

Community Pediatrics: Welfare Reform and the Health of Women and Children II

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Finding Common Ground (FCG) is a collaborative effort between researchers at Columbia University's Mailman School of Public Health and Boston Medical Center. The project is dedicated to developing a public health agenda that integrates the healthcare needs and rights of women and children, and to reframing public discourse so that advocacy for one is seen to benefit both. Most recently, *Finding Common Ground in the Era of Welfare Reform* has been examining these issues in the context of the dramatic policy shifts that comprise the welfare reform of 1996. Despite various evaluations of welfare reform currently underway by others, this project is the only one to focus on the consequences for women's reproductive and child health. The importance of this legislation to the social well-being of millions of American families makes such a project relevant to the community pediatrics curriculum.

Finding Common Ground Project Components

- Surveys
 - State CPS and MCH directors
- Reproductive and Child Health Indicators
 - Review of literature and data issues
- Large Dataset Analyses
 - Changes in TANF, Medicaid and Insurance
 - SPD, NHIS, NHDS, NLSY, PRAMS, etc
- State Case Studies
 - WA, TX
- Clinic-/Community-based Surveys
 - Boston, San Antonio, New York
- “Doctors Speak Out” policy briefing

Surveys: *Finding Common Ground* surveyed state directors of Child Protective Services (CPS) to assess the effect of state welfare reform policies on child protective services. We also conducted a survey of state directors of Maternal and Child Health (MCH) services to assess the impact of TANF regulations on policies and programs specifically addressing women's and children's health.

Reproductive and Child Health Indicators: We reviewed existing national, state and other data collection sources to delineate which available health indicators might be sensitive to welfare policies, as well as limitations related to the data sources and methodological constraints.

Large Dataset Analyses: To answer the complex questions about the effect of welfare reform policies on women's and children's health, *Finding Common Ground* is conducting quantitative analyses of extant data sets. The research questions focus on the potential impact of TANF policies on: (1) health care access and utilization (including safety-net providers) and (2) health outcomes among poor women and children.

TANF: Temporary assistance to needy families

SPD: Survey of Program Dynamics

NHIS: National Health Interview Survey

NHDS: National Hospital Discharge Survey

NLSY: National Longitudinal Survey of Youth

PRAMS: The Pregnancy Risk Assessment Monitoring System

State Case Studies: To more fully understand the factors contributing to women's and children's health outcomes, *Finding Common Ground* conducted in-depth state case studies in select states. Involving both qualitative and quantitative components, these case studies provided a rich understanding of how specific welfare policies intersect with areas such as health insurance, food assistance, and child care.

Community/Clinical Surveys: At select clinical and welfare agency sites in TX and NYC, we are conducting longitudinal studies of mothers of chronically ill children, to assess whether state TANF policies have had an effect on child and maternal health care outcomes, utilization and insurance status. We are specifically focusing on requirements of welfare-to-work programs that may act as barriers to obtaining health care.

Community/Clinical Surveys Objectives

- The welfare reform law of 1996 posited that the primary solution to poverty lies in stringent work requirements
- We investigated:
 - the prevalence of health-related problems among poor mothers of chronically ill children, and
 - whether their health affected their ability to obtain and maintain employment

Romero D. et al. Welfare to Work? Impact of Maternal Health on Employment. *Am J Public Health*. 2002;92:1462-1468.

This slide specifically refers to the Clinic-/Community-based surveys (last bullet from previous slide)

In the present study, we examined whether health problems among poor mothers of chronically ill children affect their ability to comply with the increased work requirements.

Methods: I

- Sample: Baseline survey of mothers of children with chronic illnesses (n=504) in 2001
- Sites: Clinic, hospital, private pediatrician's office, and welfare agency sites in San Antonio, TX
- Survey: Administered by bilingual (English and Spanish) interviewers

Romero D. et al. Welfare to Work? Impact of Maternal Health on Employment. *Am J Public Health*, 2002;92:1462-1468.

This information is from the San Antonio data, however, we also discuss preliminary findings from the New York study during the didactic session.

The research findings reported here were derived from the baseline round of a longitudinal study of 504 low-income mothers in San Antonio, TX, who had children with specific chronic illnesses. A closed-ended survey instrument was administered in person by trained bilingual (English and Spanish) interviewers who recruited women at 1 of 8 clinical sites or 1 of 2 welfare agency sites. The survey required approximately 40 minutes to administer.

We undertook special efforts to recruit participants from diverse sites (e.g., walk-in clinics, inpatient wards, a private pediatric office, a public hospital, and TANF job centers) and thus minimize bias in the sample.

Methods: II

- Eligibility: Parent (usually the mother) or primary caretaker of a child (2-12 years), with either asthma, diabetes, hemophilia, sickle-cell anemia, cystic fibrosis, seizure disorder, or cerebral palsy/other serious neurologic impairment
- Data Collected: Child and maternal health status, health insurance, welfare (TANF), employment, child care, mental health, domestic violence, substance use, & sociodemographics

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This is information residents should be familiar with after having read the interviewer manual and having administered the survey to one of their patients.

Eligible participants were the parents (usually the mothers) or primary caretakers of children aged 2 to 12 years with 1 of 7 diagnoses: asthma, diabetes, hemophilia, sickle-cell anemia, cystic fibrosis, seizure disorder, or cerebral palsy (or other serious neurological impairment).

Sample Description

- Mean age: 31 years
- Income <\$1,000/mo: 54%
- No HS diploma: 35%
- Ethnicity: Hispanic, 62%; AA, 22%; White, 10%; Other, 5%
- Born in US: 88%
- Have health insurance: 46%
- Average Household size: 4.7

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Data were derived from a study conducted in San Antonio, TX, a city with a population of just over 1 million people of primarily Hispanic (59%), non-Hispanic White (32%), and African American (7%) ethnicity.- Nationally, Texas ranks poorly on many social and health indicators, including overall population living in poverty (10th), school-aged children living in poverty (13th), recipients of Temporary Assistance for Needy Families (TANF) (36th) and food stamps (31st) per 100 people in poverty, number of uninsured children (2nd), and per capita spending on public health (44th). In 1999, Texas had the highest proportion of low-income families in the country. Given these data, it is important to determine whether poor families that have children with chronic illnesses are experiencing other problems as well.

References:

Center for Public Policy Priorities. Recent changes in Texas rankings. Available at: <http://www.cppp.org>. Accessed April 10, 2002.

The Snapshot of Texas. Washington, DC: Urban Institute; 1999.

Maternal Health by Welfare Status

	Total	Never	Current	Former	Denied	Pending

*p<.05 **p<.01 ***p<.001 †p<.06

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While current and former TANF recipients had substantially higher rates of the health problems noted on this slide, the highest rates were among those who had *applied* for TANF and were either denied or pending a decision.

Maternal health measures included specific health problems, limitations in activities in activities of daily living (ADL) due to health, depression, domestic violence, substance use, and emergency department visits (although also considered a measure of health care use, emergency department visits were used here as a marker of poor health). Mothers without TANF experience (ie, “nevers”) reported significantly better physical and mental health and lower rates of domestic violence and substance use than did those with any TANF experience. Although current and former TANF recipients had substantially higher rates of these health problems, the highest rates were seen among those who had applied for TANF and had been denied benefits, or for whom decisions were pending. The pending group had the lowest mental health scores and the highest rates of domestic violence and emergency department visits.

Maternal Health by Employment Status

	Total	Not Working	Working

*p<.05 **p<.01 ***p<.001 †p<.06

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Similarly, there were significant differences on most health measures between respondents who were and who were not employed at the time of enrollment in the study. Those who were *not* working reported more health problems, limitations due to health, emergency department visits, depression, and experience with domestic violence than did those who were employed.

Health and Child Care Barriers to Employment

Difficulty finding work due to ...	Not working (%)	Working (%)

*p<.05 **p<.01 ***p<.001

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Respondents were asked if they were currently employed, employed within the past 3 years, or if they wanted or tried to work during this time.

With regard to finding employment, work absenteeism, and job loss, significantly higher rates of health-related and child-care-related barriers were reported among those not currently working.

For the “wanted/tried to work” subgroup (not shown on this slide), double the rate of these barriers on finding work were reported, compared to those who currently or previously worked.

Child Care and Ability to Attend Medical Visits

Maternal employment responsibilities often conflict with child care responsibilities and children's medical appointments

- Respondents with any TANF experience reported significantly higher rates of difficulty in obtaining child care due to the child's health problem compared with non-TANF recipients
- Respondents with any TANF experience were significantly more likely to miss a child's medical appointment due to work or school compared with non-TANF recipients

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We examined the often conflicting relationships of employment responsibilities with child care responsibilities and medical appointment attendance for children with chronic illnesses (data not shown).

Those with current (40%), former (33%), denied (49%), and pending (40%) TANF status reported significantly *more* difficulty obtaining child care because of their child's health problems in comparison with nonrecipients (23%; $P < .01$). Similarly, nonrecipients were significantly less likely to miss children's medical appointments because of work or school (19%) than were those in the current (25%), former (35%), denied (55%), and pending (23%) groups ($P < .01$).

Predictors of Health-Related Employment Barriers

- Multivariate analysis using binary logistic regression models predicted whether maternal health:
 - made it difficult to find a job, caused missed work days, or caused loss of a job
- Variables in the model included: maternal health, child health, maternal and child health insurance status, and relevant demographic factors
- Depression, other maternal health problems, and maternal visits to the ED predicted difficulty *finding* a job
- Maternal health problems and visits to the ED predicted *job absenteeism*
- Depression, maternal health problems, and lack of maternal health insurance predicted *job loss*

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We conducted multivariate analyses assessing maternal health barriers to employment. Three binary logistic regression models examined whether mothers' health status (1) made it difficult to find a job, (2) caused missed work days, or (3) caused loss of a job. Variables included measures of maternal health and child health, maternal and child health insurance status, and relevant demographic factors.

In the first model, worse maternal mental health (i.e., depression), more other maternal health problems, and more maternal visits to the emergency department were significantly associated with difficulty finding a job. Specifically, increased maternal health problems and emergency department visits were associated with a 50% increase and with a fivefold increase, respectively, in difficulty finding work. Mothers who had less education, were older, and were members of households with fewer people also had more difficulty *finding work*.

Maternal health problems and visits to the emergency department were 2 and 4 times more likely, respectively, to be associated with *job absenteeism* (model 2).

Depression, maternal health problems, and lack of maternal health insurance all were associated with a greater likelihood of *job loss* (model 3).

Predictors of Welfare Status

- Multinomial logistic regression used to test predictors of TANF status in the following two models:
 - Current/former recipients vs. never recipients
 - Applicants (denied or pending) vs. never recipients
- Maternal health insurance, single or separated marital status, and low income (< \$1,000/mo) predicted current or former TANF status
- Maternal health problems, child activity limitations, lack of child health insurance, and single or separated marital status, predicted an “applied” TANF status

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Multinomial logistic regression was used to test correlates of TANF status, categorized as current/former recipients vs. nonrecipients (model 1) and denied/pending applicants vs. nonrecipients (model 2).

In model 1, having maternal health insurance, being single or separated, and having a monthly income of less than \$1000 were associated with current or former TANF status.

In model 2, maternal health problems, child health–related limitations in daily activities, lack of child health insurance, and being single or separated were associated with having applied for TANF. Specifically, women with more health problems were 25% more likely to apply for TANF, women without health insurance for their children were more than 2.5 times more likely to apply, and women with children whose activities were limited by their health problems were 60% more likely to apply.

Results

- Distinct differences between TANF non-recipients, current or former recipients, and applicants (denied or pending)
 - Across all measures, TANF non-recipients reported significantly better physical and mental health, and lower rates of domestic violence and substance use
 - The “pending” group had the highest rates of depression, domestic violence, and maternal ED visits
 - With regard to finding employment, work absenteeism, and job loss, significantly higher rates of health-related and child-care–related barriers were reported among those not *currently* working

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This slide summarizes the most salient findings from the study.

Conclusions

- There is a significantly increased prevalence of
 - (1) health problems among the poor, and
 - (2) maternal health barriers to employment and job retention
- Regarding reauthorization of welfare policy:
 - policymakers must recognize that policies promoting employment will likely fail if the association between health and work is not addressed
- Regarding provision of medical care to poor children:
 - clinicians must take into account the health needs of their patients' mothers, and external demands placed upon them by social agencies, when providing care to their children

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The findings from this study led to recommendations for both policymakers as well as clinicians.

“Doctors Speak Out” Findings

1. Mothers of chronically ill children face serious barriers to self-sufficiency.
2. Families with chronically ill children are particularly vulnerable when benefits are terminated.
3. The plight of families with chronically ill children is exacerbated by the overall decline in delivery of Medicaid and food stamps to eligible families in need.
4. Current reporting requirements do not require tracking of health indicators and outcomes.

In order to publicize our research findings on welfare and women’s and children’s health so that health issues would be included in Congressional deliberations regarding the reauthorization of the PRWORA, *Finding Common Ground* planned and held a policy briefing entitled “Doctors Speak Out About Welfare Reform.” The briefing, held in Washington, DC. on June 7, 2002, was intended to educate public officials and advocates on the issues facing poor, chronically ill children and their mothers. “Doctors Speak Out” called for several federal-level solutions to address the challenges of families with chronically ill children. Among these policy recommendations were expanded exemptions from work requirements and medical leave, extensions of benefits for families with chronically ill children, and federally subsidized child care for children with special needs. *Finding Common Ground* also recommended including information about the health of current and former welfare recipients in federal reporting requirements.

“Doctors Speak Out” Recommendations

Use reauthorization as an opportunity to...

- Implement federal protections for families with chronically ill children.
- Improve access to supplemental benefits for families with health problems.
- Improve data collection, synthesis and reporting requirements relating to health outcomes.

Medical and Health Group Endorsers

- American Academy of Pediatrics
- American College of Obstetricians & Gynecologists
- American Medical Women's Association
- American Public Health Association
- Association of Maternal & Child Health Programs
- National Hispanic Medical Association
- American Academy of Child & Adolescent Psychiatry
- Society for General and Internal Medicine
- National Medical Association
- American Medical Student Association
- Physicians for Reproductive Choice & Health
- Physicians for Women's Health

A dozen health and medical organizations, including the American Academy of Pediatrics, the American College of Obstetrics and Gynecology, and the National Medical Association, have endorsed Doctors Speak Out as a means of drawing attention to the health needs of poor families. The organizations supported Finding Common Ground's empirical findings, asserting that these health recommendations be considered when the Personal Responsibility and Work Opportunity Reconciliation Act is reauthorized (PRWORA will likely be reauthorized in 2003 rather than the anticipated 2002). The endorsement of these organizations created a dialogue that added a new angle to the welfare debate.