses constitute the majority of crimes

committed by women, it is likely that female offenders are disproportionately impacted by these restrictions.<sup>18</sup>

The challenges facing former prisoners with regard to employment, income supports, and homelessness raise a number of questions about how former prisoners make ends meet after prison. Given challenges in finding employment, how do they meet their basic material needs for shelter and food? What are the processes through which former prisoners are able to meet these needs through social services, public benefits, and support from family and friends rather than by returning to crime? And which short-term solutions lead to more successful reintegration into the labor market in the longer term?

## Results

We begin by describing four distinct trajectories of material well-being and fulfillment of basic needs that we observed in our interview data. We then explore the processes through which some subjects were able to achieve economic stability of upward mobility after release from prison, while others were not.

### **Making ends meet after prison: Trajectories of survival, stability, and upward mobility**

Seven of our 22 subjects achieved little if any long-term economic security in the years following their release, experiencing frequent periods of homelessness and housing instability, relying on short-term measures such as social support and social services to meet their most basic needs, and never attaining the stability of resources needed to make ends meet on a day-to-day basis. Most, but not all, struggled with substance abuse and addiction. In some cases, this prevented them from effectively seeking employment and developing the social ties necessary to obtain housing and food. In other cases, drug or alcohol relapse resulted from initial failures at achieving these goals. This group also tended to maintain substantial involvement with the criminal justice system, facing additional sanctions such as drug treatment, short jail stays, and returns to prison.

Another seven of our subjects attained some degree of stability but intermittently experienced periods of desperation and struggle for survival. Upon release, most subjects in this category struggled to maintain access to food and shelter, but eventually managed to achieve stability through employment, family support, or some combination of the two. However, that stability was fragile, and could vanish when a living situation turned to conflict, layoff, or job loss occurred, or supports crucial for maintaining employment (such as access to transportation) were lost. Others in this category started out with strong family supports that provided for their basic needs, but either rejected these supports after a time, or were asked to leave by their families. Often, these downward transitions were accompanied by relapse to addiction or by minor property crimes intended to generate economic resources.

Four subjects attained a trajectory of stable access to minimal but sufficient economic resources, and maintained that economic security over time. These subjects tended to receive substantial family support in addition to another source of support such as low-wage employment, public benefits, or a government program. The combination of the two meant that family did not have to be constantly relied upon, but could be accessed as needed when the second source of support was interrupted. Despite these advantages, upward mobility was out of reach since the subjects did not have the human capital or social networks to land a more lucrative job, and their social support was insufficient to increase their education.

Finally, four subjects were upwardly mobile. They had partners or families, typically middle class, who could offer not only a temporary place to stay and food to eat, but long-term shelter and other material resources. Often, this substantial support was accompanied by job networks that led to higher paying and more stable employment, or else provided subjects with sufficient time to search for the right job or to return to school without having to worry about short-term material needs. Individual characteristics were also important, as these subjects had the educational or employment backgrounds to take full advantage of such opportunities.

### **How stability is achieved**

How and why do some former prisoners achieve economic security while others do not? We identified three primary resources through which long-term stability (though typically not upward mobility) was achieved: employment, social support, and public benefits. Typically our subjects paired either employment or public benefits with social support. Nonprofit and charitable social services provided short-term and emergency resources but were never sufficient on their own to provide economic security. Our analysis highlighted the importance of social supports for making ends meet. Free or low-cost housing, often accompanied by free food, helped former prisoners transition back to the labor market or public benefits after release, buffered the shocks of loss of jobs or other resources, and protected against homelessness and hunger when relapse occurred. Nevertheless, not all former prisoners with access to social support were able to leverage those resources to attain economic stability, as drug and alcohol addiction prevented them from taking full advantage of what family, friends, and romantic partners had to offer. Neither employment nor social support consistently translated into economic stability when this was the case. Only some public benefits, particularly SSI and Section 8 housing assistance, were sufficient to provide a base of long-term economic security, although SNAP and TANF provided some subjects with temporary supplements to other resources. The wide availability and use of food assistance in particular allowed many subjects to contribute to the households that housed and fed them after release and in subsequent years.

### **How mobility is achieved**

We also compared the subjects who achieved upward mobility to those who merely experienced stability of material

resources. These results also pointed to the importance of social support, though social support of a particular kind. Subjects who experienced upward mobility did so because family or romantic partners not only provided them with the material support to make ends meet but also drew on social networks to help them secure better jobs that paid far above the minimum wage, provided benefits, and had potential for career mobility. Only subjects who returned to more-advantaged families or partners with significant material and social resources benefited from this form of social support. Such families or partners had the material resources to support the former prisoner in the long-term while he or she took the time to look for better jobs or complete schooling, and such families or partners had sufficiently rich social networks that they could provide leads to jobs with career ladders.

## **Conclusion**

This study draws on longitudinal qualitative interviews with a diverse sample of former prisoners in Michigan to understand how former prisoners meet their basic needs for food and shelter after prison, how they access resources and make the connections required for economic security, and how some leverage social and economic resources to establish a trajectory of upward mobility. It is clear from the subjects' experiences that drug and alcohol dependence played a significant role in the economic well-being of many subjects. Indeed, all but one of those who struggled with homelessness and constant economic instability suffered from significant substance abuse problems after release. Episodes of addiction relapse often derailed attempts to find or maintain employment or reconnect with family, and past behavior while under the influence of drugs or alcohol was sometimes responsible for severing of social ties that had provided important social support prior to prison. Substance abuse problems resulted in access to fewer resources, and also made it more challenging for subjects to take full advantage of the resources to which they did have access. However, the struggle to meet basic needs among former prisoners is not merely a substance abuse story. Other subjects with histories of substance abuse did achieve stability and upward mobility, and not all problems with employment, social support, and public benefits could be traced back to drug and alcohol abuse.

It is also apparent that criminal activity and resulting criminal justice sanctions are closely tied to economic instability and uncertainty. This in part reflects crimes to support drug habits, such as shoplifting, prostitution, car theft, and robberies, but criminal activity by other subjects was also linked directly to material stress, and drug relapses that led to crime were often also the result of the stresses associated with unemployment or impending homelessness. Criminal justice sanctions also create their own instability and economic uncertainty. For example, even short periods of incarceration can lead to loss of housing and material possessions, complicated applications for public benefits, and result in job loss.

The importance of social support from family, friends, and romantic partners for the material well-being of former

prisoners has two implications. One is that the well-being of most former prisoners will be tied closely to that of the families and partners to which they return after prison. Among our subjects, those who returned to families with greater social and economic resources were clearly better off in both the long- and short-term. Former prisoners without access to social support will face greater challenges in meeting their basic needs and attaining economic security. Many of the initiatives of Michigan's prisoner reentry program, such as transitional housing, transportation vouchers, and employment services, are designed to replace the services often provided by families for those without such social support.<sup>19</sup> The magnitude of the social support that families do provide suggests that prisoner reentry programs have much to make up for when serving those former prisoners without family social support.

A second implication is that families are bearing most of the burden of meeting the material needs of former prisoners, particularly in the immediate post-release period before former prisoners can secure their own employment or public benefits. This burden falls disproportionately on those families with the fewest resources, creating material strain that affects not just former prisoners but spills over to many others as well. We saw multiple examples of families and romantic partners "stretching" public benefits (such as TANF, SSI, and subsidized housing) intended for a smaller number of family members in order to also cover the needs of the former prisoner. This suggests that the rise in incarceration and accompanying increase in prisoner reentry is placing additional burdens on public benefits that are invisible to policymakers but have important consequences for the well-being of low-income children and families they are intended to support. ■

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<sup>1</sup>This article draws on an analysis described in greater detail in D. Harding, J. J. B. Wyse, C. Dobson, and J. D. Morenoff, "Making Ends Meet After Prison: How Former Prisoners Use Employment, Social Support, Public Benefits, and Crime to Meet their Basic Material Needs," NPC Working Paper #2011-25, National Poverty Center: Ann Arbor, MI, 2011. Available at: [http://npc.umich.edu/publications/working\\_papers/?publication\\_id=222&](http://npc.umich.edu/publications/working_papers/?publication_id=222&).

<sup>2</sup>C. A. Visher and J. Travis, "Transitions from Prison to Community: Understanding Individual Pathways," *Annual Review of Sociology* 29 (2003): 89–113.

<sup>3</sup>J. Travis, *But They All Come Back: Facing the Challenges of Prisoner Reentry* (Washington, DC: Urban Institute Press, 2005).

<sup>4</sup>B. Western, *Punishment and Inequality in America* (New York: Russell Sage, 2006).

<sup>5</sup>S. Raphael, "Incarceration and Prisoner Reentry in the United States," *The ANNALS of the American Academy of Political and Social Science* 635, No. 1 (2011): 192–215.

<sup>6</sup>Visher and Travis, "Transitions from Prison to Community."

<sup>7</sup>H. J. Holzer, P. Offner, and E. Sorensen, "What Explains the Continuing Decline in Labor Force Activity among Young Black Men?" *Labor History* 46 (2005b): 37–55.

<sup>8</sup>Western, *Punishment and Inequality in America*.

<sup>9</sup>Raphael, "Incarceration and Prisoner Reentry in the United States."

<sup>10</sup>For effects of change in employment status on criminal behavior, see for example, C. Visher, S. Debus-Sherrill, and J. Yahner, "Employment After Prison: A Longitudinal Study of Former Prisoners," *Justice Quarterly* 28, No. 5 (2010): 1–21. For evidence that incarceration reduces subsequent employment, see for example, D. Pager, "The Mark of a Criminal Record," *American Journal of Sociology* 108, No. 5 (2003): 937–975.

<sup>11</sup>B. Pettit and C. J. Lyons, "Status and Stigma of Incarceration: The Labor-Market Effects of Incarceration, by Race, Class, and Criminal Involvement," in *Barriers to Reentry?: The Labor Market for Released Prisoners in Post-Industrial America*, edited by S. Bushway, M. A. Stoll, and D. F. Weiman (New York: Russell Sage Foundation, 2007).

<sup>12</sup>D. S. Kirk and J. H. Laub, "Neighborhood Change and Crime in the Modern Metropolis," *Crime and Justice* 39, No. 1 (2010): 441–502.

<sup>13</sup>C. G. Roman and J. Travis, "Where Will I Sleep Tomorrow? Housing, Homelessness, and the Returning Prisoner," *Housing Policy Debate* 17, No. 2 (2006): 289–418.

<sup>14</sup>C. Visher, V. Kachnowski, N. La Vigne, and J. Travis, "Baltimore Prisoners' Experiences Returning Home," Returning Home Study Paper #2, The Urban Institute, Washington, DC, 2004.

<sup>15</sup>Travis, *But They All Come Back: Facing the Challenges of Prisoner Reentry*.

<sup>16</sup>Holzer et al., "What Explains the Continuing Decline in Labor Force Activity Among Young Black Men?"

<sup>17</sup>United States Code. "Student Eligibility." in *Title 20, Chapter 28, Subchapter IV, Part F*.

<sup>18</sup>Our study was conducted in Michigan, a state with relatively fewer restrictions on services and support for former offenders than other states. Those with felony convictions or recently released from prison remain eligible for Medicaid, food stamps, SSI, and federal financial aid.

<sup>19</sup>The Michigan Prisoner Reentry Initiative is a statewide policy effort to reduce crime and incarceration by providing additional services to parolees and by implementing a regime of "graduated sanctions" for technical parole violations. During our research, the program was still being phased in, and not all parolees received services.



# Poverty and poor health: Can health care reform narrow the rich-poor gap?

Barbara Wolfe

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Robert (Bob) Lampman’s work on the reduction of income poverty in the United States is well-known. Less well-known, however, are his contributions to the economics of health and health care. In some of Lampman’s early work from the mid-1960s, he pointed to the gap in utilization of medical care between the poor and those with higher incomes. He also wrote on employment in the health care sector and the positive role it played during recessions, although he presciently warned that excessive growth would likely result in spiraling health care expenditures. Today, this sector operates as an important economic engine; over 14 million people, or 11 percent of the nation’s workforce, are employed in health care, up from 9.5 percent at the start of the recent recession.<sup>1</sup> A large number of jobs in this growing industry go to lower-skill workers. In a 1969 paper, Lampman pointed out the rapid growth in health care costs, and the political and economic limits of privately provided health insurance. He also raised questions about how to secure better health for more people, such as through more insurance, more direct investments in medical personnel, or perhaps through direct income transfers. He recommended that any proposed health care plan be confronted with a question that came to be associated with Lampman’s name: “What does it do for the poor?”

Lampman’s views in this area have as much salience today as they did then. Indeed, for the better part of the last four years, these very issues have been debated in the United States, with researchers and policymakers asking: How do we control health care costs while providing access to care and improving health among the poor? In this article, I extend Lampman’s concern with the health care sector with a focus on the 2010 Affordable Care Act (ACA). Among other questions, I pose Lampman’s big question. I believe that the creators of the health care reform bill would be graded positively by Bob Lampman, as the (often overlooked) pro-poor impacts of this legislation are perhaps its most important components.

I begin by presenting evidence of the link between poor health and poverty in the United States, and reviewing the sources and patterns of this connection. I then review the details of the 2010 health care reform, and assess its potential for improving access to health care for the poor, and for reducing the rich-poor gap in health and mortality.

## Poverty and poor health in the United States

It has been well established that income inequality and poverty in the United States are high and continue to increase, especially since 2000.<sup>2</sup> There is also empirical evidence of a link between poor health and poverty. Figure 1 shows the proportion of individuals (or, in the case of children, their parents) self-reporting “poor” or “fair” general health, by age group and income quintile. For every age group, those with lower incomes tend to report poorer health, and the difference increases over time until the age group right before Medicare eligibility. For the age group that is eligible for Medicare, poor or fair health decreases for the lowest income quintile, thus somewhat narrowing the gap. Part of the explanation for this change is likely selective mortality; a greater proportion of the people in the poorest health may have died before reaching the oldest age bracket.

The connection between income and mortality can also be measured directly; a study that looked at odds ratios for three-year mortality at the end of each of three decades found that those in the lowest income quartile consistently had higher mortality rates, and that the gap widened over time, even as overall mortality rates declined. At the end of the 1970s, those in the lowest income quartile had mortality rates 1.89 times as high as those in the highest income quartile; by the end of the 1990s, this ratio had increased to 2.66.<sup>3</sup> Together, this research shows that those with higher incomes tend to have better health and live longer. In the next section, I examine the patterns of the health gap.

## Income–health gradient patterns: Evidence based on children

Children are the focus of much of the research on the income–health gradient. For adults, poor health may result in lower income because of lower productivity, thus making it harder to isolate the effects of income on health. In contrast, since children do not influence the income level of a family to the extent that adults do, it is easier to determine causal effects. Studies have been done in many developed countries with the same general results. As family income increases, the proportion of families reporting poor health declines. Additionally, the decline in health by income becomes steeper as children age, suggesting the cumulative effect of poverty.<sup>4</sup>

The effects of income on health are illustrated in a study I am doing with Jason Fletcher, where we look at income–health gradients for children observed from kindergarten through eighth grade.<sup>5</sup> Our data include repeated measures of both family and neighborhood income, as well as birth weight (which permits us to control for initial health). We find, for

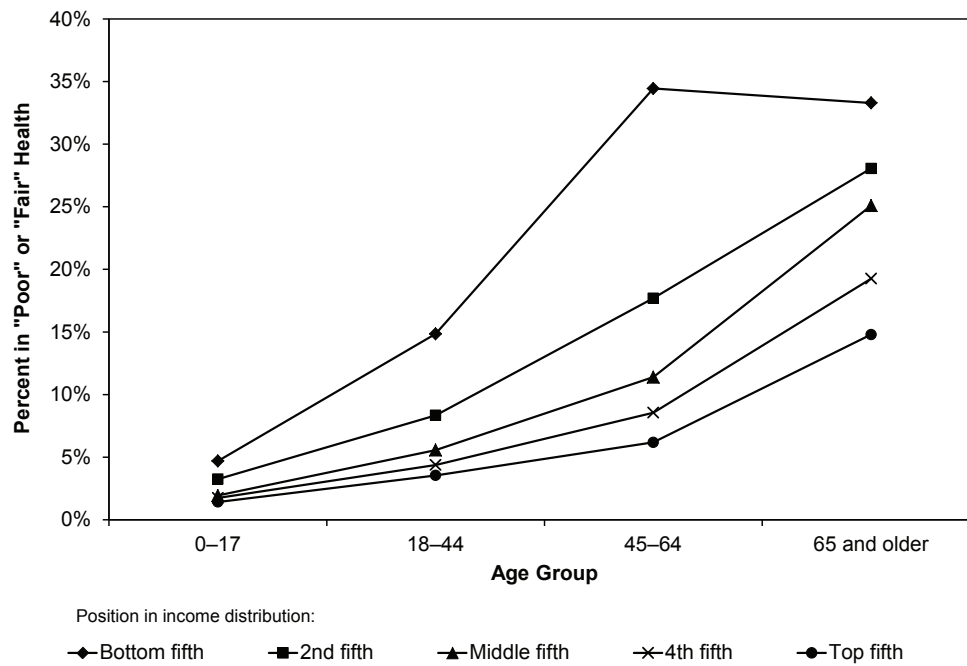


Figure 1. Health status, age, and income, 1996–2005.

Source: G. Burtless and P. Svaton, "Health Care, Health Insurance, and the Distribution of American Incomes," *Forum for Health Economics & Policy* 13, No. 1 (2010): Article 1.

example, that family income has a positive effect on child health, and the effects are cumulative as the child ages. We also find that neighborhood income, as measured by the average income of the families of the children in each child's school, has little influence on the relationship between family income and child health.

### Life course studies

Another way to look at the relationship between income and health is to do a life course study. There are two basic approaches to this type of study: to follow a birth cohort over time, or to trace individuals that grew up in a particular location using official death records. One such study, of a British birth cohort from the mid-1940s, found that poor socioeconomic conditions during early life predict a variety of illnesses later in life, including hypertension and schizophrenia.<sup>6</sup> Another birth cohort study in the United Kingdom found that childhood socioeconomic conditions are an important predictor of life expectancy, and that poor housing conditions during childhood are associated with reduced longevity.<sup>7</sup> This difference can be partly explained by greater prevalence of diseases during early childhood among lower-income families.

### Fetal origins literature

Another set of studies looks at disparities that begin even before birth, in utero. Much of the early work in this fetal origins literature looked at animals, but some more recent studies have looked at periods of extreme hardship in human populations. The core idea behind these studies is that the health of an embryo depends on a steady supply of nutrients and oxygen; that the second trimester is a particularly criti-

cal period of development; and that if a fetus does not have the appropriate level of nutrients or oxygen, it will protect development of the brain over the body. Studies have found that this fetal growth restriction is associated with a number of illnesses in adulthood, including type 2 diabetes, coronary heart disease, hypertension, and stroke.<sup>8</sup>

In order to do a fetal origins study, researchers have chosen a short period that is substantially different from surrounding years. Work mainly done in the Netherlands has found that those born during recessions have mortality rates after the first year of life that are up to 7 percent higher than for those born just prior to, or just after, the recession period.<sup>9</sup> One of the best-known studies of this type looked at the Dutch famine in the winter of 1944 to 1945. By middle age, those born during that period had poorer self-reports of general health than those born outside the famine period, as well as higher rates of coronary heart disease and antisocial personality disorder.<sup>10</sup> Another study that looked at psychological consequences of fetal conditions found that those whose second trimester fell during Israel's June 1967 war were significantly more likely to develop schizophrenia as young adults.<sup>11</sup> An ongoing study in China is even finding an echo effect; that is, periods of deprivation have an effect not just on children born during that period, but also on *their* children. Results of this study show that women born during periods of famine are more likely to have children with birth defects than are women born just before or after that period.<sup>12</sup>

There is some evidence that health care can have a mitigating effect on the implications of fetal origins. For example, a study compared children who were born to obese mothers

before and after having anti-obesity surgery. Children born to the same mother after the surgery were 52 percent less likely to be obese than their siblings born before the surgery.<sup>13</sup> The evidence suggests the surgery changed the metabolism of the mother, and thus the experience of the fetus. The implication is that health intervention may have a positive role in influencing the health status of the next generation.

### **Biological pathways and poverty**

Another example of how health care can reduce the effects of poverty on health comes from a study of socioeconomic status and asthma. Looking at a group of children who had been diagnosed with asthma, researchers found that those with a lower socioeconomic status were more likely to have intense asthma reactions that required hospitalization. In an effort to discover the reason for this differential response, children were shown a video depicting a social situation that was ambiguous, and that could be interpreted in a benign or threatening way. Children with a lower socioeconomic status were more likely to choose the more threatening interpretation; feeling threatened is likely to increase the intensity of the asthma response.<sup>14</sup> Researchers also found that an intervention aimed at adding more routines into family life could reduce feelings of threat, and thus ameliorate asthma symptoms.

I am currently involved in a project with Jamie Hanson, Seth Pollak, and others, that aims to look at the mechanisms through which income can affect health. Specifically, we are analyzing whether there is any evidence that growing up in a poor family leads to a different pattern of growth in the brain in regions that affect health and cognitive ability. The first published paper for this project looks at the relationship between income and the hippocampus, an area of the brain that affects learning and memory. The results show that children from lower income backgrounds had lower hippocampal gray matter density; the differences were observable at birth, and also appear to increase as children age.<sup>15</sup>

### **Summary of connection between income and health**

Research has shown that those with low incomes also tend to have relatively poor outcomes for health and mortality, compared to those with higher incomes. The gap appears to begin prior to birth, and then increase throughout childhood. It appears that without policy interventions to mitigate the consequences of poverty and inequality for health, the gap in health between the poor and rich in the United States will continue. While the 2010 health care reform has received attention primarily because of included mandates and perceived costs, I believe that it does have the potential to improve access to health care for the poor, and consequently to reduce the health and mortality gap. The next section looks at this reform in more detail.

## **Health care reform in the United States**

There are a number of problems that the 2010 health care reform was designed to address:

- *Lack of insurance coverage:* 50 million people, over 15 percent of the U.S. population, are uninsured. As one would expect, low-income individuals are disproportionately represented in this number; nearly 70 percent of the uninsured are poor or near-poor. Public coverage for low-income populations also varies greatly by state. Finally, insurance options available to people with preexisting health conditions tend to be limited and expensive.
- *Lack of access to care:* Many people go without health care, especially preventative care, either because they lack insurance or cannot afford high out-of-pocket costs required by their plan. There are also numerous underserved areas where access to care may be limited; these are most likely to be in low-income and rural areas. Access issues disproportionately affect the poor; the probability of a poor child going without any health care in a year is more than twice that for a child in a higher income household.
- *Other issues:* The non-group private insurance market does not currently function well; those who do not obtain insurance through their employer or the public sector are likely to face limited provider options, high costs, and incomplete coverage. As frequently reported, health care costs in the United States are high and rising; health care costs currently account for over 16 percent of GDP, or more than \$8,000 per capita. A final issue is regressive financing and excessive coverage. U.S. federal tax policy currently permits individuals to pay for health insurance premiums with pre-tax dollars, resulting in foregone tax receipts. This benefit goes disproportionately to those in the highest income brackets.

### **The Affordable Care Act**

Health care reform in the United States was enacted in 2010 in two bills, which I collectively refer to as the Affordable Care Act (ACA).<sup>16</sup> Major provisions of the ACA are described below.

#### *Increasing coverage*

The ACA includes a number of provisions specifically intended to reduce the number of uninsured. Medicaid will be expanded to cover those with incomes up to 133 percent of the federal poverty line by 2014, whether they have children or not. Insurance subsidies will be provided to those with incomes up to 400 percent of the federal poverty line. One change already in place is that children are eligible to remain on their parents' plan up to the age of 26. There are also tax credits to assist small firms with low-wage employees to provide health insurance, and penalties to large firms if they do not offer coverage. Employees who are eligible for health insurance will be enrolled automatically unless they choose to opt out. Health insurance coverage will also be increased by prohibiting preexisting condition exclusions and surcharges (already in place for children).

#### *Increasing access*

If there is a lack of health care providers in a particular geographic area, or if high copayments make obtaining care

cost-prohibitive, then simply expanding health insurance coverage will not necessarily increase access to health care. The ACA thus includes provisions to increased access by capping copayments and by eliminating annual and lifetime maximums, as well as prohibiting cancellation of coverage due to a new condition. Several strategies will be used to increase the number of available providers, including increasing primary care provider compensation under Medicaid, and giving attractive student loan terms to medical providers who pledge to go into primary care and to nurses who pledge to work for public or nonprofit organizations. Some funding will also be available for pilot projects and other experimentation aimed at improving access for those with language or literacy constraints.

One strategy for providing more care options in underserved areas is to increase the number of Community Health Centers (CHCs). CHCs have already proven to be a successful way to provide care to the underserved, thus building on this existing resource is a reasonably straightforward way to increase access. There are currently 8,000 CHCs in the United States serving 23 million people each year. The ACA calls for CHCs to serve 40 million people, with associated funding increases to facilitate this expansion of care. Financial incentives will also be made available to providers who choose to locate or serve in areas designated as underserved.

Unequal access is a particular issue for dental care, more than for general health care. The ACA addresses the oral health care gap in three ways: by easing licensing restrictions in order to enable preventive care to be provided by trained paraprofessionals; mandating Medicaid to provide oral health coverage for children; and providing funding to train additional dentists.

#### ***Addressing other health care issues***

There are provisions in the ACA intended to address the other problems identified above. The health insurance market will be improved, particularly the nongroup market, through the establishment of exchanges, definition of standard packages, and improved information on options available within the exchange. There will be new quality incentives, and pilot programs intended to improve efficiency. Regressive tax expenditures will be capped. Some of the financing mechanisms for Medicare will be modified; these changes may reduce the use of overpriced capitated care (Medicare Advantage plans), influence the availability of providers, and expand pharmaceutical coverage.

#### **Lessons learned from Massachusetts**

Health care reform in Massachusetts, enacted in 2006, is often characterized as a pilot for national reform. Most Massachusetts citizens are now mandated to have health insurance. Employers with more than 10 full-time employees are required to offer a health insurance plan, and also to make a contribution towards the cost of health insurance premiums. Medicaid in Massachusetts was expanded to provide coverage up to 300 percent of the federal poverty line. For

lower-income families, private purchase of health insurance is subsidized by the state. Health insurance exchanges have been established in order to organize and sell alternative plans. Finally, older children must be covered under their parents' plan for two years after they become independent, up to the age of 25.

Three years after full implementation in 2008, Massachusetts has the lowest uninsured rate in the United States. The uninsured rate among the poor has dropped by half, from 21 percent to 10 percent. The rate of coverage for children is near 100 percent. Positive outcomes of the reform are observable in a number of areas. The level of uncompensated care borne by hospitals has fallen by more than one-third, without an accompanying drop in indicators of hospital performance. Emergency admissions have been greatly reduced, and a higher percentage of families now have a regular health care provider. Although there have been substantial public sector costs associated with expansion, nearly one-half of those costs have been offset by a reduction in state safety net and uncompensated costs.

The results in Massachusetts have been largely positive—can nationwide health care reform achieve similar outcomes? More specifically, in doing so can the gap between rich and poor in health and life expectancy be narrowed? I address these questions in the next section.

### **Will changes in U.S. health care reduce disparities?**

There are a number of improvements that should clearly be achieved by implementation of the ACA. For example, coverage for low- and moderate-income individuals should be increased, and coverage for young adults should be improved. Implementation will improve access to health care for low- and moderate-income families, as well as for those in underserved areas. Provisions for pilot programs and experimentation should help to identify both effective and ineffective health care strategies. Finally, some provisions are explicitly intended to reduce income-based disparities. Despite these improvements, the question remains: Will these changes reduce the rich-poor health and mortality gap?

#### **Evidence of effects of increased insurance coverage**

Some existing research provides evidence as to whether and how much the health and mortality gap might be reduced by implementation of provisions of the ACA.

#### ***Overall effects of having insurance***

There are several studies that illustrate the link between health insurance status and health and mortality, but that do not focus specifically on the poor. A study done in 24 hospitals found that those without health insurance were about 40 percent more likely to delay seeking care after experiencing symptoms later diagnosed as a myocardial infarction (heart attack).<sup>17</sup> Myocardial infarction is a condition where even a

few hours of delay can have important effects on health and mortality, and also one that affects a large number of people; nearly a million people annually in the United States suffer a heart attack. Thus, having insurance in this case has a positive effect on health. Similarly, some limited evidence for those who go on Medicare at age 65 after being previously uninsured shows improved health for those with certain health conditions such as diabetes and some cardiac issues.<sup>18</sup>

Another study found a link between insurance coverage and subsequent mortality. Using national data and controlling for a large number of factors affecting health, researchers found that nonelderly adults without insurance were forty percent more likely to die in the six to twelve years following study entry than were those who had insurance.<sup>19</sup>

### *Effects of insuring the poor on the mortality gap*

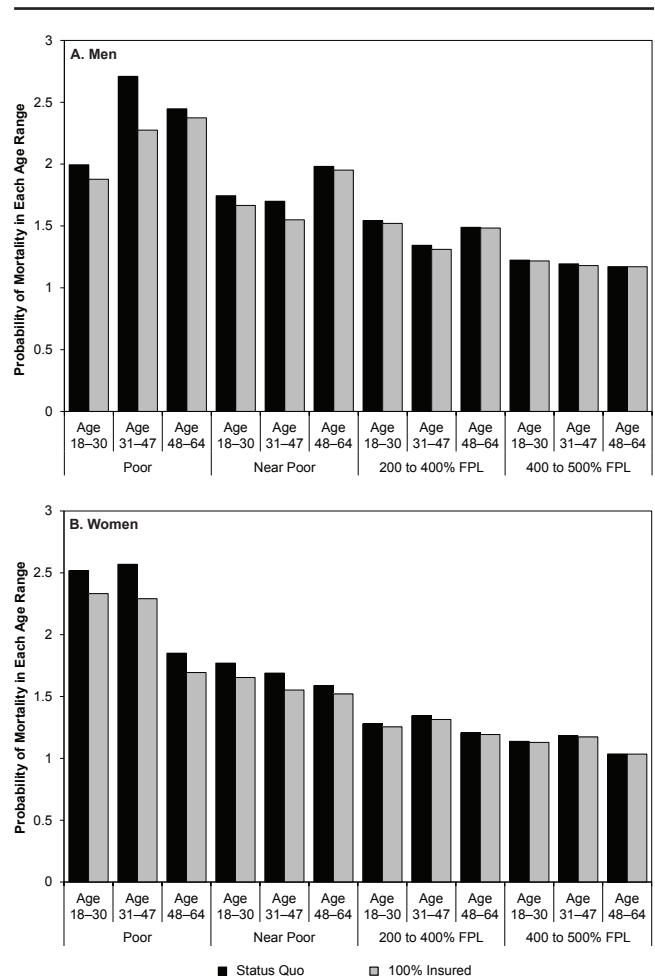
While the above studies do provide evidence of a link between insurance and mortality, they do not focus specifically on the poor. In order to estimate the potential effect of insuring all poor prime-age adults on the rich-poor mortality gap, I used national insurance data linked to death certificates. The results for men are shown in Figure 2A, and for women in Figure 2B. For men, the drop in mortality if all nonelderly individuals in the United States were to be insured is most evident for poor men aged 31 to 47. There is little gain for those with higher incomes, where health risks are lower, and where the proportion who already has insurance is higher. For women, the potential gain is also greatest for the poorest group. While these results are only suggestive of the possible effects of the ACA, they do provide hope for the potential of health improvement among those with the lowest incomes, once health insurance coverage is expanded.

### *Evidence that expansion of community health centers will reduce gap*

Community Health Centers are well positioned to reduce the health and mortality gap. These centers are more likely to accept poor and minority patients than other health care providers, and also provide more preventive care than other settings.<sup>20</sup> Researchers have found that those living in areas served by a Community Health Center were more likely than those in other areas to have a usual source of care.<sup>21</sup> Recent work by Bailey and Goodman-Bacon found that Community Health Centers reduced age-adjusted mortality rates by nearly 2 percent over 10 years for those age 50 or older. The effects are large enough to explain up to one-quarter of the 1966 rich-poor mortality gap for this age group.<sup>22</sup>

### *Are reforms likely to reduce the health gap for children?*

There have been a number of studies that suggest that reforms implemented as part of the ACA will reduce the rich-poor gap in children's health. For example, there is evidence that health care coverage improves prenatal care, thus reducing infant mortality and low birth weight; reduces avoidable hospitalizations of children; and increases the probability that children will receive recommended immunizations.<sup>23</sup> Diette and colleagues found that treatment of chronic conditions



**Figure 2. The Potential of Insurance to Reduce the Rich-Poor Mortality Gap among Nonelderly Men and Women.**

Source: NHIS data matched to the National Death Index, estimates by Nicole Hair.

improves school attendance, while Levine and Schazenbach found that greater access to public health insurance at birth improved children's performance on standardized reading tests.<sup>24</sup> Taken together, these studies suggest that health care reform is likely to improve outcomes for poor children, and thus narrow the health gap.

### **Can we afford ACA programs for the poor?**

While the ACA does come with a large price tag, there are a number of expected effects of the reforms that should mitigate costs. The plan is expected to decrease uncompensated care, the cost of which must be borne somewhere in the health care system. Implementation of the ACA should also reduce some components of medical spending through prevention, increased access, and early detection of disease. It is also possible that the implementation of medical homes policies, which will provide care for chronically ill individuals with conditions such as asthma and diabetes, will avoid unnecessary and duplicative care and reduce avoidable hospital stays. Incentives to improve the quality of care should also limit costs. Finally, some longer-run gains to the economy can be expected. For example, poor pregnant women and

new mothers who are served by visiting nurses are expected to smoke less and improve their nutrition, so that their children will be healthier and have better long-term outcomes.

## Conclusion

In assessing the potential of health care reform, Bob Lampman would have asked, “What does it do for the poor?” By that standard, I believe that the ACA can be judged very positively. There is currently a significant rich-poor gap in health and mortality in the United States. I have presented evidence showing the links between health and poverty, and some of the potential ways in which the ACA is likely to reduce health disparities. This reduction has the potential to improve long-term outcomes for the poor, including increasing possible earnings. Thus, I believe that this reform does a great deal for the poor, and is an important new program in the fight against poverty. ■

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<sup>1</sup>See <http://www.bls.gov/oco/cg/cgs035.htm>.

<sup>2</sup>Organisation for Economic Co-operation and Development, “Growing Unequal? Income Distribution and Poverty in OECD Countries,” OECD, 2008. Available at <http://www.oecd.org/els/social/inequality/GU>.

<sup>3</sup>B. Wolfe, B., W. Evans, and N. Adler, “The SES and Health Gradient—A Brief Review of the Literature,” in *Biological Consequences of Socioeconomic Inequalities*, eds. B. Wolfe, W. Evans, and T. Seeman (New York: Russell Sage Foundation, Forthcoming).

<sup>4</sup>See, for example, A. Case, D. Lubotsky, and C. Paxson, “Economic Status and Health in Childhood: The Origins of the Gradient,” *The American Economic Review* 25, No. 4 (2002): 1308–1334.

<sup>5</sup>J. Fletcher and B. Wolfe, “Increasing Our Understanding of the Health-Income Gradient,” unpublished manuscript, 2011. Available at: [go.wisc.edu/pbne3e](http://go.wisc.edu/pbne3e).

<sup>6</sup>M. E. J. Wadsworth and D. J. L. Kuh, “Childhood Influences on Adult Health: A Review of Recent Work from the British 1946 National Birth Cohort Study, the MRC National Survey of Health and Development,” *Paediatric and Perinatal Epidemiology* 11, No. 1 (1997): 2–20.

<sup>7</sup>P. Frijters, T. Hatton, R. M. Martin, and M. A. Shields, “Childhood Economic Conditions and Length of Life: Evidence from the UK Boyd Orr Cohort, 1937–2005,” *Journal of Health Economics* 29, No. 1 (2010): 39–47.

<sup>8</sup>D. J. Barker, “The Origins of the Developmental Origins Theory,” *Journal of Internal Medicine* 261, No. 5 (2007): 412–41.

<sup>9</sup>G. J. van den Berg, M. Lindeboom, and F. Portrait, “Economic Conditions Early in Life and Individual Mortality,” *American Economic Review* 96, No. 1 (2006): 290–302.

<sup>10</sup>T. Roseboom, S. de Rooij, and R. Painter, “The Dutch Famine and its Long-Term Consequences for Adult Health,” *Early Human Development* 82, No. 8 (2006): 485–491.

<sup>11</sup>D. Malaspina, C. Corcoran, K. R. Kleinhaus, M. C. Perrin, S. Fennig, D. Nahon, Y. Friedlander, and S. Harlap, “Acute Maternal Stress in Pregnancy and Schizophrenia in Offspring: A Cohort Prospective Study,” *BMC Psychiatry* 2008, 8: 71. doi:10.1186/1471-244X-8-71

<sup>12</sup>D. Almond, L. Edlund, H. Li, and J. Zhang, “Long-Term Effects of the 1959–1961 China Famine: Mainland China and Hong Kong,” Working Paper 13384, National Bureau of Economic Research: Cambridge, MA, September 2007. Available at: <http://www.nber.org/papers/w13384>.

<sup>13</sup>J. G. Kral, S. Biron, S. Simard, F. Houuld, S. Lebel, S. Marceau, and P. Marceau, “Large Maternal Weight Loss From Obesity Surgery Prevents Transmission of Obesity to Children Who Were Followed for 2 to 18 Years,” *Pediatrics* 118, No. 6 (December 1, 2006): e1644–e1249.

<sup>14</sup>E. Chen, M. D. Hanson, L. Q. Paterson, M. J. Griffin, H. A. Walker, and G. E. Miller, “Socioeconomic Status and Inflammatory Processes in Childhood Asthma: The Role of Psychological Stress,” *Journal of Allergy and Clinical Immunology* 117, No. 5 (2006): 1014–1020.

<sup>15</sup>J. L. Hanson, A. Chandra, B. L. Wolfe, and S. D. Pollak, “Association between Income and the Hippocampus,” *PLoS ONE* 6, No. 5 (2011): e18712. doi:10.1371/journal.pone.0018712

<sup>16</sup>The Patient Protection and Affordable Care Act became law on March 23, 2010, and was shortly thereafter amended by the Health Care and Education Reconciliation Act of 2010 (H.R. 4872), which became law on March 30, 2010.

<sup>17</sup>K. G. Smolderen, J. A. Spertus, B. K. Nallamothu, H. M. Krumholz, F. Tang, J. S. Ross, et. al., “Health Care Insurance, Financial Concerns in Accessing Care, and Delays to Hospital Presentation in Acute Myocardial Infarction,” *Journal of the American Medical Association* 303, No. 14 (2003): 1392–1400.

<sup>18</sup>J. M. McWilliams, E. Meara, A. M. Zaslavsky, and J. Z. Avanian, “Health of previously uninsured adults after acquiring Medicare coverage,” *Journal of the American Medical Association* 298, No. 24 (2007): 2886–2894.

<sup>19</sup>A. P. Wilper, S. Woolhandler, K. E. Lasser, D. McCormick, D. H. Bor, and D. U. Himmelstein, “Health Insurance and Mortality in US Adults,” *American Journal of Public Health* 99, No. 12, (December 2009): 2289–2295.

<sup>20</sup>L. Shi and G. Stevens, “The Role of Community Health Centers in Delivering Primary Care to the Underserved: Experiences of the Uninsured and Medicaid Insured,” *Journal of Ambulatory Care Management* 30, No. 2 (April–June 2007): 159–170.

<sup>21</sup>J. Hadley and P. Cunningham, “Availability of Safety Net Providers and Access to Care of Uninsured Persons,” *Health Services Research* 39, No. 5 (October 2004): 1527–1546.

<sup>22</sup>M. J. Bailey and A. Goodman-Bacon, “The War on Poverty’s Experiment in Public Medicine: Community Health Centers and the Mortality of Older Americans,” unpublished manuscript, 2011. Available at: [http://www-personal.umich.edu/~baileymj/Bailey\\_Goodman-Bacon.pdf](http://www-personal.umich.edu/~baileymj/Bailey_Goodman-Bacon.pdf).

<sup>23</sup>For prenatal care study, see J. Currie and J. Gruber, “Health Insurance Eligibility, Utilization of Medical Care, and Child Health,” *Quarterly Journal of Economics* 111, No. 2 (1996): 431–466; for hospitalization reduction see L. Dafny and J. Gruber, “Public Insurance and Child Hospitalizations: Access and Efficiency Effects,” *Journal of Public Economics* 89, No. 1 (2005): 109–129; and for increased immunization see T. Joyce and A. Racine, “CHIP Shots: Association Between the State Children’s Health Insurance Programs and Immunization Rates,” *Pediatrics* 115, No. 5 (May 1, 2005): e526–e534.

<sup>24</sup>G. B. Diette, L. Markson, E. A. Skinner, T. T. H. Nguyen, P. Algatt-Bergstrom, and A. W. Wu, “Nocturnal Asthma in Children Affects School Attendance, School Performance, and Parents’ Work Attendance,” *Archives of Pediatric and Adolescent Medicine* 154, No. 9 (September 2000): 923–928; P. B. Levine and D. Schanzenbach, “The Impact of Children’s Health Insurance Expansions on Educational Performance,” *Forum for Health Economics & Policy* 12, No. 1 (2009): Article 1.

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