

Social Policy and Inequality

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PREFACE

As a family preservation therapist, I worked with a woman who had been raped by her father and nine brothers throughout her childhood. She suffered the long-term symptoms of Post-Traumatic Stress Disorder (PTSD). Along with depression and anxiety, she battled bulimia and trichotillomania.¹ She caught her husband watching pornography with her seven-year-old son, and she caught that seven-year-old son molesting his nine-year-old sister. The mother attempted to leave her husband and sought help from social services; I was assigned to the case. The goal of family preservation is to help make the home a safe environment so that children can remain in the home, and as a recipient of cash assistance, the mother was required to work in the labor force to achieve self-sufficiency.

She worked as a delivery driver. She was hired on a part-time basis and promised at least 40 hours per week; although she regularly worked more than two shifts six days a week. This is a common hiring practice among those who employ recipients of social services because it allows employers to manage costs for what are often considered “risky hires.” Employers are thus not obligated to provide benefits, regular pay increases, or vacation time, and employees may have their hours cut to the equivalent of being fired “without the hassle.”

It was a small town. She wore an old wig her husband bought her as a gift to make-up for putting her in the hospital with a concussion, broken arm, and a black eye. She had a skeletal body and her teeth were rotting from years of bulimia. There were tremendous safety concerns for a frail female delivery driver in the area, and she did not

¹ Trichotillomania is a condition in which an individual is so stressed that (s)he is literally pulling his/her own hair out. It is symptomatic of severe trauma and is much more common among women than men.

make much in tips.

She tried incredibly hard though. Despite working 40-60 hours per week, she met with me three to four times per week. At first, she was not in control of her household, but she implemented every technique that I taught her to provide her children structure and security. The family made tremendous progress. She took her medications regularly. She kept her children safe. She even began eating more normally without throwing up, and she stopped pulling out her hair. We even succeeded in getting her son, who had previously put a knife to his mother's throat to follow the rules at home.

The family also encountered a number of problems. Her son, who was already an outcast because of his cognitive and behavioral problems, was now also made fun of for being on welfare. Predictably, he got in fights at school, and his mother was then in violation of her social services contract, resulting in cuts in her cash assistance. In addition, her three-month-old daughter caught a cold. The daycare that she could afford did not take sick children. There was a waiting list to apply to alternative daycare providers. Her only family was her mother, who was deemed to be unfit according to her social services contract. So, she would be putting her children at risk if she had her mother watch her daughter while she went to work, but if she did not go to work, she would not get paid. In any case, she was in violation of her contract and had her assistance cut again. Then, her car broke down, and she was in violation once again as she could not get to work or get her kids to school. Her husband also attempted to compel her to reconcile, putting her at risk of being in violation, as she would be placing her children at great risk. Despite the obvious risk, she was tempted to go back to him because she was afraid that she "couldn't do it alone" and because she did not want to be

“one of *those* people” on welfare.

This story may seem outrageous, but this was the norm in my area of expertise. It exemplifies the intense struggles that a lot of people face on workfare; where the assumption is that if one is poor, one is of poor character. Additionally, the disaffected carry an increased risk of the kinds of external shocks that are not accounted for by the neoclassical economic logic underlying workfare.² Under those circumstances, the accumulation of burdens would make it hard for any individual to *work* their way out of poverty.

² Borrowing constraints and low mobility limit the net worth of marginalized groups, and the disaffected are also significantly more likely to experience more frequent exogenous shocks such as job loss, illness, injury, property loss or damage, etc. (Bowles et al. 2005).

INTRODUCTION

Deborah Stone's (1997) model of policy reasoning shows how policy decisions can be made more effectual. Stone's systematic method of policy evaluation is as follows: (1) identify objectives; (2) identify alternatives; (3) predict possible consequences of each alternative; (4) evaluate the possible consequences of each alternative; (5) select the alternative that maximizes the attainment of objectives. The purpose of this study is to examine the role of social policy in the accumulation of benefits and burdens using Stone's model of reasoning to evaluate the effectiveness of policy choices across states. Stone's model is applied to assess the impact of state choices in the design of social policy on marginalized populations in the U.S. Impact assessments attempt to estimate the extent to which interventions produce their intended effects (Rossi and Freeman 1993). The basic aim is to estimate the plausible "net effects" of policy by comparing the existing conditions against the situation prior to the intervention and examining what has happened in relation to the specified goals or targets of policy.

This introductory chapter proceeds as follows. First, I outline the concept of justice that serves as the basis for this analysis of social policy in the U.S. Second I explore the politics of anti-poverty policy. Third, I outline the dimensions of wealth, health, and social inequality.

This dissertation is comprised of three essays that address different dimensions of inequality within the context of social policy devolution to the American states. Chapter one captures the wealth inequality dimension. This essay looks at the following questions. Do workfare policies affect impoverishment? Does the labor market provide the opportunity for self-determination? I argue that workfare contributes significantly to

increasing impoverishment. I show that the enactment of workfare policies across states substantially increased relative inequality without providing opportunities for self-determination. I utilize data from a panel of states from 1990-2002, and the results of the fixed effects generalized least squares regression model with panel corrected standard errors suggest that over time the poor are working more, depend on government assistance less, and are increasingly more deprived. In this test case, I find that the impoverishment of minorities is particularly pronounced.

Chapter two addresses health inequality by examining the following questions: Do State Children's Health Insurance Programs (SCHIPs) affect infant mortality? Do welfare policies affecting access to prenatal care early in a woman's pregnancy affect infant mortality? Do these policies disparately impact the mortality of minority infants? I argue comprehensive SCHIPs lower infant mortality rates. I also argue that welfare policies that restrict access to prenatal care increase infant mortality. I utilize data from the American states from 1990-2003; my analysis suggests that infant mortality increases in states that restrict access to prenatal care through policy choices. I also show that SCHIP plans combining separate state programs with Medicaid expansion improve child well being. Additionally, in this chapter I demonstrate that higher black infant mortality rates can be explained by differences in utilization and exposure to violence.

Finally, chapter three assesses social status inequality. The status of women is a widely accepted barometer of the nature of justice in a society as it is a useful indicator of general well-being, particularly as it relates to the care of children (UNDP 2006). This chapter explores the status of women in the U.S. by looking at the following questions: Does workfare contribute to the marginalization of women? Does the market provide

opportunities for women to improve their material conditions? Do state-funded programs improve the status of women in poverty? I argue that workfare increases the percentage of women in poverty and that the market does not provide opportunities for women living in poverty to become self-sufficient. I also argue that child support enforcement provides women living in poverty the support necessary for self-determination. This study utilizes 1990-2003 data from the American states. The results of my analysis indicate that the enactment of workfare increases the percentage of women in poverty and that the work of women in the labor force does not afford women the opportunity to move out of poverty. I further show that state-funded programs and child support enforcement lower poverty among women.

The concluding chapter establishes the impact of social policy devolution utilizing Stone's (1997) model of reasoned policy. Specifically, I apply Stone's (1997) model to evaluate the impact of the social policy design choices states have made under devolution on the wealth, health, and social dimensions of inequality. Then, I discuss the design choices that maximize the attainment of anti-poverty policy that accounts for the least well-off.

“JUST” PUBLIC POLICY

Research is not value-free. If it had no value to anyone, no one would engage in policy analysis. Greater objectivity can be gained from explicitly addressing the values attributed to policies and their alternatives. Because research is not value-neutral and the values inherent in policy have important implications for the allocation of benefits and burdens, social policy research requires an explicit look at the values that underlie policy.

Rawls (2001) contends that the most important of the primary goods is self-

respect. Similarly, Taylor (1989) argues that human dignity is the universal component underlying choice. Dignity demands a minimal standard of decent treatment for every individual (Goodin 1982). The extent to which societies foster individual agency and freedom of choice reflects quality of life (Nussbaum and Sen 1993). Dignity and self-respect are necessary but not sufficient conditions for choice, and the extent to which they are present in society reflects the nature of justice.

The most coherent attempt to develop a theory of justice is John Rawls' *Justice as Fairness: A Restatement* (2001). This book is the revised version of his *A Theory of Justice*, originally published in 1971. The egalitarian liberalism underlying Rawls' conception of justice is not simply an equal distribution of goods. Rather, egalitarian liberalism recognizes every individual as deserving of respect such that no one is treated as the means to the good of others. According to Rawls, the most reasonable principles of justice are those that would be the object of mutual agreement by persons under fair conditions.

The Rawlsian notion of social justice focuses on two basic principles: (1) the equal liberty principle which specifies that all members of society are guaranteed equal political liberties, liberty of conscience, property rights, and legal rights to the extent that they are feasible and desirable and (2) the difference principle which presumes that resources directly distributed by social institutions are to be distributed equally unless an unequal distribution of any or all of these primary social goods is to the advantage of the least favored; although some departures are considered justified if they result in improvements in everyone's condition. According to Rawls, the equal liberty principle takes precedence over the difference principle. Societies are obliged to prevent the

desperate circumstances that would necessitate an exchange of liberties for survival. The reason why is fairly simple and has to do with the presence of legitimate choice. For example, it may be economically efficient and advantageous (in the strictest economic sense) for a poor woman to sell herself into slavery in order to acquire the minimal goods necessary for survival, but such an exchange would not be allowed in a society that recognizes dignity as essential to liberty.

Rawls notes that individuals do not consent to join civil society as social contract theory suggests. Rawls argues that reasonable pluralism demonstrates that citizens cannot agree on a moral authority or a moral order of values dictating the natural law or natural rights underlying social contract theory. Therefore, an agreement between citizens under conditions that are fair for all is the only reasonable way to create a well-ordered society made up of free and equal persons. The “original position” is the alternative to the state of nature that Rawls presents to explain the ideas upon which there must be consensus in order for people to conclude that their interests are served by being a part of society. Rawls contends that it is unfair for individuals to be disadvantaged or privileged by arbitrary and undeserved differences in their circumstances. As such, the original position is a thought experiment that defines fairness as the protection of the fundamental interests of each person from being sacrificed for the gains of others. It requires imagining that every individual has an equal probability of being disadvantaged.

According to Rawls, the basis for social cooperation are the equal liberty principle and the difference principle in a society in which there is consensus on each of the following ideas: (1) equal respect, meaning the state’s principles and policies should not privilege certain life plans over others; (2) non-risky rationality, meaning that the

achievement of one's life plans will be facilitated by acquiring needed social goods and threatened if the necessary social goods drop below a certain level; (3) the veil of ignorance, meaning that it is necessary to assume that it is possible for one to be disadvantaged; and (4) mutual disinterestedness, everyone is unconcerned about the social goods of others. People accept the equal liberty and difference principles if they believe each of these four ideas because these principles protect the fundamental interests of each person despite the circumstances of their birth and the social conditions in which they were raised. Thus, principles guide choices independently of opportunistic considerations. Without the veil of ignorance, people will choose that which is in their interests, not what is necessarily *principled*.

A liberal society requires choice, and a just society requires principles. These are not necessarily mutually exclusive. In fact, Rawls contends that they are quite compatible (see Rawls 1993). However, there remain some problems. First, and perhaps most obvious, equal respect for all goals is somewhat paradoxical. Equal respect for goals that undermine the goals of others is fundamentally problematic to the concept of respect itself. There may in fact be some life plans that are less significant or even valueless. Certainly, a child pornographer's life plan is not equal to the contribution to society made by that of a heart surgeon. Second, most people are risk-averse, but not all individuals are risk-averse. How are we to believe that everyone will prefer a risk-free option when some are likely to prefer extensive wealth and power for example? One cannot maintain mutual disinterestedness without sufficient trust that others both prefer the risk-free alternative and do not have a life plan to dominate. Third, some recent research on communication networks suggests that the persistence of disagreement is such that consensus is an

impossibility (see Huckfeldt, Johnson, and Sprague 2004). Rawls does not deny this. In his view, a just society is an ideal to strive for with the knowledge that one will only succeed relative to previous failures.

Consequently, an egalitarian society is a fairly imprecise notion. Policies are considered more or less just based on the access of the least advantaged to those things people need (not rationally prefer) for a complete life. A complete life, as defined by Rawls, requires access to primary goods which are defined as freedom of thought, freedom of movement and free choice, powers and prerogatives of offices and positions of authority and responsibility, the income and wealth generally necessary to achieve a wide range of ends, and a social bases for self-respect.

There is no particular distribution of goods that would decisively conform to this concept of social justice. Egalitarian liberalism does not seek equilibrium. Instead, it frames a conception of justice reasonable people support, providing an overlapping consensus of enduring reasonable doctrines. Rawls claims that this overlapping consensus can be a means to evaluate justice and defines reasonable debate on the issue of justice as based on five sources of reasonable disagreement: (1) complex and conflicting evidence; (2) identifying relevant considerations and their weight; (3) vague concepts may have a range of reasonable interpretations; (4) different experiences affect assessments; and (5) institutions that operate in a limited social space require the representation of a full range of values to be reasonable. Therefore, the discourse is not about the values or the relative value of people; rather, the discourse revolves around reasonable debate over the impact of various policy options on all people.

Although social justice may continue to be a concept that cannot be operationally

defined, we may understand the extent to which it exists in society by virtue of the presence of injustice. Injustice is the active denial or violation of agency based on the perception of the inferiority of specific groups (Edelman, Levy, and Sidel 2005). These groups and their perceived inferiority are socially defined in terms of racial or ethnic status, gender, age, sexual orientation, language, country of origin, and/or socioeconomic status.

Further, such determinations are a matter of bias in at least three respects. First, the self-oriented perspective of the individual human brain and social evaluation lead us to a common cognitive error whereby one tends to overestimate oneself and underestimate others (Bandura 1997). Second, when making attributions about ourselves, we tend to attribute successes to internal causes and failures to external causes (Falbo and Shepperd 1986; Fernandez and Shepperd 1997; Shepperd and Taylor 1999). Third, the fundamental attribution error occurs when one falsely attributes individual behavior to character rather than circumstance (Ross, Amabile, and Steinmetz 1977). This is not to say that there is no such thing as character but that most people are not exceptional. Moreover, circumstance allows us to predict considerably more about human behavior than the poorly defined concept of character available presently (Levitt and Dubner 2005). The fundamental attribution error is the most common error in logic because others' behavior is very salient, but the situation faced by others is not as salient (Ross, Amabile, and Steinmetz 1977). However, this error is not universal. The fundamental attribution error is not present in children,³ more likely in Western societies, and more likely under certain conditions--suggesting that there is considerable potential for change

³ Which Bandura (1997) clearly attributed to the regular instruction children receive regarding the adequacy of social comparisons.

(Ross, Amabile, and Steinmetz 1977; Bandura 1997). Moving toward a more just society may not require consensus or even the complex cognitive ability to imagine or empathize from Rawls' original position. It may be as simple as identifying the faulty assumptions upon which policies are based.

Public policies are particularly relevant to notions of justice and injustice in that policies are the contexts within which future policy battles are fought. Policies affect the character of public discourse and institutional development as well as the policy process (Teles 2005). Politics shapes the way problems and issues are perceived and expressed in policy, and problem definitions serve political goals (Stone 1997). Simply put, where people stand on a given issue depends upon how it is framed. Issue frames that define the other as the problem are very often based on the faulty assumptions about self and other previously mentioned. Policies based on negative assumptions about the target population are less inclusive as the political goals serve a small constituency. Alternatively, policies that are broadly representative serve political goals that are more likely to account for the least well off.

Anti-poverty policies have relied on explanations of poverty that can be organized into two major categories: (1) "blaming the victim" explanations that focus on the characteristics, attributes, behaviors, and/or lifestyles of the people who suffer disadvantaged social conditions to determine the source of the problem (see Murray 1984; Moynihan 1965; Banfield 1970) or (2) "blaming the system" explanations that focus on various external social factors such as social and economic structures, institutions, policies, and/or patterns of interaction (see Marx 1867; Wilson 1978, 1987; Piven and Cloward 1993; Murray 1984). These categories of explanations rely on

different sets of assumptions about the problem of poverty and the potential solution(s), but the goal of social well-being is not necessarily inherent in either category.

There are two basic goals of social welfare that may not necessarily be mutually exclusive. They are poverty reduction and social control (Piven and Cloward 1993; Gilliom 2001), and these goals may also be considered in terms of the target of policy (Schneider and Ingram 2005). In general, the progressive perspective on social welfare includes the following themes (Piven and Cloward 1993): (1) humanitarianism or an assumption that human nature is more or less beneficent; (2) a faith in progress through learning or a belief that knowledge is incremental and can be cumulative; and (3) a commitment to social citizenship. The themes of the social control perspective on social welfare include the following (Piven and Cloward 1993): (1) the notion that social welfare policy represents one of many mechanisms by which the state supports the ruling class; (2) an inherent paradox in the implementation of social policy through professionalized, hierarchical "helping relationships;" (3) the control of deviance or incentives to conform; and (4) the contention that public relief functions serve to regulate the labor force. Who or what is to blame for poverty and the perspective on social welfare determine the assumptions underlying policy. These assumptions affect the extent to which policy achieves its objectives (Stone 1997). Moreover, these assumptions keep anti-poverty policy within the degenerative politics context (see Schneider and Ingram 2005)

POLITICS OF ANTI-POVERTY POLICY

An inevitable aspect of the governance process is the identification of groups and the construction of various groups as deserving and undeserving. Such constructions gain

legitimacy, amplifying differences and institutionalizing intractable lines of social, economic, and political cleavage (Schneider and Ingram 2005). Governance is structured through rules, and rules are composed of categories that divide people by their identity, behavior, or circumstance and prescribe differential treatment. Rules and laws inherently treat people differently. “Different rules for different categories” may not only be the definition of intelligent behavior (see Stone 2005); differential treatment is consistent with the difference principle and may also be “just” behavior (see Rawls 2001). The notion of target groups is the essence of policy (Stone 2005), and the “fairness” of policy relies on reasonable constructions of causal relationships (Schneider and Ingram 2005).

Social constructions of deservedness and entitlement in public policy can result in an “other”-class of marginalized and disadvantaged people deemed undeserving and incapable, irrespective of the reality of their circumstance, character, or capabilities (Schneider and Ingram 2005). The alienation of marginalized people perpetuates a degenerative political environment that is fundamentally antithetical to the ideal balance of equity, efficiency, security, and liberty. In other words, democracy is threatened by the growing inequalities that divide the conceptions of the deserving and the entitled.

Maximizing the difference is a process in which people distinguish the group they strongly identify with from others, irrespective of potential personal gain (Tajfel 1970). Groups often construct rationales justifying dominance that are perpetuated by stories, myths, stereotypes, customs, and traditions. Race and gender are striking examples of socially constructed differences for which there is no factual basis for the evaluations of deservedness, trustworthiness, honesty, and proclivity toward criminality (Schneider and Ingram 2005). Governments exploit group differences, providing entitlements to those

whose support is most necessary and limiting the extent to which the state is expected to be responsive to those deemed undeserving (Skocpol 1992). Although policy likely plays a smaller role in the construction of group differences than other aspects of custom and popular culture, policy impacts the well-being of groups through its affect on the market and on redistribution (Kelly 2005). Moreover, public policy is the primary tool through which government manipulates social constructions for political gain (Schneider and Ingram 2005).

Constructions of deservedness have significant and pervasive implications for the allocation of benefits and burdens, particularly once they become policy and have the power and legitimacy of the state (Schneider and Ingram 2005). The institutionalization of the social construction of target populations becomes semi-permanent, rarely even questioned. Such powerful messages about who matters generate bias that has tremendous influence on citizenship and participation (Soss 2000). More importantly, the degenerative politics context in which anti-poverty policy operates exacerbates inequality, injustice, and inefficiency in problem-solving while eroding the ethics of public participation (Schneider and Ingram 2005). Social policy in this context perpetuates widening social, economic, and political inequalities, manipulating existing cleavages for political gain at the expense of democratic governance.

CHAPTER 1

WORKFARE POLICIES AND THE IMPOVERISHMENT OF MARGINALIZED GROUPS: WHAT'S FAIR ABOUT WORKFARE?

The new social “contract” under welfare reform assumes free and equal parties are transacting when in fact rights have been constructed in a manner that assumes people have willfully forfeited entitlements under conditions of equality and freedom (Schram 2000). In effect, people “consent” to the forfeiture of their own citizenship without ever being asked. The rhetoric of workfare hijacks the language of management, imposing the status of agent upon citizens and bestowing the status of principal upon government. Welfare reform assumes that deserving recipients are dependent on welfare,⁴ and the contract is supposed to provide the opportunity to escape poverty. However, recent research suggests that workfare may not function well as anti-poverty policy (Kilty and Segal 2006).

Do workfare policies affect impoverishment? Does the labor market provide the opportunity for self-determination? Much of the economic literature on redistributive politics focuses on the most efficient means of providing support for the “deserving poor” and designing appropriate incentives for the “undeserving poor” (Katz 1989). Despite ample evidence disproving the welfare dependency thesis (Katz 1989; Dean and Taylor-Gooby 1992; Alcock 1997), the welfare discourse is dominated by negative conceptions of people living in poverty (Gilliom 2001).

Studies of welfare projects prior to welfare reform provide important insight as to how the design of policy impacts opportunities and impoverishment. Schram (1995) differentiates between welfare projects that are restrictive and those that are liberalizing

⁴ Despite the fact that existing evidence shows no support for the notion that welfare recipients are dependent (see Primus 1999) or deviant (see Duneier 1999; Gilliom 2001).

with respect to Aid to Families with Dependent Children (AFDC), arguing that those that are more restrictive inhibit self-determination. Haveman (1996) also shows that the more accessible and comprehensive the welfare is the less there is income poverty, the lower the persistence of poverty, and the less there is income inequality; but there are likely more disincentives to work and higher unemployment.

Welfare reform fundamentally changes the welfare system from the federal entitlements based programs for “dependents” that was AFDC (referred to as welfare) to the devolved, contingent or contractually-based work-first programs of TANF (referred to generally as workfare). This devolution of responsibility extends considerable discretion to state governments. Understanding the variation in state policies and outcomes might lend insight into the extent to which workfare achieves its objectives in these “laboratories of democracy.” Bryner and Martin (2005) outline the variation in state policy choices designed to incentivize work under welfare reform, but no studies have examined how these choices affect relative inequality. Schram (2000) contends that policies governing the administration of welfare reform have been largely ignored in the literature, and Scholz and Levine (2005) point out the striking need for studies that address how effectively public policies are in altering patterns of deprivation.

The purported goals of welfare reform are to “end welfare as we know it” by fostering self-sufficiency⁵ and independence through work. However, I have found that there is a perverse effect that enforcing work has on marginalized groups whereby people are in fact able to “depend” on government assistance less, but the labor market does not afford them the opportunity to meet their basic needs. I show that the enactment of

⁵ Although rarely defined in the welfare reform rhetoric, self-sufficiency refers to the ability of an individual to meet his or her basic needs.

workfare policies substantially increased relative inequality and that the labor market is not providing opportunities for self-determination⁶ as welfare recipients are working more hours for lower wages and are increasingly deprived. I show that entitlement is a key ingredient in the struggle against poverty, and I find that market solutions to the problem of poverty inhibit self-determination. I focus on the long-term effects of workfare policies in the fifty states from 1990 to 2002.

This chapter proceeds as follows. First, I outline the theoretical basis of this examination of the role of state policy choices in the administration of welfare. Second, I introduce the contextual environment of welfare politics in the U.S. states. Third, I review the statistical models estimated using panel data from 1990 through 2002. Last, I weigh the support for constructive theories of policy design provided by this study and discuss its implications.

THEORY

Virtually all the great theorists of citizenship including Aristotle, Machiavelli, Mill, and Arendt argue that the ability to make adequate decisions in the political sphere requires attention to matters of wealth; the well-being, social, and economic status of the citizenry affects the ability to participate fully in public life. T.H. Green and others argue that developing moral citizens capable of contributing to the common good requires that the pressure of material need does not consume them.⁷ Welfare reformers mistakenly take this on as an assumption rather than a prescription. It is not that people who are poor are immoral. There is extant evidence that people living in poverty are no more or less

⁶ Self-determination refers to the ability of an individual to affect his or her circumstance.

⁷ Refer to Nicholson, Peter. 1997. The Collected Works of Thomas Hill Green. London: Thoemmes Press.

moral than anyone else.⁸ The point is that they are more capable of contributing to the common good under conditions of relative equality. “Equality of status is more important than equality of income” (Marshall 1950, 102).

Both Aristotle and Plato actually agreed that extremes of riches and poverty are destabilizing factors in society (see Aristotle 1941; Plato 2000). In the *Discourses*, Machiavelli argues that solidarity is greatest among those who share a reasonably ascetic lifestyle. Rousseau’s *Discourse on Political Economy* also insists that extreme inequality is dangerous. Reason, logic, and rationality still lead us to the same conclusion - that those who participate in the process are invested in the outcome even if the outcome is not the preferred (Guinier 1994). The exclusion of those marginalized by the market and the failure to extend social rights represents a threat to the security of the capitalist state.

A just society is comprised of positive freedom (Rawls 2001). This requires people be treated as citizens and members rather than subjects. Social arrangements are acceptable when they are contracts that people would agree to from what Rawls refers to as the “original position”. Rawls (2001) contends that no one would consent to an economic system without welfare provisions from this position because no one would take the risk of turning out to be poor, untalented, or undervalued in a society that lacked a safety net. This undermines the good faith and trust that fosters exchange in markets.

The contractual nature of citizenship that workfare is based on masks the alienation that it fosters and can ultimately become a threat to the system of exchange. Welfare reform is designed to enforce work, and the statutory structure of the relief system maintains a low wage labor pool (Piven and Cloward 1993). Welfare reform imposes self-determination through paid work regardless of the pay, circumstances, or

⁸ Refer to Gilliom (2001) for an analysis of conceptualizations of the poor.

consequences (Schram 2000). Moreover, the administration of welfare reform is more restrictive and discriminatory as it is fed by market myths such as “negros just do not want to work” (see Piven and Cloward 1993, 133).

The administration of welfare under devolution may enhance or minimize the effect of biased patterns of exchange. State policies play an integral role in constructing race, segregation, and access to institutions and opportunities (see Hayward 2003). Kelly (2005) outlines a model of distributional outcomes that assumes virtually all government activity influences market decisions in one way or another. This approach requires a look at policy in general as aggregate policy outputs influence outcomes through both explicit redistribution and market conditions. The workfare contract under devolution provides a unique opportunity to assess the role of government in social contracts, and the states, as “laboratories of democracy,” provide the optimal test environment for examining the terms of those contracts.

WELFARE POLICIES IN THE U.S. STATES

To understand welfare policies in U.S. states, we must start with the Social Security Act of 1935, which established AFDC. The welfare system under AFDC was a federal program based on the assumption that at least some people were entitled to some insurance from market failure. AFDC was established under the Social Security Act of 1935 to ensure the care of children who were deprived of parental support because their father or mother was absent from the home, incapacitated, deceased, or unemployed. Under AFDC states defined “need,” set their own benefit levels, established income and resource limits within federal limitations, administered the associated programs, and supervised the administration of social programs. States were required to provide aid to

all eligible persons under federal law, and states were entitled to unlimited federal funds for reimbursement of benefit payments at “matching rates” that were inversely related to state per capita income.

Welfare reform came about as a part of the on-going battle over the role of the government in social policy. Since the New Deal, there has been significant controversy regarding the size of the federal government and the appropriate boundaries between what are considered public and private spheres and their corresponding responsibilities. The poor have long been considered responsible for their circumstances, but the causal explanations for poverty have varied somewhat; although generally including a moral judgment of sorts. The discourse on welfare reform cited the welfare system as the cause of poverty and accused those in need of public assistance of having poor character. Consequently, welfare and “the poor” became the “problem,” and the “market solution” prescribed work in the labor market as the primary means for demonstrating the responsibility subsequently required for citizenship.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) replaced AFDC, the Job Opportunities and Basic Skills Training (JOBS) program, and the Emergency Assistance (EA) program with a cash welfare block grant called the Temporary Assistance for Needy Families (TANF) program. TANF includes a lifetime limit of five years on the amount of time a family with an adult can receive federally funded assistance. The TANF block grant is capped at 16.5 billion per year, which is basically equivalent to the 1995 federal expenditure of the four component

programs⁹. In addition, states must meet a “Maintenance of Effort (MOE) requirement” by spending at least 75 percent of the amount of state funds used on these programs in 1994 (80 percent if they fail to meet the work rate requirements) to prevent a “race to the bottom.” TANF gives states considerable discretion in policy design and spending decisions. States are only restricted in that they must show how the program supports one of the four statutory purposes of TANF: (1) to provide assistance to needy families so that children can be cared for at home, (2) to end welfare dependence by promoting job preparation, work, and marriage, (3) to prevent and reduce the incidence of out-of-wedlock pregnancies, and (4) to encourage the formation and maintenance of two-parent families.

RESEARCH DESIGN

As states are only required to show that their program meets at least one of the four statutory purposes of TANF, there is considerable variation across states with respect to antipoverty policy. This study investigates the role of state policy choices on impoverishment. Inequality within groups of workers and between groups of workers has accumulated since the 1980s to generate sharp increases in relative inequality (Marcotte 2000). This suggests the need for a measure of impoverishment to understand the accumulation of benefits and burdens. In 1982, Amartya Sen argued that anti-poverty policies should satisfy certain ethically defensible criteria. They are as follows: (1) the *homogeneity axiom* requires the index is invariant to changes in the scale of income distribution and the poverty line, (2) the *focus axiom* requires that the index does not depend only on the income levels of the poor, (3) the *impartiality axiom* prohibits the

⁹ U.S. Department of Health and Human Services. 2003. “Indicators of Welfare Dependence: Annual Report to Congress, 2003.” Washington, D.C. Available online <<http://www.hhs.gov>>. Last updated September 2005. Last visited October 17, 2005.

index itself from depending on the identity of individuals, (4) the *replication invariant axiom* holds that the index should not change if it is calculated based on an income distribution that is the k-fold replication of the original income distribution, (5) the *monotonicity axiom* maintains that a reduction in a poor person's income, holding other incomes constant, increases the poverty index, (6) the *continuity axiom* requires that the index is a function of individual incomes, and (7) the *transfer axiom* holds that the index increases whenever a pure transfer is made from a poor person to someone with more income.

The dependent variable in this study is the relative inequality measure proposed by Sen (1982) with modifications introduced by Shorrocks (1995) to satisfy each of the axioms of ethical anti-poverty policy. It is calculated in Stata 9.0 using Census data. Sen's impoverishment index responds to changes in the income of the poor but is not solely dependent on the incomes of the poor. And, the index is sensitive to transfers from the poor to the wealthy. Not all markets are positive sum, so, in those cases in which the wealthy increase their profits by minimizing the cost of labor and/or diffusing costs to consumers, the poverty index increases. Additionally, the Sen index is invariant to changes in the scale of the income distribution and changes in the poverty level. So, if everyone is made better-off by today's free market, the poverty index will not increase. I use the Sen index instead of the poverty level because the federal poverty level fails to account for the quality of life as it is based on gross income, assumes need is only 3 times the basic food need, does not include the long-term unemployed, and does not account for the extent to which increasingly regressive taxes disparately impact the impoverished. Moreover, the minimum needs gap (which is the ratio of household income to poverty

line or other measure of min needs) does not take into account the actual numbers of the poor or income transfers among them. The Sen index is also better than a simple gini coefficient because the Sen index accounts for the marginal impact on the poor rather than merely income inequality. The gini coefficient tells us how much inequality there is in the distribution of incomes. It is expressed as a ratio from 0 (indicating absolute equality) to 1 (indicating perfect inequality). The Sen index used in this study is based on the modified Sen index (SST) proposed by Shorrocks (1995)¹⁰ which can essentially be viewed as a product of the poverty rate, average poverty gap ratio,¹¹ and one plus the gini index of the poverty gap ratios of the population. The measure takes into account the numbers of the poor, their shortfall in income relative to the minimum needs line, and the degree of inequality in the income distribution. Essentially, how poor is poor? It tells us how the least well-off are doing compared to those who are better-off. Sen's measure of impoverishment indicates the amount of work it would take for the poor to move out of poverty in significant numbers. Basically, it reflects the average of the number of poor people and the extent of their poverty weighted by the degree of income inequality. The higher the index - the wider the poverty gap, the more persistent poverty is for more people, and the more difficult it is for the poor to improve their circumstances relative to those better off.

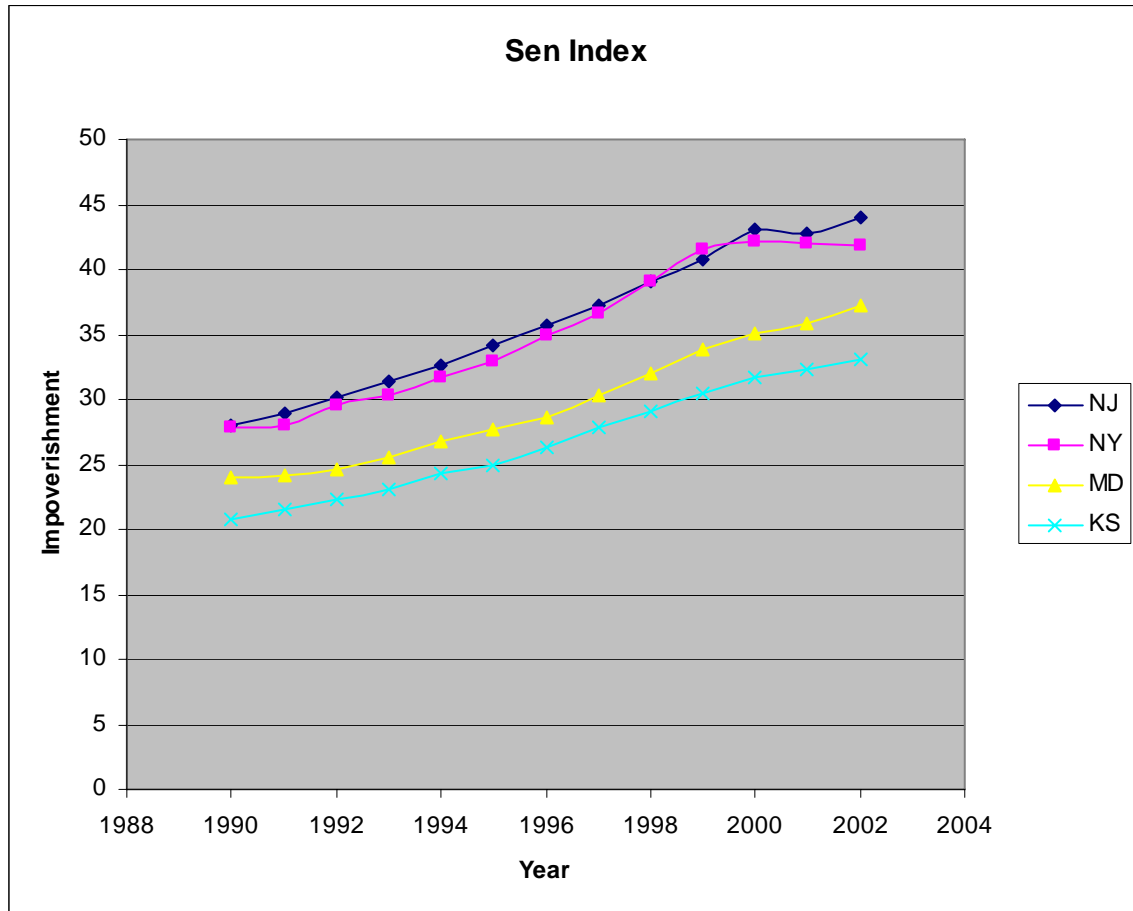
Sen's axiomatic approach to the measurement of poverty captures the intensity of poverty through measures of impoverishment and inequality. Inequality is growing rapidly worldwide, but in the U.S. inequality is greatest and expanding at its fastest rate (Neckerman 2004). There is considerable variation across U.S. states in the intensity of

¹⁰ See Xu and Osberg (2002) for a review of axiomatic approaches to the measurement of poverty.

¹¹ The poverty gap ratio is an expression of the total amount of money necessary to raise people who are poor from their present incomes to the poverty line.

poverty as is evident in the variation in the dependent variable. Figure 1.1 shows the variation poverty intensity over time in a sample of four states.

FIGURE 1.1: Poverty Intensity Over Time in a Sample of States

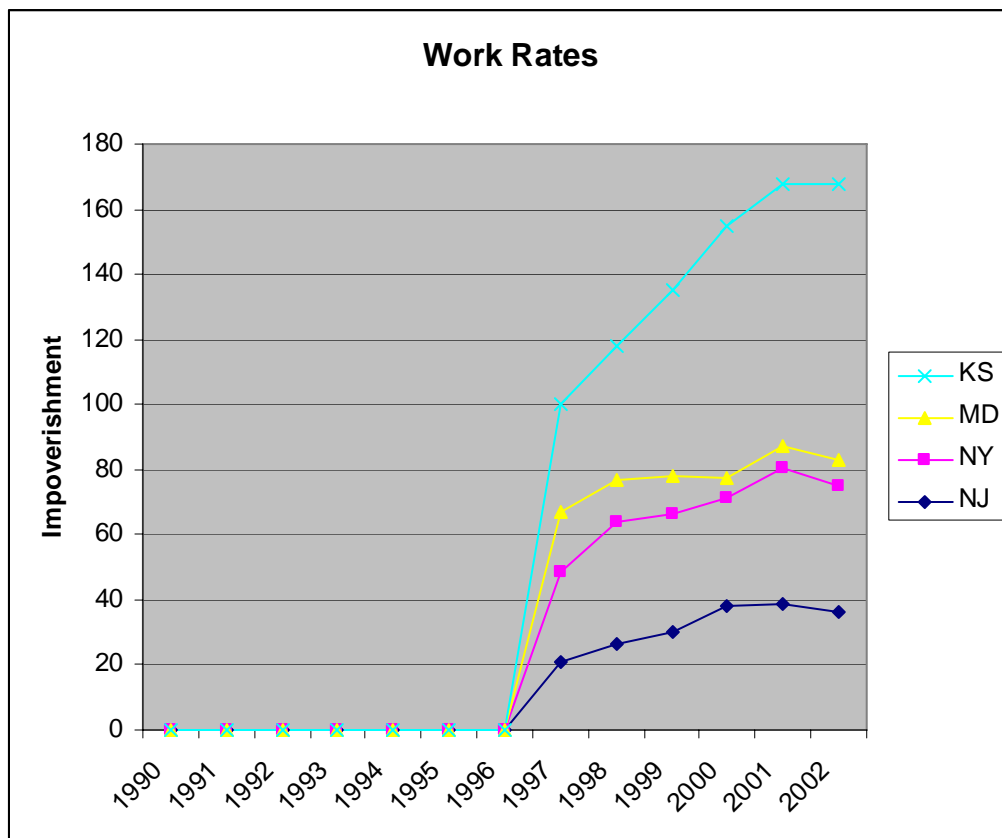


There are four independent variables of interest. First, I use a dummy variable to capture the enactment of workfare policies. Active labor market strategies in the implementation of TANF represent a fundamental change in the U.S. welfare system. Workfare changes the legal status of citizenship in the U.S. to an obligatory and exclusionary contract that removes the protections from the rigors of capitalist labor markets (see Goodin 1995; Katz 2001). Recent evidence also suggests that asset-tested

programs have a significant impact on the increasing wealth gap between blacks and whites (Ziliak 2003). I hypothesize that this change increases relative inequality.

Second, the effect of work on self-determination or to “decrease the dependence on government assistance”¹² is captured by the rates of working hours for TANF recipients. Work rates are lagged one year to capture the potential for the accumulation of wealth. Figure 1.2 shows the variation in work rates in the same four states from 1990-2002. It is important to note that people living in poverty have always worked. It is just that the government did not monitor their working hours until 1997.

Figure 1.2: Working Hours of TANF Recipients in a Sample of States



¹² U.S. Department of Health and Human Services. 2003. “Indicators of Welfare Dependence: Annual Report to Congress, 2003.” Washington, D.C. Available online <<http://www.hhs.gov>>. Last updated September 2005. Last visited October 17, 2005.

Figures 1.3 through 1.6 show trends in poverty intensity along with the working rates of people in poverty in the same four states from 1990-2002.

Figure 1.3: Work Effort and Impoverishment in Kansas (1990-2002)

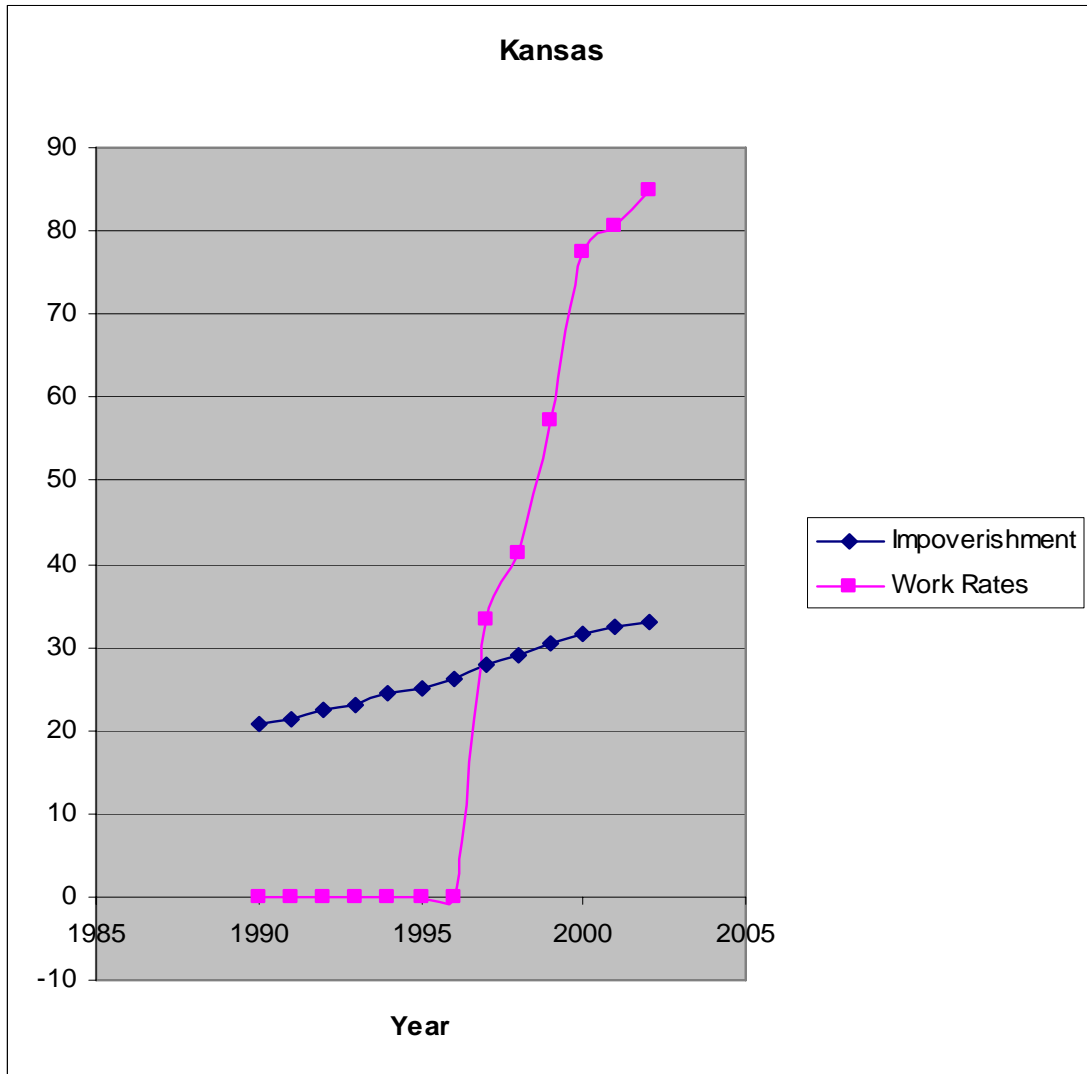


Figure 1.4: Work Effort and Impoverishment in Maryland (1990-2002)

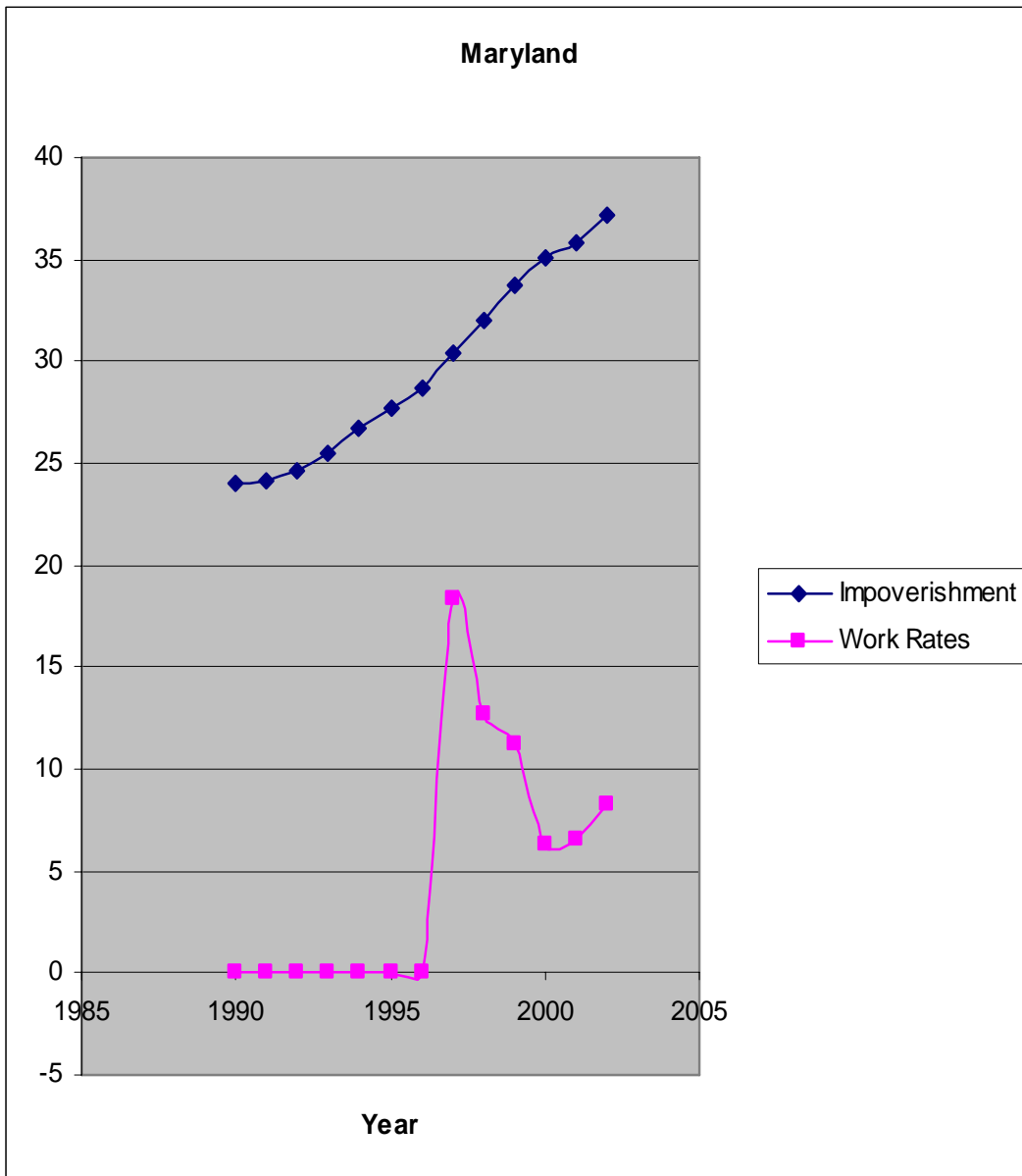


Figure 1.5: Work Effort and Impoverishment in New Jersey (1990-2002)

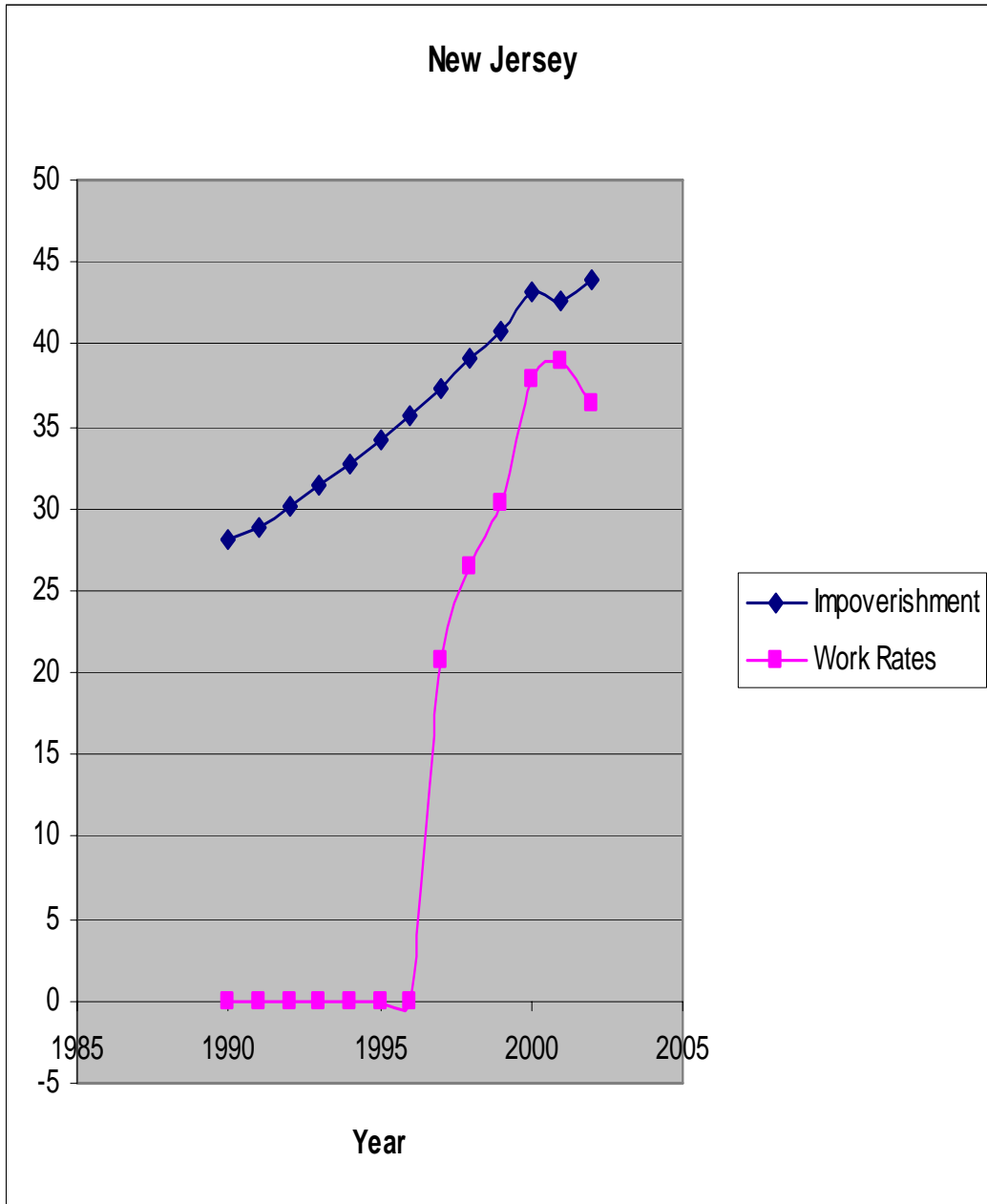
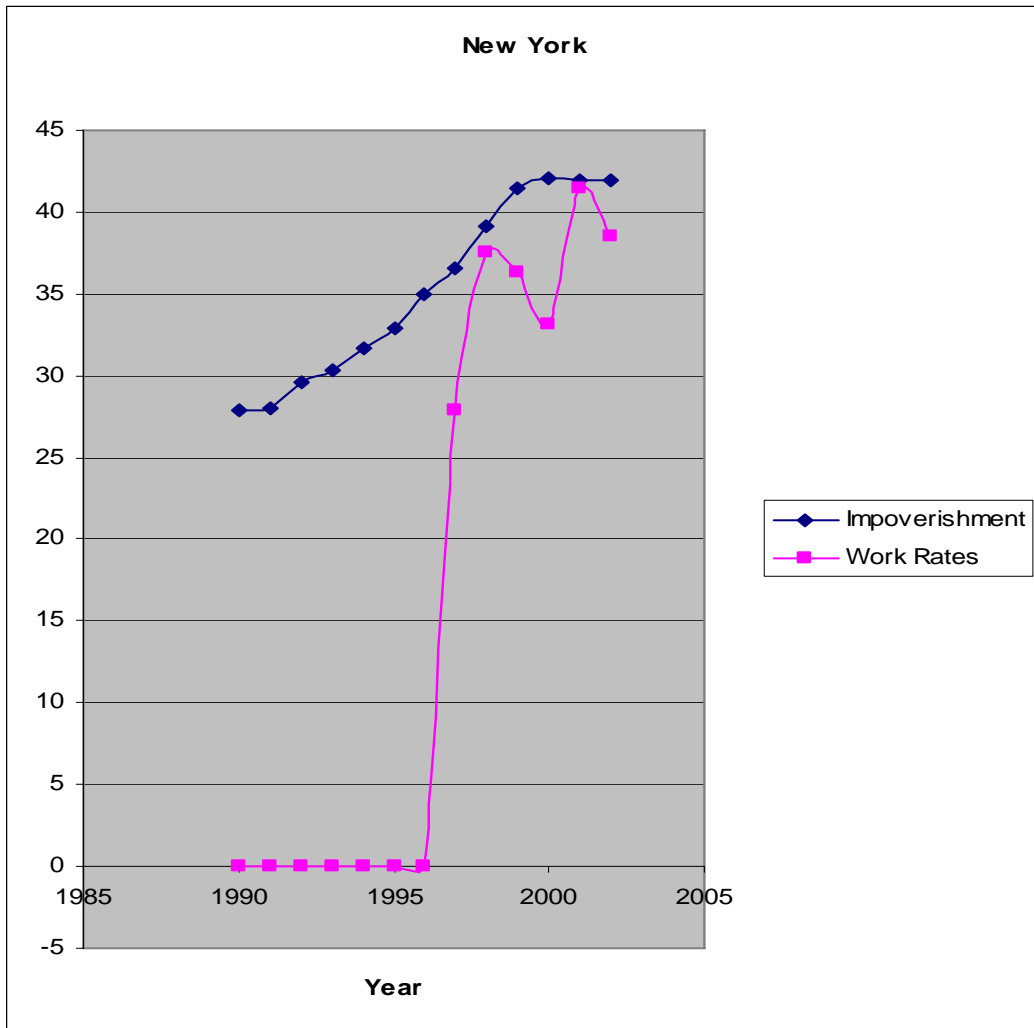


Figure 1.6: Work Effort and Impoverishment in New York (1990-2002)



Welfare reform structures the welfare system so that the poor cannot *depend* on relief as the neoclassical logic of political economy upon which welfare reform is based assumes that “the breadwinner” is able to earn enough to support a family. At the same time, the myth of the self-made man is perpetuated to attribute the failure of self-determination to the characteristics of individuals (Collins 2004). The rhetoric is that the work-first policies of welfare reform are the “right” thing to do for an “underclass” whose “culture of poverty” is supposedly perpetuated by welfare dependence.” From this perspective, the free market provides independence from the oppressive system of

welfare based on entitlements. However, empirical research has shown that the welfare dependency thesis is a farce and that cultural theories of poverty or the so-called underclass are incoherent descriptions of circumstance at best (see Primus 1999; Duneier 1999; Gilliom 2001). Further, if the free market truly fosters self-sufficiency and wage labor is the only way in which to prove that one is responsible enough to be considered a citizen, independent agents should also be able to negotiate unreasonably low wages. Ziliak (2005) shows that deep and persistent poverty rose while unemployment fell and working rates increased in the 1990s. It is therefore expected that impoverishment will increase with increasing work rates as a growing low wage labor pool drags down wages.

The third variable of interest is entitlement or the extent to which the policies underlying state welfare programs are liberal. Despite the fact that high work effort is characteristic of low income families (Waldron, Roberts, and Reamer 2004), false notions that their social status is due to a poor work ethic, limited skills and ability, and/or poor decision making resulting from individual characteristics (Murray and Herrnstein 1994), the culture of the underclass (Wilson 1987), a “taste” for consumption over savings (Lawrance 1991) persist. Waldron, Roberts, and Reamer (2004) show that the average low-income family put in 580 hours of work over the typical 40-hour workweek every twelve months, but the work available is most often unlikely to pay enough to support a family (Blank 1995, 1997b). More than eight percent of workers spend more than five to ten years working in jobs paying less than minimum wage plus one dollar (Carrington and Fallick 2001). As a result, low-income families are often unable to support a family working an average of 88 hours per week, and welfare leavers tend to obtain jobs that are of increasingly lower quality despite the strong economy from 1996-2000 (Coulton et al.

2003). Furthermore, people living in poverty do nothing different with respect to budgeting decisions; they just do it from a position of greater risk and higher need with less advice and support (Gilliom 2001).

Figure 1.1 shows the budgeting dilemmas faced by low wage earners in the U.S.

FIGURE 1.7: Family Budget Samples from U.S. States

FAMILY	ONE PARENT, ONE CHILD	TWO PARENTS, ONE CHILD	ONE PARENT, ONE CHILD	TWO PARENTS, ONE CHILD	ONE PARENT, ONE CHILD	TWO PARENTS, ONE CHILD
STATE	ALABAMA	ALABAMA	KANSAS	KANSAS	CALIFORNIA	CALIFORNIA
HOUSING	\$577	\$577	\$691	\$691	\$1,124	\$1,124
FOOD	\$265	\$448	\$265	\$448	\$265	\$448
CHILD CARE	\$600	\$600	\$488	\$488	\$485	\$485
TRANSPORTATION	\$272	\$387	\$255	\$358	\$222	\$321
HEALTH	\$307	\$395	\$263	\$336	\$221	\$299
TAXES	\$341	\$287	\$220	\$261	\$305	\$348
MONTHLY	\$2,589	\$3,071	\$2,440	\$2,890	\$2,997	\$3,449
ANNUAL	\$31,068	\$36,852	\$29,280	\$34,680	\$35,964	\$41,388
MINIMUM WAGE DEFICIT	(\$17,090)	(\$22,874)	(\$15,302)	(\$20,702)	(\$21,986)	(\$27,410)
NUMBER IN STATE BELOW FAMILY BUDGET LINE	308,000	308,000	102,000	102,000	2,048,000	2,048,000
% 2002 POPULATION BELOW FAMILY BUDGET LINE	7%	7%	4%	4%	6%	6%

SOURCE: Economic Policy Institute, Basic Family Budgets. Calculator available online at <http://www.epi.org/content.cfm/datazone_fambud_budget>

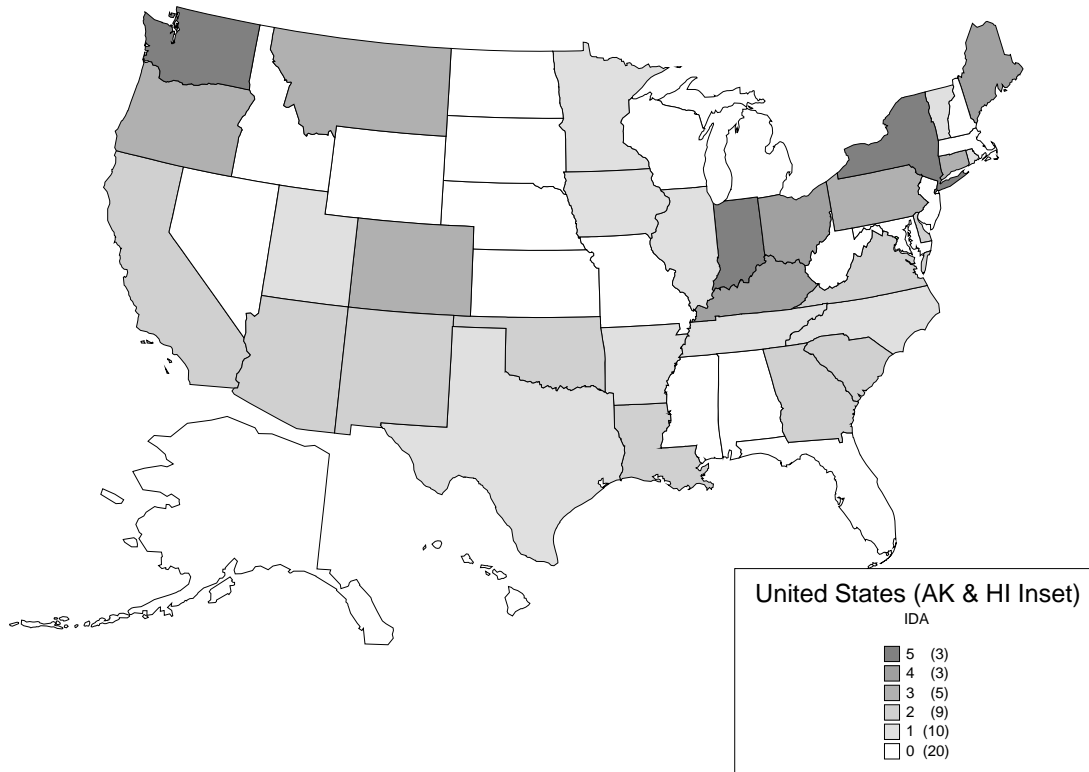
People in poverty are drowning in the low wage labor pool maintained by devolution, and the likelihood of political mobilization in support of redistributive efforts is

significantly diminished because the poor are spending all their time working and others are likely to believe that they are “undeserving” (Katz 1989). I hypothesize that increasing work rates will thus increase relative inequality as the wealthy have considerably more to gain from low wage labor.

Because the structure of welfare is set by policy that can be affected by both parties and does not change significantly as political parties and ideologies change in the state, I use the specific language of entitlement in the state statute or policy provision as a measure of the liberalization of state welfare policy. Schram (1995, 2000) identifies welfare policies that are inclusive and more broadly comprehensive as liberalizing. Concrete, positive legal entitlements make welfare more broad and comprehensive. Goodin et al. (1999) contend that minimizing income poverty and income inequality and lowering the persistence of poverty through interventions that protect social rights is optimal for social well-being. Therefore, I hypothesize that more liberal policy provisions and statutes decrease relative inequality.

The fourth variable of interest is Independent Development Accounts (IDAs). States vary in their utilization of IDAs from no IDA program to IDA programs in which the state provides matching funds. Figure 1.7 illustrates the variation in the utilization of IDAs across states in 2002.

Figure 1.8: Utilization of IDAs Across U.S. States (2002)



IDAs are designed to incentivize the poor “into the banking mainstream” (Stegman 1999). Although IDAs received bipartisan support in the welfare reform rhetoric, IDAs represent the conservative approach to assisting the poor in achieving self-sufficiency, or as the CATO Institute puts it, the poor will “internalize their new role as capitalists.” The contraindicating logic within the IDA approach is that the poor cannot determine for him or her *self* needs that are *sufficient* enough to necessitate a withdrawal from the account. Withdrawals require approval by the social worker or case manager. The intuitive logic is that assistance that allows people who are poor to improve their savings rate will likely improve the impoverished conditions of people in poverty as long

as the interest rate on the account keeps up with inflation, but the policy is intended to extend the reach of the banking system. Liberal scholars promoting IDAs hoped such policies would assist in building assets of people in poverty but have found that people who are poor are only able to save an average of ten dollars per month (Sherraden 2001). Hurst and Ziliak (2005) find that welfare policy changes regarding asset limits do not improve the savings of at-risk households. Furthermore, Gittleman and Wolf (2000) show that savings rates are inextricably linked to income, and improving savings rates without a concurrent rise in permanent income is unlikely to benefit people who are poor. I hypothesize that IDAs increase relative inequality as wealthy bank owners are the more likely beneficiaries, and high inflation makes such savings a loss in terms of the real value of dollars.

The black population measured as the number of black residents in the state based on the *Statistical Abstract of the United States* is included as a control. The U.S. is highly segregated, and blacks are concentrated in the urban centers, which carry the greatest risk in economic shifts (Bobo, O'Connor, and C. Tilly 2001; Massey and Denton 1993; Jencks and Mayer 1990). Furthermore, relative tendencies to hire minorities is significantly more related to location and discriminatory practices than overall demand for labor, and an economic downturn is likely to have the greatest impact on minorities and urban communities (Holzer and Stoll 2002). The well-documented black-white income inequality and black-white wealth inequality (see Neckerman 2004; Gittleman and Wolf 2005) indicate that blacks suffer from higher rates of impoverishment. It is expected that a higher population of black citizens increase relative inequality.

A dummy variable indicating the presence of an additional tax on food is included as the most straightforward measure of regressive taxation. There is little dispute over the fact that such taxes place a particular burden on lower income brackets as food expenses make up a larger proportion of smaller budgets (Johnson and Tenny 2002). Springer (2004) documents the shifting tax burden in five dimensions: (1) federal to state, (2) progressive to regressive, (3) corporations to individuals, (4) wealth to work, and (5) current taxpayers to future generations. Two-party politics, multiple veto points, and fiscal decentralization make it uniquely difficult to tax the rich in the U.S. (Harding et al. 2005). In fact, there have been tax cuts on unearned income, such as inheritance, estates, and/or some types of investments (as much as 79 percent), and a tax hike on work income that has steadily increased since 1980. There has also been a 67 percent drop in the corporate share of federal revenues, and cities and states are often compelled to provide tax breaks and subsidies to attract business; thereby shifting the risk to citizens in the region (Narayan 2002). Exemptions on retirement income also contribute to the growing burden on working individuals while an ever-increasing number of retired individuals who receive Social Security benefits regardless of income borrow from their grandchildren (see Haveman and Wolf 1994). Therefore, regressive taxes are expected to increase relative inequality.

The unemployment rate is also included as a control variable. A higher proportion of people without employment with no income produce a greater degree of inequality over the short-term (Bradley et al. 2003; Hibbs and Dennis 1988). However, Kelly (2005) finds that unemployment is not a significant predictor of inequality over the long-term. Blank (1997a) finds mixed support for the “unified theory” that there is a trade-off

between unemployment and inequality that leads to shifts in relative wages in relatively open labor markets. Overall, unemployment has been down across the U.S. (Blank 1997a). If there is a long-term trade-off, it is expected that relative inequality will increase as the income gap increases shifting greater numbers of the poor deeper into poverty.

The consumer price index is included to control for the purchasing power parity between states. I utilize the annual cost of living measure created by William Berry, Richard Fording, and Russell Hanson updated through 2003 across states in the U.S. It is expected that relative inequality will increase as the cost of living increases.

Population density is another control variable to assess the states in proportion to the fiscal and social problems they face. More densely populated areas are associated with more social problems and are more economically vulnerable (see Samuels 2002). Therefore, it is expected that higher population density will be associated with higher relative inequality.

The percentage of female-headed households is included in the model as a control variable. Female-headed households earn significantly less than all other types of households (Gottschalk, Bjorn, and Palmer 1997; Levy and Michel 1991). Kelly (2005) finds that female-headed households are a significant factor in increasing inequality over the long-term. It is expected that an increase in the percentage of female-headed households will be associated with increases in impoverishment.

The high school graduation rate is included as a control for the level of education. Although economic returns on education have risen over the past several decades (Danziger and Gottschalk 1995), market shifts favor more educated workers (Marcotte

2000). The real value of wages has declined since the 1980s for all education levels with the exception of the top educational third of white males (see Neckerman 2004). Tyler (2001) finds that the labor market premium of a high school education diminishes over time, and a GED is a mixed signal in the labor market. In addition, Kelly (2005) finds that the higher the percentage of people with a high school education the greater the inequality over the long-term. Frank and Cook (1995) suggest that the diminished value of high school education is likely magnified by the concentration of benefits to those with higher education, particularly elite education. The consequence of these expanding winner-take-all economies is that people with less education compete with more and more people for considerably smaller benefits. Therefore, it is expected that higher high school graduation rates are associated with higher relative inequality.

I use education spending as a percentage of the gross state product to capture the extent to which education remains a state priority after welfare reform. The variable is lagged one year to account for the fiscal budgeting in the data. Additionally, nearly half the states in the U.S. have experienced education finance reform through the state courts since 1971 (see Minorini and Sugarman 1999). Therefore, measuring spending as a percent of the gross state product also controls for the extent to which state governments retain education as a priority. Although significant inequities remain, a considerable degree of progress has been made in reducing disparities in the distribution of education dollars within states, and inequality between households declines as aggregate spending goes up (Corcoran et al. 2004). Higher education spending is expected to minimize relative inequality.

The number of families receiving assistance is included as a control for welfare caseloads. A primary goal of TANF is decreasing the welfare roles under the assumption that welfare creates a dependence that prohibits individuals from being self-sufficient. However, the success of workfare is contingent upon work that affords one the opportunity to provide for the very most basic needs. If welfare fosters dependence, relative inequality will increase with increasing welfare caseloads.

The murder rate is utilized as a measure of violent crime. A one-year lag is included to capture the cumulative effects of crime as those with higher mobility move (Pebley and Sastry 2004). Chasin (2004) contends that when part of the population is denied the necessary resources through policy decisions that neglect the least well-off because those resources are over-subscribed by the already wealthy, repression and militarism maintain further inequality. Therefore, higher murder rates are expected to increase relative inequality.

Corruption is the final control variable included in the model. According to the World Bank, adequate institutions play a crucial role in economic performance, and social capital is essential for high-quality institutions. Miller and Whitford (2002) and Whitford et al. (2006) demonstrate the value of fostering a mutually beneficial relationship in which agents are entrusted with ample discretion and principals credibly commit to restraint in the use of power. Low levels of trust are associated with less efficient judiciaries, more corruption, and lower-quality bureaucratic administration (La Porta et al. 1997), and high levels of trust are associated with economic growth (Knack and Keefer 1997; Easterly and Levine 1997) and financial development (Guiso et al. 2000). In addition, there is ample empirical evidence that income inequality reduces

investments in social capital, undermining markets (Alesina and La Ferrara 2002). In general, corruption is thought to increase inequality by reducing economic growth, the progressivity of the tax system, the level and effectiveness of social spending, and the formation of human capital, and by perpetuating an unequal distribution of asset ownership and unequal access to education. I use federal convictions of public officials with a one-year lag to capture the extent to which institutions are making credible commitments to the public. The successful prosecution and punishment of public officials is expected to be an investment in social capital that decreases relative inequality.

ESTIMATION AND RESULTS

The data utilized in this study consists of a panel of U.S. states from 1990 to 2002. Problems of multicollinearity are common to structural-level data, so it is necessary to check for collinearity (Long 1997; Beck and Katz 1995). Calculation of the Variance Inflation Factors (VIF) reveals no problematically high levels of multicollinearity. However, a regression of the residuals suggests that the cross-sectional error is significantly correlated with the errors of variance, ruling out a random effects model. A Cook-Weisberg test for heteroskedasticity reveals a Chi^2 of 12.47 with a significance reaching the 0.01 level, indicating that a generalized least squares regression requires correction for heteroskedasticity.

TABLE 1.1: Fixed Effects GLS with Panel Corrected Standard Errors of the Determinants of Relative Inequality (1990-2002)

Variable	Coefficient	Significance
Workfare	1.549 (0.533)	***
Workrate _{n-1}	0.018 (0.011)	***
Entitlement	-0.412	*

	(0.436)	
Independent Development Account	0.355 (0.160)	**
Black Population	0.004 (0.003)	***
Regressive Taxation	0.514 (0.442)	
Unemployment	-0.214 (0.138)	***
Consumer Price Index	0.199 (0.016)	***
Population Density	0.004 (0.001)	**
Female-Headed Households	0.684 (0.261)	***
High School Education	0.198 (0.036)	***
Education Spending _{n-1}	-55.889 (39.844)	***
Welfare Caseload _{n-1}	-0.007 (0.004)	
Murder Rate _{n-1}	-0.017 (0.051)	
Corruption _{n-1}	0.662 (0.010)	
Observations = 600 Groups = 50 Panel Coefficient = 0.7023 Wald Chi ² (15) = 316.34***		

Notes: Dependent variable is the average of the headcount and poverty gap measures weighted by the gini coefficient. Coefficients are linear regression coefficients. Standard errors are in parenthesis and are heteroskedastic panel corrected standard errors.

- * indicates significance at better than 0.05 (two-tailed test).
- ** indicates significance at better than 0.01 (two-tailed test).
- *** indicates significance at better than 0.001 (two-tailed test).

NOTE: analysis performed using STATA 9.0.

The results of the fixed effects generalized least squares regression with panel corrected standard errors show that each of the independent variables of interest is significantly related to relative inequality (see Table 1). The results indicate that Workfare, work rates, entitlement, and independent development accounts are significantly related to relative inequality. Specifically, the results suggest that workfare

increases impoverishment. In this model, welfare reform itself actually decreases the likelihood that an individual can become self-sufficient. Both workfare and work rates are significant at the 0.01 level. Work rates are also shown to increase relative inequality. The more working hours accumulated by welfare recipients, the greater the impoverishment.

The model reveals modest significance (prob. = 0.10) for the notion that liberal policies are more likely to decrease relative inequality. States enacting specific entitlement policy provisions in the statute significantly decrease relative inequality. States with no entitlement or policy provision, the more restrictive, increase relative inequality.

The measure of conservative ideology underlying welfare reform, IDA, is significantly related to impoverishment at less than the 0.05 probability level. IDAs contribute to increasing relative inequality. Those policies that allow for matching funds make an even more significant contribution to relative deprivation than no IDA at all. In this case, it appears that the poor and the state government are working to “extend the reach of the banking system.”

Regressive taxation as measured by the presence of an additional food tax does not reach traditional levels of statistical significance. However, the results do support the unified theory that unemployment is inversely related to impoverishment. And the relatively low levels of unemployment enjoyed by the U.S. apparently come at the expense of people who are poor--the lower the unemployment, the higher the relative inequality as relative wages shift. Not surprisingly, the model shows significant support for the cost of living hypothesis--as the cost of living increases, the least well-off are

increasingly marginalized and less likely to be able work their way out of poverty.

This model supports the population hypotheses as well. More densely populated areas experience more relative inequality. The results also suggest that as the black population increases, relative inequality increases. The significance of 0.01 suggests that blacks are considerably less well-off. The same is appears to be true for single-mothers. A significance of 0.01 indicates that single-mothers are more likely to be deprived.

The model demonstrates significant support for the education hypotheses. Higher high school graduation rates are positively associated with greater relative inequality. At the same time, increases in education spending decrease relative inequality, and decreases in education spending increase relative inequality.

The null result with respect to welfare caseloads indicates that the welfare dependency thesis is not a safe assumption upon which to base social policy. The community violence hypothesis is also not supported by the model. The murder rate is not significantly related to impoverishment. The social capital hypothesis is likewise not support by this model. The credibility of government institutions as measured by levels of corruption in states is not significantly related to relative inequality.

SUMMARY

The purpose of this evaluation is to understand the role impact of social policy on inequality. This study shows that work-first strategies further marginalize the already disadvantaged, making it less likely that they will be able to escape poverty. Existing literature overlooks the role of state choices in the design of policy. I address a gap in the literature by assessing the direct effect of welfare reform on increasing levels of impoverishment. This study affords tremendous insight regarding specific policy choices

that function more effectively as anti-poverty policy. By examining variation across states over time, this study provides leverage in the understanding of the effect of social policy on the intensity of poverty that other studies have not offered. This look at the variation in state policy choices under welfare reform demonstrates that states choosing more restrictive social policies actually inhibit self-sufficiency, and states that enact entitlement provisions reduce the intensity of poverty over time. In this test case, I find that over time people in poverty are working more, depend on government assistance less, and are increasingly more deprived.

Social benefits in capitalist welfare states are rights that attach by virtue of the status of citizenship. Decoupling social insurance and citizenship places a significant portion of the population at risk economically and politically. Changing the status of welfare recipients from “dependents” to “deviants” and absolving the government of any obligation in the “contract” with the “public” means that the poor cannot depend on America nor can the poor depend on the market.

Poor and affluent Americans and Americans of different ethnic backgrounds have become increasingly segregated (Wilson 1987; Massey and Denton 1993; Mayer and Lopoo 2001). Residential segregation increases the exposure of the poor and ethnic minorities to the problems that plague high-poverty neighborhoods (Pebley and Sastry 2004). The poor health status, labor market, and environmental conditions of urban areas where people in poverty and minorities are increasingly concentrated (Wilson 1987, 1996; Massey and Denton 1993; Hoffman and Duncan 1990; Haveman and Wolfe 1994) have cumulative effects that substantially decrease incomes of children later in life (see Bowles et al. 2005). In other words, it is increasingly efficient for the wealthy to transfer

wealth and opportunities to subsequent generations as the less well-off accumulate disadvantages. The implications are that there are an increasing number of those in need who will not be able to meet their basic needs. Welfare changes the nature of social citizenship such that those who are most effected by the contract are excluded from negotiations and decision-making, assumed to be failing in their obligations as citizens, and blamed if they cannot overcome impossible odds.

People who make more money than one could possibly spend in a lifetime can afford and often even argue for (e.g.; William H. Gates, Sr. and Warren Buffet) better redistributive policies. People who work or spend any money that is taxed make a contribution to these programs. They are essentially buying into an insurance scheme. Why should they be left out?

Policies that entitle people to certain rights of citizenship perform better than those that merely obligate them to work. People should be allowed to refuse a wage that is too low. It is not *rational* to work if all your money goes to child care. Livable wages will be impossible to achieve if an ever increasing contingent labor force continues to be pushed into a low wage labor pool by workfare, dragging down wages and generating instability. Enforcing work is as much of an intervention in the free market as any other regulation, but making social citizenship contingent upon wage labor regardless of the circumstances is a contract that no rational individual would agree to (had people who are poor been included in debates over welfare reform). Additionally, savings accounts have to keep up with inflation to be useful, and individuals must control their own money to be independent. Managing a budget of \$12,000 is significantly more difficult than managing a budget of \$100,000 because there is a considerably lower margin of error. People who

are poor are also just as rational as you and I. If your money will be worth less tomorrow, it makes sense to spend it today (especially if you have an emergency). We can trust that people who are poor understand their own interests enough to decide what to spend their money on or what to save their money for in *Independent Development Accounts*.

Furthermore, citizenship contingent upon wage labor penalizes those who have been largely excluded from participation in the labor market by discriminatory practices, pushing them even further toward the margins. No one would willingly consent to a social contract that does not provide them the protections of citizenship. The work requirements of workfare fail to account for the availability of jobs, the quality of jobs available, or the pay. Enforcing work irrespective of circumstance fails to reduce poverty. Reducing poverty requires work that pays and insurance against market shifts. It is safe to assume that people who are poor are just like you and I. In fact, they are as capable of contributing to society when their basic needs are met. Access to public assistance does not *cause* people to choose welfare. It merely assumes that it will be a necessity for some in a market economy that cannot possibly employ everyone.

CHAPTER 2

HEALTH INEQUALITY: THE CHILDREN OF “UNDESERVING” MOTHERS

The connection between social conditions and health has been documented for centuries. Poor social and economic circumstances negatively affect health throughout the life course (Shaw 1999; Siegrist and Marmot 2006; Levy and Sidel 2005). This social gradient in health pervades society. Among the poor and middle class, people of lower socioeconomic have twice the risk of serious illness and premature death than people of higher status (Wilkinson and Marmot 2003). Poverty, deprivation, and social exclusion generate cumulative disadvantages that tend to concentrate among marginalized groups and have a tremendous impact on health and premature death (Siegrist and Marmot 2006). The damaging health effects of poverty are often compounded by inequality related to racial or ethnic status, gender, disability, or other elements of social status (Evans et al. 2001).

Technological advances have significantly improved health in modern, industrial societies, but those gains are increasingly concentrated on the wealthy (Levy and Sidel 2005; Siegrist and Marmot 2006). A social gradient exists whereby health improves with socioeconomic status, and socioeconomic disadvantage has been shown to precede poor health (Blane, Davey Smith, and Bartley 1993). Currently, raising the standards of living for marginalized groups could produce greater gains in longevity than more sophisticated medical technology (Levy and Sidel 2005). This discussion raises the following empirical questions: Does poverty have a direct, independent effect on health? Can state policy choices affect mortality? Do state policies disparately impact the health status of minorities?

Recent cross-national evidence links higher income inequality to lower life expectancy (Ellison 2002; Marmot and Bobak 2000) and higher infant mortality (Lynch et al. 2001; Hales et al. 1999; Waldman 1992; Wennemo 1993). However, Wildman, Gravelle, and Sutton (2003) find no association between income inequality and infant mortality, and Mellor and Milyo (2002) find no association between income inequality and life expectancy or infant mortality. Several studies also find mixed results for the effect of income inequality across U.S. states (see Kawachi et al. 1997; Wilkinson, Kawachi, and Kennedy 1998; Kennedy et al. 1998; Shi et al. 1999; Laporte 2002; Muller 2002). Studies of income inequality across U.S. states and metropolitan areas consistently find that higher income inequality is associated with poor health outcomes for black folks (Holtgrave and Crosby 2003; McLaughlin and Stokes 2002; Lobmayer and Wilkinson 2002; Shi and Starfield 2001; Cooper et al. 2001; Deaton and Lubotsky 2003). In addition, Shi, Oliver, and Huang (2000) demonstrate that there is considerable variation among SCHIPs and conclude that there is inadequate emphasis on access to quality care, without addressing the issue of inequality. Wagstaff and Doorslaer (2000) note that links between income inequality and health may be capturing variations in state policies, indicating the necessity of exploring the independent effects of state variations in policy and income inequality. Similarly, Bird and Bauman (1998) report that a better understanding of the relationship between state social structure and infant health outcomes is imperative to reducing state-level infant mortality. Lynch et al. (2004) point out that the independent effects of social policy and income inequality on specific health outcomes remain unclear. An analysis of the variation in policies across U.S. states and income inequality remains notably absent in the literature.

In this chapter I argue that comprehensive State Children's Health Insurance Programs (SCHIPs) lower infant mortality rates. I also argue that welfare policies that restrict access to prenatal care increase infant mortality. I show that states with SCHIPs that combine Medicaid expansions with separate state programs improve child well-being, and state policies that provide access to early prenatal care improve child well-being. I also demonstrate that infant mortality increases in states that restrict access to prenatal care through policy choices. Additionally, my findings indicate that higher black infant mortality rates may best be explained by differences in utilization and exposure to violence. The setting for this study on the impact of health policies on the well-being of children is the fifty states from 1990 to 2003.

This chapter proceeds as follows. First, I outline the theoretical basis of this examination of the role of state policy choices in the administration of welfare. Second, I introduce the contextual environment of Title XXI of the Social Security Act. Third, I explain the estimation procedure for the three models. Last, I weigh the support for constructive theories of policy design provided by this study and discuss its implications.

THEORY

According to Kawachi (2000), income inequality is related to health in the following ways: (1) high income inequality may lead to underinvestment in human capital, (2) high income inequality is associated with low investments in social capital and may erode social cohesion, and (3) relative deprivation may negatively affect health through psychological pathways (i.e.; stress). The effects of income inequality are greatest and often only affect disadvantaged, marginalized groups, who are most affected by low investments in human capital (Wagstaff and van Doorslaer 2000; Kennedy et al.

1998; Moene and Wallerstein 2001). Perhaps the most poignant examples of the effect of investments in human capital come from comparisons of the United States and Canada. The link between income inequality and health does not appear to exist in Canada, leading to several lines of investigation including differences in tax transfers (Sanmartin et al. 2003), universal health care (see Lynch et al. 2004), fiscal and social policies (Sanmartin et al. 2003), and concentrations of affluence and poverty (Dunn and Hayes 1999, 2000; Ross, Nobrega, and Dunn 2001). Trends in income inequality are broadly consistent with poverty trends, and income inequality is tightly linked to aspects of social policy (Lynch et al. 2004). Therefore, isolating the independent impact of social policies is most rigorously tested using a measure of absolute material conditions specific to the target population.

Devolution means that understanding the nature of the relationship between inequality and health in the U.S. requires a look at state-level variations in policies and inequality. Policy choices are representative of society's commitment to particular values. Like the notion of health itself, the evaluation of health outcomes is not value neutral. Equity is a fundamental value in health impact assessments because public policy disproportionately impacts those already disadvantaged (Scott-Samuel 1998). State policies play an integral role in constructing access and related factors such as race and segregation (see Hayward 2003). Some changes in policy reflect modifications that are intended to enhance performance strategy, and some changes mark a fundamental shift in social values. States display considerable variation in policy, particularly with respect to health policy. There exists substantial variation among states in terms of spending, strategies to control costs, modify access, and affect the quality of care. Given the

universal acknowledgement of the health effects of public policy (see Draper 1991), understanding the nature of such state variation in the design of specific policies may improve health outcomes.

The World Health Organization (WHO) defines health as a “state of complete physical, mental, and social well-being” (World Health Organization 1948, 1). In practice, health is understood along a continuum whereby good health is reflected in the positive end, defined by various indicators of good health or physical development such as population life expectancy. The negative end of the continuum ends with death, defined by population specific mortality, and departures from full physical, mental, or social well-being are defined as needs (Aday 2001). The foundations for adult health are laid in early childhood and before birth (Wilkinson and Marmot 2003), and infant mortality is a well-established indicator of the health and social condition of a society (Gortmaker and Wise 1997). Among industrialized nations, only Latvia (with six deaths per 1000 live births) has a higher infant mortality rate than the United States (American Public Welfare Association 2006), and inequality in the U.S. is greatest and widening a faster rate than any other industrial society (Collins et al. 2004). Infant mortality remains one of the leading public health problems in the U.S. today, and slowed improvements in birth weight specific mortality rates contribute to the increasing gap between black and white infant mortality rates (Luke et al. 1993; LaVeist 1990; Turner 1995; Morales et al. 2005; Wilcox 2001). Access to adequate prenatal care has long been viewed as an important factor in healthy birth outcomes. Studies have shown that access to adequate prenatal care and other reproductive health services lead to improved birth outcomes

(Wise 2003; Brown and Eisenberg 1995), even reducing racial disparities (Rosenberg 2002, 2003b; Jewell and Russell 2000).

TITLE XXI OF THE SOCIAL SECURITY ACT

The State Children’s Health Insurance Program (SCHIP), created by the Balanced Budget Act of 1997, enacted Title XXI of the Social Security Act. The purpose of SCHIP is to “provide funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner that is coordinated with other sources of health benefits coverage for children...”¹³ In short, the purpose of SCHIP is to reduce the number of uninsured children and improve the quality of health care provided to low-income children by expanding eligibility through federal-state cost-sharing.

SCHIPs operate under broad federal guidelines in which each state determines the design of its program, eligibility groups, benefit packages, payment levels for coverage, administrative rules, and operating procedures. States determine the implementation of SCHIP coverage by expanding their Medicaid program, creating or expanding a separate state program, or combining the two options. The federal government covers 65 percent or more of the costs of SCHIP, allocating funds to each state based on its share of the nation’s uninsured children with family incomes below either 200 percent of the federal poverty level or 150 percent of the state’s Medicaid eligibility, with adjustments for differences in health care costs (Bruen and Ullman 1999).

States with separate SCHIP programs are afforded greater flexibility; whereas, Medicaid expansions must follow the Medicaid eligibility process and follow the benefit

¹³ U.S. Congress. 1997. Balanced Budget Act of 1997: Report of the Committee on the Budget, House of Representatives. 105th Congress, First Session, to accompany H.R. 2015. Washington, D.C., 2101a.

and cost-sharing rules. States are free to act as an insurer and provide direct coverage, contract with managed care organizations, contract with a community-based delivery system, or offer coverage through employer plans. However, states are expected to involve the public in the design and implementation of their plans.

The funds authorized for SCHIP, combined with state matching funds, was expected to cover between 5-5.8 million children (Ullman, Bruen, and Holohan 1998). However, only 2.9 million children qualified under the eligibility requirements as of 2000 (Shi, Oliver, and Huang 2000). Evidence suggests that such limited eligibility and the erosion of private insurance has resulted in no net gain in coverage for low income children (Cunningham and Park 2000), and ultimately, few states adopt programs that improve access to better quality care for more children (Oliver and Paul-Shaheen 1997).

RESEARCH DESIGN

This chapter investigates the impact of state policy choices on the well-being of children. The World Health Organization recognizes that poverty, equity, and human rights are conceptually and operationally linked constructs with the potential to inform the work of health institutions (see Braveman and Gruskin 2003). Evidence suggests that advances in the health of whole populations depend on reducing inequality (Costa and Kahn 2006; Brownson et al. 2003; Bartley 1994). Further, poverty accentuates racial disparities in health. The gap in health outcomes between blacks and whites is consistently evident in the literature and is strongly associated with wealth and income gaps (Holtgrave and Crosby 2003; McLaughlin and Stokes 2002; Lobmayer and Wilkinson 2002; Shi and Starfield 2001; Cooper et al. 2001; Deaton and Lubotsky 2003). This is particularly true for infant mortality, as the black infant mortality rate remains two

times that of whites (American Medical Association 1990; Hogue and Hargraves 1993; Currie, Gruber, and Fischer 1995; Frisbie, Forbes, and Pullum 1996; Hummer et al. 1999; Hughes and Ng 2003; Levy and Sidel 2005; Morales et al. 2005; Siegrist and Marmot 2006). Reducing infant mortality is a national priority, and state variations in infant mortality are large and significant (Bird and Bauman 1998).

Infant mortality rates are the most objective and least controversial measures of children's health status (Currie, Gruber, and Fischer 1995). Thus, to better understand the relationship between state social structure and child well-being and the impact of variations in state policy choices on disparities in child health status, I conduct analyses of three separate dependent variables: (1) the infant mortality rate, (2) the white infant mortality rate, and (3) the black infant mortality rate. The specifications for each model are as follows:

$$\text{Infant Mortality} = \beta_0 + \beta_1 \text{Prenatal Care Policy} + \beta_2 \text{SCHIP} + \beta_3 \text{Women in Poverty} + \beta_4 \text{Low Birth Weight} + \beta_5 \text{White Birth Rate} + \beta_6 \text{Black Birth Rate} + \beta_7 \text{Teen Pregnancy} + \beta_8 \text{Uninsured Women} + \beta_9 \text{Welfare Expenditures} + \beta_{10} \text{Adequate Prenatal Care} + \beta_{11} \text{Smoking} + \beta_{12} \text{Genital Infections} + \beta_{13} \text{Uneducated Mothers} + \beta_{14} \text{Multiple Births} + \beta_{15} \text{Alcohol Abuse} + \beta_{16} \text{Domestic Violence} + \beta_{17} \text{South} + \varepsilon$$

$$\text{White Infant Mortality} = \beta_0 + \beta_1 \text{Prenatal Care Policy} + \beta_2 \text{SCHIP} + \beta_3 \text{Women in Poverty} + \beta_4 \text{Low Birth Weight} + \beta_5 \text{White Birth Rate} + \beta_6 \text{Black Birth Rate} + \beta_7 \text{Teen Pregnancy} + \beta_8 \text{Uninsured Women} + \beta_9 \text{Welfare Expenditures} + \beta_{10} \text{Adequate Prenatal Care} + \beta_{11} \text{Smoking} + \beta_{12} \text{Genital Infections} + \beta_{13} \text{Uneducated Mothers} + \beta_{14} \text{Multiple Births} + \beta_{15} \text{Alcohol Abuse} + \beta_{16} \text{Domestic Violence} + \beta_{17} \text{South} + \varepsilon$$

$$\text{Black Infant Mortality} = \beta_0 + \beta_1 \text{Prenatal Care Policy} + \beta_2 \text{SCHIP} + \beta_3 \text{Women in Poverty} + \beta_4 \text{Low Birth Weight} + \beta_5 \text{White Birth Rate} + \beta_6 \text{Black Birth Rate} + \beta_7 \text{Teen Pregnancy} + \beta_8 \text{Uninsured Women} + \beta_9 \text{Welfare Expenditures} + \beta_{10} \text{Adequate Prenatal Care} + \beta_{11} \text{Smoking} + \beta_{12} \text{Genital Infections} + \beta_{13} \text{Uneducated Mothers} + \beta_{14} \text{Multiple Births} + \beta_{15} \text{Alcohol Abuse} + \beta_{16} \text{Domestic Violence} + \beta_{17} \text{South} + \varepsilon$$

There are three independent variables of interest. First, I use a measure of the state policy regarding the eligibility of pregnant women not already caring for children. It is a well-established finding that early prenatal care (obstetrical care that begins in the first month of pregnancy) significantly reduces infant mortality (U.S. Department of Health and Human Services 2006). Improved access to prenatal care and targeting interventions to address smoking rates, mothers' nutrition, and medical imperatives that increase general morbidity maximize the impact of prenatal care (Alexander and Korenbrot 1995). A number of studies link persistent disparities in infant mortality to restricted access to prenatal care (American Medical Association 1990; Davis 1991; Creighton-Zollar 1993; Wise 2003; Garrett and Yemane 2006). Discrimination in medical practice, difficulties with transportation and child care, work-related issues, and domestic problems make it less likely that black women access or utilize prenatal care (American Medical Association 1990; Currie 1995; Edelman and Jones 2004; Garrett and Yemane 2006). My hypotheses regarding access to prenatal care are as follows:

H₁: State policies that afford pregnant women access to early prenatal care reduce infant mortality.

H₂: State policies that afford pregnant women access to early prenatal care reduce white infant mortality.

H₃: State policies that afford pregnant women access to early prenatal care reduce black infant mortality.

Second, I examine the impact of SCHIP plans on infant mortality. Scholars from various disciplines have referred to SCHIP as "the ultimate test of devolution" (Smith 1997; Goggin 1999). States determine the implementation of SCHIP coverage by

expanding their Medicaid program, creating or expanding a separate state program, or combining the two options to “fill the gap” in coverage for needy families. Medicaid and SCHIP have made significant progress in providing health coverage for children in low-income families (Mann, Rowland, and Garfield 2003). However, Shi, Oliver, and Huang (2000) show that SCHIP plans vary considerably in their implementation choices, strategic objectives, and performance measures, and Gold and Sonfield (2001) find tremendous inconsistencies among SCHIPs in the guarantee of information, confidentiality, and flexibility to choose providers that are critical elements of access. Recent evidence suggests that states are not designing or implementing SCHIPs in a manner responsive to need (Shi, Oliver, and Huang 2000). The racial makeup of the state, the state legislature, and the population of potential recipients affect the adoption and evolution of TANF policies (Soss et al. 2001). Research on the diffusion of SCHIP policies indicates that states respond to other states in the implementation of SCHIPs. States look to states that are ideologically similar (Grossback, Nicholson-Crotty, and Peterson 2004) and emulate states that show some evidence of policy success when making legislative changes to the nature of SCHIP implementation (Volden 2006). The administrative implementation of SCHIPs varies in important ways as well. Administrators in more comprehensive SCHIPs engage in more outreach and are more likely to increase enrollment (Nicholson-Crotty 2007). Shone et al. (2003) show that racial and ethnic health disparities persist despite the enrollment of substantial numbers of minority children in SCHIPs because programmatic efforts fail to ensure that equity in access, use, and outcomes are responsive to need. Moreover, high fees, co-pays, and premiums may continue to make access to adequate care unattainable for many (Currie,

Gruber, and Fischer 1995; Mann, Rowland, and Garfield 2003; Mullahy and Wolfe 2004; Levy and Sidel 2005), particularly for black women who are more likely to hold employment that does not offer health coverage and are often burdened with other barriers to continued care, such as lack of transportation (LaVeist, Keith, and Gutierrez 1995; Mann, Rowland, and Garfield 2003; Mikhail 2000; Wise 2003). As a result, less comprehensive coverage is likely to place black women at a greater disadvantage as continued care is more likely to be necessary but less likely to be available. My hypotheses regarding the type of plan and cost-sharing policies of SCHIPs are as follows:

H₄: The enactment of more comprehensive state plans decrease infant mortality.

H₅: The enactment of more comprehensive state plans decrease white infant mortality.

H₆: The enactment of more comprehensive state plans decrease black infant mortality.

The third variable of interest is poverty. I use the percentage of women 15-44 years old below the federal poverty level as a measure of the absolute material condition of women of childbearing age. A growing body of literature links income inequality and mortality (Daley et al. 1998; Lynch et al. 2001; Hales et al. 1999; Waldman 1992; Wennemo 1993; Holtgrave and Crosby 2003; McLaughlin and Stokes 2002; Lobmayer and Wilkinson 2002; Shi and Starfield 2001; Cooper et al. 2001; Deaton and Lubotsky 2003). Although many studies note the link between relative deprivation or relative income and health (Mellor and Milyo 2002), Finch (2003) finds that absolute material conditions are the most important determinants of infant mortality (see also Wagstaff and Doorslaer 2000; Lynch and Kaplan 2000). Blacks are many times more likely to be long-

term poor than whites and experience considerably less upward mobility (Corcoran 2001). Because poverty impacts nutrition, general morbidity, and access to medical care in the community (Alexander and Korenbrot 1995) and due to higher rates of poverty among black women, the black infant mortality rate is likely to be more vulnerable to the effects of poverty. My hypotheses regarding the impact of poverty among women of childbearing age are as follows:

H₇: Increasing rates of poverty among women of childbearing age increase infant mortality.

H₈: Increasing rates of poverty among women of childbearing age increase white infant mortality.

H₉: Increasing rates of poverty among women of childbearing age increase black infant mortality.

Several variables are included as controls as well. Infants weighing less than 2500 grams have a high risk of death and disability (Currie 1995; Luke et al. 1993). The proportion of low birth weight infants in the neonatal period is the major determinant of the magnitude of infant mortality (McCormick 1985).¹⁴ Black infants die at a rate more than two times that of whites and have more than three times the risk of being born low birth weight (Frisbie, Forbes, and Pullum 1996; Pamuk et al. 1998). Given the increased risk to black infants, it is expected that low birth weight might be a more significant predictor of black infant mortality than white infant mortality. However, the importance of the distribution of low birth weight and the proportion of the population of infants born less than normal weight (see Wilcox 2001) suggests that future research may benefit from

¹⁴ Impoverished women may also have a higher risk of having a low birth weight baby (McCormick 1985), but the data in this study shows no problematically high levels of multicollinearity.

the availability of data to examine the distribution of low birth weight among black and white infants. I expect that infant mortality will increase as the rate of low birth weight increases.

There is lower limit to the infant mortality rate. This means that there is an inherent rate of infant mortality that may remain unaffected by health care interventions. In effect, infant mortality rates are contingent upon and constrained by overall birth rates. Statistically, we can expect that higher birth rates produce higher potential for infant mortality. In addition, long-standing disparities in the black and white infant mortality rates set up a circumstance in which changes in the birth rate of one group may affect the infant mortality rate in the other group. In order to estimate comparable models, I separate black and white birth rates. Black and white birth rates control for the total rate of infant mortality possible for each group. I also estimate the impact of teen pregnancy on infant mortality to control for risk potential. Children born to teenage mothers have a significantly higher risk of death (Olausson, Cnattingius, and Haglund 1999; McCormick, Shapiro, and Starfield 1984; Klitsch 2003; Alan Guttmacher Institute 1984). It is also expected that higher rates of teen pregnancy increase infant mortality.

Health insurance coverage affects access to health care as well as how people use health care. The impact of having no health insurance may vary considerably by health service (Bernstein 1999). Uninsured women are likely to receive fewer prenatal care services and report greater difficulty obtaining care when they need it, compared to women with insurance (Bernstein 1999). Consequently, children born to women who are uninsured have a higher risk of death (Carrasquillo et al. 1999). The expansion of state programs to cover low-income pregnant women and their children have not lead to a

decline in the number of women who give birth with no health insurance, likely due to declines in private coverage generating increasing need (Thorpe 1999). In fact, insurance coverage for children has been declining since welfare reform due to significant declines in employer-based coverage, despite the implementation of SCHIPs (Angel, Frias, and Hill 2005). White women who are uninsured are more likely than black women to be absorbed by Medicaid (Bernstein 1999). Additionally, black children are 24 percent more likely to need coverage because their parents are less likely to have access to employer-based coverage (Garrett and Yemane 2006). It is expected that more uninsured women may increase infant mortality and that this effect may be more pronounced for black women.

I also control for welfare spending. Expenditures on maternal and child health programs are repeatedly shown to affect health outcomes (Currie, Gruber, and Fischer 1995; Currie 1995; Bird and Bauman 1998; Davis 1991; Goggin 1999; Gold and Sonfield 2001; Mann, Rowland, and Garfield 2003). Evidence also suggests that unemployment benefits, Social Security, and family benefits affect infant mortality (Wennemo 1993). Therefore, I use total welfare expenditures as a control for welfare spending, and it is expected that higher welfare spending will decrease infant mortality for all women. Some concern has been raised regarding reduced spending in areas with higher black populations (Bird and Bauman 1998; Schneider 1999). However, parsing out these differences would likely require a county or metropolitan area analysis.¹⁵

¹⁵ Wise (2003) points out the concern over the “social deregionalization” of prenatal intensive care services that are vital to the survival of very low birth weight infants away from areas where black populations tend to be higher; where there is greater need but inadequate funds. However, these questions require a different level of analysis and are beyond the scope of the current study.

Adequate prenatal care is defined as prenatal care that begins in the first trimester and continues post-partum (Kotelchuck 1994). Adequate prenatal care is also shown to reduce racial differences in birth outcomes (Alan Guttmacher Institute 1989; Wise 2003). It is expected that higher the percentage of women receiving adequate prenatal care will decrease infant mortality. There is considerable debate regarding race specific access (Davis 1991; Creighton-Zollar 1993; Jewell and Russell 2000; Hughes and Ng 2003; Garrett and Yemane 2006) versus utilization (Mikhail 2000; LaVeist, Keith, and Gutierrez 1995; Brown and Eisenberg 1995) of prenatal care in the literature. Although, much of the literature seems to indicate that black women are much less likely to receive adequate prenatal care due to inaccessibility or deficient utilization (Rosenberg 2003, 2004; Woolf et al. 2004). A simple difference of means test shows that black women are significantly more likely to receive late or no prenatal care. Because black women are significantly less likely to receive adequate prenatal care, the potential to improve birth outcomes through increased adequate prenatal care is statistically greater. It is expected smaller percentages of black women receiving adequate prenatal care increase black infant mortality. It is also expected that greater percentages of white women receiving adequate prenatal care decrease white infant mortality.

FIGURE 2.1: Two-Sample T-Test with Equal Variances

Difference between the percentage of women receiving late or no prenatal care for black and white women					
	Mean	paired t-test		Unpaired t-test	
		t-statistic	significance	t-statistic	significance
Percentage of black women receiving late or no prenatal care	27.03				
		39.85	0.01	27.35	0.01

Percentage of white women receiving late or no prenatal care	12.84				

Smoking during pregnancy is one of the most preventable factors related to birth outcomes. It has been estimated that if all pregnant women stopped smoking, infant mortality would decrease ten percent (Kleinman et al. 1988), and preventative measures have shown to be effective (Cnattingius and Nordstrom 1996). If preventative measures are consistently effective, the percentage of women in the state who smoke will have no significant effect on infant mortality because those women will have stopped during their pregnancy.¹⁶ However, if significant portions of the women who smoke continue to smoke during their pregnancy, it is expected that smoking will significantly increase infant mortality. The literature on the impact of smoking on race specific pregnancy outcomes is mixed (see Kleinman et al. 1988). There is no reason to assume that either group continues to smoke during pregnancy at a higher rate (Kleinman et al. 1988). Therefore, it is not expected that smoking will increase infant mortality for blacks or whites specifically.

Moderate alcohol use has not been shown to have a significant effect on birth outcomes (Kresmodel et al. 2002). However, the effect of alcohol abuse on birth outcomes is well established (Frohna, Lantz, and Pollack 1999; Krulewitch 2006). Previous abuse of alcohol is the strongest predictor of alcohol abuse during pregnancy (Chang et al. 2006), and self-reports of alcohol abuse by pregnant women tend to underestimate fetal exposure to alcohol (Alvik et al. 2006). Therefore, I use the

¹⁶ Data are only available on the percentage of women in the state who smoke. Data on women who smoke during their pregnancy are available in national survey statistics, such as the Pregnancy Risk Assessment Monitoring system, but would not be appropriate for cross-state comparisons.

percentage of women of childbearing age who drink five or more alcoholic drinks on more than one occasion as a measure of alcohol abuse. Data is only available on alcohol abuse among women in the state, so we do not know the portion of those women who continue to abuse alcohol during their pregnancy.¹⁷ To the extent that this variable captures alcohol abuse among pregnant women, it is expected that higher rates of alcohol abuse increase infant mortality. There is no reason to believe that any difference in alcohol abuse exists between black and white women (Krulwich 2006). Therefore, no differences are expected in this regard.

Genital infections, particularly Chlamydia and gonorrhea, are associated with adverse pregnancy outcomes (Rastogi et al. 1999; Donders et al. 1993; Gibbs et al. 1992). I use the rate of Chlamydia and gonorrhea infections as control for the risk genital infections pose to infant health. I expect that higher rates of genital infections increase infant mortality for all women. There is no evidence to suggest that higher rates exist among black or white pregnant women, so no differences are expected with respect to this variable.

Several studies note the relationship between low levels of education and adverse pregnancy outcomes (Luke et al. 1993; Bird and Bauman 1998; Cramer 1995; Levy and Sidel 2005). Disparities in education are also shown to magnify differences in infant mortality (Din-Dzietham and Piccioto 1998). I expect that higher rates of births to uneducated women increase infant mortality and that this relationship is magnified for black women.

¹⁷ Data are only available on the percentage of women in the state who abuse alcohol. Data on women who abuse alcohol during their pregnancy are available in national survey statistics, such as the Pregnancy Risk Assessment Monitoring system, but would not be appropriate for cross-state comparisons.

Twins, triplets, and higher order births increase the risk of adverse pregnancy outcomes (Luke and Keith 1992). I expect that higher rates of multiple births increase infant mortality. The increasing utilization of fertility treatments, which is highly concentrated among white women, is shown to increase the likelihood of multiple births (White 2006; Nakhuda and Sauer 2005). Therefore, higher rates of multiple births to white women might be expected to increase white infant mortality.

The greatest risk of violence against women occurs during pregnancy, and homicide is the leading cause of death for pregnant women (Morewitz 2004). The literature on the birth outcomes of women who experience intimate partner violence during pregnancy is somewhat mixed. Although some studies find that domestic violence has no significant effect on birth outcomes (Humphreys, Parker, and Campbell 2001; McFarlane, Parker, and Soeken 1996; Grimstad et al. 1997), a number of recent studies demonstrate the negative impact that domestic violence has on birth outcomes (Janssen, Holt, and Sugg 2003; Jejeebhoy 1998; Hollander 2004; Heath 2001; Morewitz 2004; Seng, Oakley, and Sampsel 2001; Valladares, Ellsberg, and Pena 2002; Rosenberg 2003a). I expect that higher rates of domestic violence will increase infant mortality, and although there are differences in rates of reporting domestic violence, there is no reason to believe that there is any difference between black and white women in this regard.

Health care in the south is notoriously poor. Several studies have noted the regional disparities in pregnancy outcomes related to inadequate health services in the south (Goldhagen et al. 2005; Morales et al. 2005). I expect that southern states are associated with higher infant mortality rates. Given the higher concentrations of black

folks in the south, it is expected that the impact of this regional disparity may be a more significant predictor of black infant mortality.

RESULTS AND DISCUSSION

The data utilized in this study consists of a panel of U.S. states from 1990 to 2003. Problems of multicollinearity are common to structural-level data, so it is necessary to check for collinearity (Long 1997; Beck and Katz 1995). Calculation of the Variance Inflation Factors (VIF) reveals no problematically high levels of multicollinearity. A Cook-Weisberg test for heteroskedasticity reveals a Chi^2 of 11.89 for the model of overall infant mortality and a Chi^2 of 6.34 for the model of white infant mortality with significance reaching the 0.01 level, indicating that a generalized least squares regression requires correction for heteroskedasticity. The Cook-Weisberg test for heteroskedasticity reveals a Chi^2 of 3.19 for the model of black infant mortality, with a significance reaching the 0.10 level, indicating correction for heteroskedasticity will be necessary for this model as well.

Panel data models estimate fixed or random effects models using dummy variables. In random effects estimation the dummies are considered a constant aspect of the error term, and the error variances vary across group and time (Greene 2003). Random effects are tested using the Lagrange multiplier (LM) test (Breusch and Pagan 1980). The LM test for each of the models is significant at the 0.01 probability level, indicating the random effects model is appropriate.

TABLE 2.1: Random Effects GLS with Panel Corrected Standard Errors of the Determinants of the Infant Mortality Rate (1990-2003)

Variable	Coefficient	Significance
Prenatal Care Policy	-0.039 (0.012)	***
SCHIP Plan	-0.177	***

	(0.035)	
Women in Poverty	0.062 (0.033)	***
Low Birth Weight	0.513 (0.040)	***
White Birth Rate	0.124 (0.025)	***
Black Birth Rate	0.050 (0.012)	***
Teen Pregnancy	0.022 (0.003)	***
Uninsured Women	-0.052 (0.011)	***
Welfare Expenditures	-0.0001 (0.025)	***
Adequate Prenatal Care	-0.019 (0.007)	**
Smoking	0.033 (0.048)	
Alcohol Abuse	-0.010 (0.059)	
Genital Infections	0.024 (0.001)	
Births to Uneducated Women	-0.037 (0.030)	
Multiple Births	0.080 (0.335)	
Domestic Violence	0.001 (0.001)	
South	0.368 (0.130)	
Constant	1.037 (1.935)	
Observations = 700 Groups = 50 Sigma_u = 0.405 Sigma_e = 0.880 Rho = 0.174 Wald Chi ² (17) = 463.92***		

Notes: Dependent variable is infant deaths per 1000 live births. Coefficients are linear regression coefficients. Standard errors are in parenthesis and are heteroskedastic panel corrected standard errors.

- * indicates significance at better than 0.05 (two-tailed test).
- ** indicates significance at better than 0.01 (two-tailed test).
- *** indicates significance at better than 0.001 (two-tailed test).

NOTE: analysis performed using STATA 9.0.

The results of the random effects generalized least squares regression with panel corrected standard errors show that each of the independent variables of interest is significantly related to overall infant mortality. The analysis reveals that prenatal care policies that afford women access to prenatal care in the early months of pregnancy decrease infant mortality. The results demonstrate that Medicaid expansions and SCHIPs have had a significant impact on infant mortality; more comprehensive state programs substantially decrease infant mortality. The model also shows that female poverty increases infant mortality.

This analysis also finds several of the controls to be significant predictors of overall infant mortality. As expected, higher rates of low birth weight babies increase infant mortality, and higher rate of both black and white births increase overall infant mortality. The model reveals that higher rates of teen pregnancy increase infant mortality, which is also consistent with my hypothesis. The effects of welfare expenditures and adequate prenatal care are statistically significant and consistent with my hypotheses as well. Higher welfare expenditures decrease infant mortality, and higher percentages of women receiving adequate prenatal care decrease infant mortality (although significance is limited to the 0.05 probability level). The impact of uninsured women is statistically significant but not in the predicted direction. The results suggest that higher percentages of uninsured women actually decrease infant mortality. This is a curious, unexpected finding that I will discuss in greater detail below.

The results of the random effects generalized least squares regression with panel corrected standard errors show that each of the independent variables of interest is significantly related to white infant mortality. The analysis reveals that access to prenatal

care in the earlier months of pregnancy decrease infant mortality. The results also demonstrate that Medicaid expansions and SCHIPs improve birth outcomes for whites; more comprehensive plans significantly decrease infant mortality. Female poverty is shown to be modestly significant as a predictor of white infant mortality (0.05 probability level). The relationship is in the predicted direction as well. Higher percentages of women in poverty increase white infant mortality.

This model finds several of the control variables significantly affect white infant mortality. Not surprisingly, the white birth rate is positively related to white infant mortality at a significance of 0.01, and the black birth rate is positively related to white infant mortality at the 0.05 probability level. Higher rates of teen pregnancy significantly increase white infant mortality, and higher welfare spending decreases infant mortality significantly. Adequate prenatal care is weakly significant as a predictor of white infant mortality. Higher percentages of women receiving adequate prenatal care significantly decrease infant mortality. The results also indicate moderate significance for the percentage of women who smoke as a predictor of white infant mortality. Higher rates of smoking among women increase white infant mortality (0.05 probability level). Genital infections are also shown to significantly increase white infant mortality.

TABLE 2.2: Random Effects GLS with Panel Corrected Standard Errors of the Determinants of the White Infant Mortality Rate (1990-2003)

Variable	Coefficient	Significance
Prenatal Care Policy	-0.024 (0.011)	***
SCHIP Plan	-0.176 (0.031)	***
Women in Poverty	0.055 (0.034)	**
Low Birth Weight	0.165 (0.037)	***
White Birth Rate	0.104	***

	(0.020)	
Black Birth Rate	0.022 (0.010)	**
Teen Pregnancy	0.015 (0.002)	***
Uninsured Women	0.003 (0.010)	
Welfare Expenditures	-0.00002 (0.020)	***
Adequate Prenatal Care	-0.010 (0.006)	*
Smoking	0.052 (0.038)	**
Alcohol Abuse	-0.055 (0.050)	
Genital Infections	0.001 (0.001)	***
Births to Uneducated Women	-0.042 (0.026)	
Multiple Births	0.091 (0.311)	
Domestic Violence	0.0001 (0.001)	
South	-0.179 (0.104)	
Constant	3.028 (1.610)	*
Observations = 700 Groups = 50 Sigma_u = 0.293 Sigma_e = 0.781 Rho = 0.123 Wald Chi ² (17) = 302.58***		

Notes: Dependent variable is deaths of white infants per 1000 live births of white children. Coefficients are linear regression coefficients. Standard errors are in parenthesis and are heteroskedastic panel corrected standard errors.

- * indicates significance at better than 0.05 (two-tailed test).
- ** indicates significance at better than 0.01 (two-tailed test).
- *** indicates significance at better than 0.001 (two-tailed test).

NOTE: analysis performed using STATA 9.0.

The results of the random effects generalized least squares regression with panel corrected standard errors indicates that two of the three independent variables of interest are significantly related to black infant mortality. The analysis reveals that Medicaid

expansions and SCHIPs significantly improve health outcomes; comprehensive state programs significantly decrease black infant mortality. Poverty among women is significantly impacts black infant mortality. Higher poverty among women significantly increases black infant mortality. However, state prenatal care policies do not significantly affect black infant mortality.

The analysis reveals that a number of the control variables are significant predictors of black infant mortality. As expected, higher rates of low birth weight babies significantly increase black infant mortality. Not surprisingly, both the white and black birth rates significantly impact black infant mortality in a positive direction. Higher teen pregnancy rates significantly increase black infant mortality. Greater welfare spending significantly decreases black infant mortality. Lower rates of adequate prenatal care increase black infant mortality rates at a level that is moderately significant (probability > 0.05). Domestic violence is also shown to be a significant predictor of black infant mortality, although the relationship is only modest (probability > 0.05). In addition, the percentage of uninsured women is a significant predictor of black infant mortality but not in the predicted direction.

TABLE 2.3: Random Effects GLS with Panel Corrected Standard Errors of the Determinants of the Black Infant Mortality Rate (1990-2003)

Variable	Coefficient	Significance
Prenatal Care Policy	-0.015 (0.025)	
SCHIP Plan	-0.408 (0.071)	***
Women in Poverty	0.176 (0.064)	***
Low Birth Weight	0.421 (0.084)	***
White Birth Rate	0.194 (0.045)	***
Black Birth Rate	0.112	***

	(0.024)	
Teen Pregnancy	0.023 (0.005)	***
Uninsured Women	-0.137 (0.024)	***
Welfare Expenditures	-0.0001 (0.00002)	***
Adequate Prenatal Care	-0.019 (0.014)	**
Smoking	0.104 (0.092)	
Alcohol Abuse	0.162 (0.136)	
Genital Infections	0.001 (0.001)	
Births to Uneducated Women	-0.007 (0.058)	
Multiple Births	0.753 (0.739)	
Domestic Violence	0.003 (0.002)	**
South	-0.179 (0.238)	
Constant	3.028 (4.380)	
Observations = 700 Groups = 50 Sigma_u = 0.670 Sigma_e = 1.863 Rho = 0.115 Wald Chi ² (17) = 238.46***		

Notes: Dependent variable is deaths of black infants per 1000 live births of black children. Coefficients are linear regression coefficients. Standard errors are in parenthesis and are heteroskedastic panel corrected standard errors.

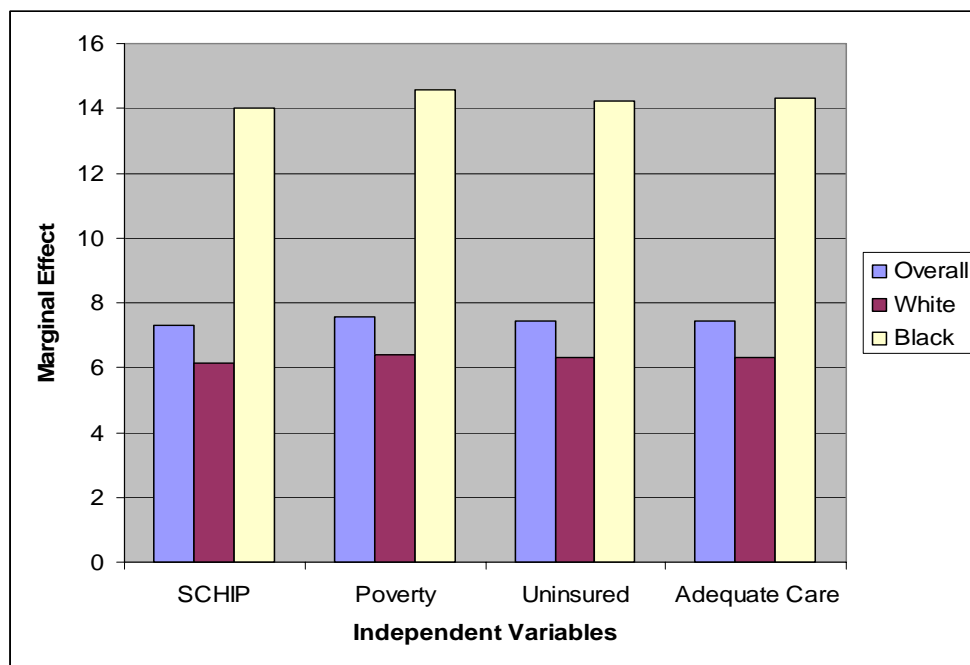
- * indicates significance at better than 0.05 (two-tailed test).
- ** indicates significance at better than 0.01 (two-tailed test).
- *** indicates significance at better than 0.001 (two-tailed test).

NOTE: analysis performed using STATA 9.0.

Figure 2.2 demonstrates the relative impact of the independent variables that significantly affect birth outcomes across the three models. Several things are evident. First, reducing the rate of poverty among black women has considerable potential to lower both the black infant mortality rate and the overall infant mortality rate. Second,

SCHIPs can substantially improve the black infant mortality rate as well as the overall infant mortality rate, particularly as more women are uninsured. Most importantly, this comparison shows that the most effective way to significantly reduce the overall infant mortality rate is to improve the survival rate of black infants.

FIGURE 2.2: Marginal Impact of Significant Independent Variables Affecting Birth Outcomes Compared Across the Three Models



Notes: Marginal effects are the partial derivatives. They are essentially the “real” values of the variables, allowing for the comparison of the relative impact both within and across models. They were calculated at the means of the independent variables using the full model.

There are a few results that require more discussion. A number of differences between the models of black and white infant mortality are of note. The removal of barriers to access to prenatal care that has occurred since the enactment of title XXI of the Social Security Act has benefited whites but has had no significant effect on blacks. The analysis of white infant mortality rates reveals some potential to affect lower infant

mortality for whites by lowering the rates of smoking and genital infections. The analysis of black infant mortality rates suggests that affecting the exposure of women to violence is likely to improve birth outcomes for blacks. The unexpected finding regarding uninsured women appears to be most relevant to black infant mortality rates. Taken together, these models indicate the significant negative effect of uninsured women on overall infant mortality results from the contribution to the considerably higher black infant mortality rate. Considering that the gap in black and white infant mortality rates continues to increase, future research may explore differences in who remains uninsured and if this relationship can be better understood at the local level where services that are vital to neonatal survival vary in important ways.

SUMMARY

The purpose of this evaluation is to identify health policy interventions that improve key goals of social policy. This study of state maternal and child health policy reveals a direct relationship between state policies and programs and child well-being. In addition, this analysis demonstrates the crucial role of social policy in affecting health disparities, and the significant potential for improving overall child well-being by minimizing inequities in health. Existing literature overlooks the effect of SCHIP plans and implementation on pregnancy outcomes. I address a gap in the literature by assessing the direct effect of state policies related to child well-being as a function of infant mortality. In this test case, I find that comprehensive SCHIP plans and policies that provide access to early prenatal care decrease infant mortality rates. I also show that differences in utilization may partially account for the gap in infant mortality rates between blacks and whites. This paper demonstrates that higher black infant mortality

rates may be explained by differences in utilization and exposure to violence.

Medicaid expansions and state programs have made substantial contributions to child well-being. However, declining state revenues may put these programs at risk in some states, particularly if the federal matching rate is decreased or eliminated. This analysis indicates that there are a few areas in which resources might be specifically targeted. Mitigating the effects of violence through prevention, diagnosis, and treatment efforts is likely to have a number of benefits to maternal and child health that would minimize the gap between black and white infant mortality, such as improving the utilization of prenatal care, decreasing stress associated with preterm birth, and preventing stillbirth (Wise 2003). Likewise, white infant mortality rates may be further lowered measures to decrease the rates of smoking and genital infections.

Poverty among women has a demonstrable effect on infant mortality. This analysis shows that it is not even necessary to consider relative deprivation or income inequality. The absolute material conditions of women are enough to affect child well-being. Insuring a minimal level of material well-being affects child health and subsequently benefits all of society. Children born with serious health problems significantly affect the work of parents, particularly fathers (Noonan, Reichman, and Corman 2005). Socioeconomic gradients in health and mortality threaten the prosperity of developed nations, and ill health can exacerbate poverty globally (Braveman and Gruskin 2003). Low income limits choice, militates against desirable changes in behavior, and restricts access to higher quality care. Programs that benefit pregnant women benefit children and ultimately contribute to greater prosperity.

CHAPTER 3

SOCIAL INEQUALITY: WORKFARE AND THE MARGINALIZATION OF WOMEN

Women have made tremendous progress with respect to economic and social status in the U.S., but it is clear that women fare better in some states over others. Although the female-male wage parity has decreased, the typical full-time female worker still makes less than the typical full-time male worker in every state in the U.S. (Hartmann et al. 2006). Poverty among women increased or did not make significant gains in 30 states in the U.S. since 1995 (Hartmann et al. 2006). Moreover, the share of women without health insurance has increased in 43 states since 2002 despite the increasing workforce participation of women, indicating that women are not accessing better quality jobs (Hartmann et al. 2006).

Women's poverty links women, the state, and the meaning of citizenship (Katz 1995). Welfare reform made citizens a party in negotiations in which the most effected were excluded from participation (Schram 2000). The transformation of the welfare state to workfare denotes a reallocation of values, replacing social commitments with market exchanges. Fundamental changes to welfare capitalism and social citizenship make rights contingent upon obligations, changing social citizenship from status to contract. Active labor market strategies like "Workfare" and "Activation" change the legal/political status of citizenship from one in which there are concrete, positive legal entitlements to an obligatory, exclusionary contract, involving moral judgments regarding race, ethnicity, gender, family responsibilities, sexuality, and deviance.¹⁸ Welfare reform rhetoric presumes that wage labor is the only proof of personal responsibility, now a

¹⁸ See Katz (1989, 1996, 2001) for analyses of the Anglo-American concept of the "undeserving poor".

prerequisite for first-class citizenship. Reforms such as “Activation,” “Workfare,” “Learnfare,” “Wedfare,” or “Bridfare” attempt to define social integration wholly in terms of labor market participation. Workfare values are dominated by a market logic that excludes the value of domestic productivity. Policy decisions that fail to extend rights to those who do not participate in financial markets systematically condemn excluded groups to a permanently disadvantaged position in society.

Kilty (2006a, 2006b) contends that, despite the rhetoric, welfare reform has nothing to do with poverty or its eradication. Recent research on welfare reform and social status inequality show that welfare reform significantly disadvantages those that are most in need of assistance (George 2006), and welfare reform fails to improve the living conditions of most of the families affected by the reforms (Loprest 2002). Welfare reform stigmatizes single mothers as "deviants" to enforce work in low-paying, “women’s” jobs (Abramovitz 2006; Miller 1990). Baden and Milward (2000) point out the need and opportunity to examine gender-specific dimensions of poverty and deprivation through vulnerability, and a number of works articulate convincing arguments that workfare enforces work to maintain a low-wage labor poor, expanding an increasingly marginalized contingent workforce (Abramovitz 2006; Miller 1990; Peck 2001). However, empirical support for claims that workfare contributes to the increasing poverty of marginalized groups is largely absent from the literature.

I argue that workfare increases the percentage of women in poverty and that the market does not provide opportunities for women living in poverty the opportunity to move out of poverty. I also argue that child support enforcement provides women living in poverty the support necessary for self-determination. The setting for this study on the

impact of welfare and devolution on the status of women in the fifty states from 1990 to 2003.

This chapter proceeds as follows. First, I outline the theory of the feminization of poverty and the role of social policy in entrenching poverty among women. Second, I describe the state policy choices that affect the status of women. Third, I test several hypotheses developed from the theory of the feminization of poverty by analyzing data from the American states from 1990 through 2003. Last, I discuss the implications of policy choices that marginalize women.

THEORY

The feminization of poverty refers to three distinct poverty trends: (1) the higher incidence of poverty among women, (2) that women are more likely to experience more severe poverty, and (3) that poverty among women is more persistent as women are at greater risk of being long-term poor (see Pearce 1978; McLanahan, Sorenson, and Watson 1989; Heymann 2000). The unequal state of men's and women's poverty rates and the processes by which the women's risk of poverty increasingly exceeds the poverty risk of men is also reflected in the gender poverty gap, which is the difference in current dollars necessary to move out of poverty. The feminization of poverty could be applied to almost any period in history except for major depressions when large numbers of men also found themselves out of work, but the prominence of poverty among women as a social issue results from the interaction of women's real poverty with modern feminism and public policy (Katz 1995). Miller (1990) contends that the interpretation of the problem of the "feminization of poverty" resulting from low pay in the labor market, low welfare payments, lack of child support enforcement, discrimination in the job market,

and the welfare system itself has been to blame the rise of single-parent families, making it society's goal to restore the traditional family. The response to this social issue and the shifting status of women by "New Right" theorists were claims that anti-poverty programs sap the authority of the male breadwinner and encourage feminism, leading to the moral corruption of society (see Gilder 1981; Murray 1982).

The percentage of women in poverty continues to increase (see Heymann 2000). In fact, Citro and Michael (1995) claim that the problem is understated as taxes become increasingly regressive, and the disproportionate effect on the poor is not reflected in poverty estimates because the official poverty line of the U.S. government is based on gross earnings. Despite Nye's (2002) claim that the relative quality differential makes the poor better-off than they have been in the past, the poor are in fact much worse off relative to the average because living standards have increased dramatically while poverty thresholds still assume that total need is only three times the basic food needs. Consequently, the average family may be able to buy shrimp as its increased quantity brings the price down, but poor families often cannot choose to buy the more "affordable" shrimp because the cost of housing, transportation, and child care continue to rise but their wages in real dollars do not. This is especially true for poor women who are significantly more likely to be caring for dependents, both children and elderly parents (see Heymann 2000). About 90 percent of single parents are women, and a considerable portion of the pay gap between women and men is connected to the caregiving roles of women (Heymann 2000).

Historically, workfare programs have operated in a systematic manner to entrench and widen social divides (Rose 1995). Social divides are exploited in the ongoing process

of social regulation by which the state shapes patterns of inclusion and exclusion. The boundary between welfare and work is socially constructed and reconstructed, and the state plays a central role in shaping patterns of labor-market inclusion and exclusion among different social groups (Peck 1996). Welfare serves to stigmatize women, keep them poor, and blame them for their condition, and welfare reforms based on traditional, gendered assumptions are likely to continue to inhibit the self-sufficiency of women (Miller 1990).

Inequalities in socioeconomic outcomes are inextricably linked to the process of labor regulation under workfare. It is important to note that workfare strategies are economically contingent but not necessarily economically determined. Work-first programs constitute a forced-labor supply for jobs in the lowest reaches of the labor market, slowing pay growth and limiting job quality (Peck 2001). Labor market inequalities are mirrored and often amplified by active labor market strategies while equating the fate of the disadvantaged to individual failure (Peck 2001; see also Piven and Cloward 1993; Katz 1989).

WELFARE REFORM AND THE DEVOLUTION OF SOCIAL POLICY

The enactment of the Personal Responsibility and Work Reconciliation Act of 1996 replaced Aid to Families with Dependent Children (AFDC), the JOBS program, and the emergency assistance (EA) program with the Temporary Assistance for Needy Families (TANF) block grant. Welfare reform placed lifetime limits on federally-funded assistance, capped the annual federal contribution, upheld a “Maintenance of Effort” (MOE) requirement, and devolved responsibility, and to a lesser extent authority, for social policy to states. The statutory purposes of TANF are as follows: (1) provide

assistance to needy families so that children can be cared for in the home; (2) end “welfare dependence” by promoting job preparation, work, and marriage; (3) prevent and reduce the incidence of out-of-wedlock pregnancies; and (4) encourage the formation and maintenance of two-parent families. TANF gives states considerable discretion in policy design and spending decisions. States are only restricted in that they must show how the program supports one of the four statutory purposes of TANF.

The Child Support Enforcement Act became a new part of Part D of Title IV of the Social Security Act in 1975, commonly referred to as IV-D. The act was amended by the Child Support Enforcement Amendments of 1984 and again by the Family Support Act of 1988. It promised to locate absent parents and obtain support from them. The Child Support Enforcement program of the 1996 legislation increased the level of child support that could be required of absent parents. The program requires states to provide assistance in locating absent parents, establishing paternity, establishment and enforcement of child support obligations, and the collection of support payments. The Family Support Act also provides for immediate withholding of wages even in the absence of arrearage unless the court finds good cause. The Family Support Act under AFDC upheld a \$50 disregard of child support payments in the calculation of benefits only if such payments were made on time. Miller (1990) demonstrates that child support enforcement by states under AFDC yielded the following results: (1) states have been slow in establishing paternity and obtaining support orders; (2) an inability to address the lack of parenting - "women appear to be as upset about fathers' lack of parenting as they are about their failure to pay support" (p. 82); (3) collections did not exceed administrative costs as of 1985; and (4) a lack of adequate tracking and monitoring of

interstate cases exists.

The Family Support Act under TANF is designed to establish the right of a child to support from both parents and to reduce and recover welfare costs. The Uniform Interstate Family Support Act (UIFSA) offers the following guiding principles (see National Conference of Commissioners on Uniform State Laws 1996): (1) it is the legal duty of both parents to support their children; (2) residing in a single-parent home should not lower a child's standard of living; (3) paternity is the first step in the process of establishing support; (4) parental responsibility and family independence are keys to the long-term prosperity of children; (5) collection of court ordered child support reduces the financial burden on the state. Each state is required to have a child support enforcement agency with the authority to establish paternity, enforce child support court orders, and collect the court awarded support. The state child support enforcement agency is responsible for the following aspects of the IV-D program: (1) monitoring child support awards for compliance; (2) initiating court-based enforcement actions such as income withholdings and contempt applications; (3) reviewing financial support orders and initiating modifications when the order deviates substantially from the state guidelines; (4) serving as a clerk of the court in interstate child support actions; and (5) use of the program is not mandatory. Services provided by state agencies include parent-locating services, genetic testing to establish paternity, child support order establishment and modification, medical support, wages withholding, computerized accounting and billing, and the interception of federal and state income tax refunds. An application fee may be charged and potentially waived at the discretion of the state. The state child support enforcement agency does not handle problems related to divorce, property settlement,

visitation, or custody, and the agency generally will not take action unless the non-custodial parent is 30 days late in the payment of support. States retain ultimate authority over disregard policies, and states vary widely with respect to their treatment of child support disregards.

RESEARCH DESIGN

This study investigates the impact of welfare reform on poverty among women. The family ethic underlying welfare reform is an ideology that helps maintain the gendered division of labor in the home and in the marketplace, whereby women do most of the work that is undervalued. Women deemed “deviants” by the social welfare system are subordinated and stigmatized by policies that enforce work and conformity to traditional gender roles (Abramovitz 1988, 2006). Service sector industries seek to increase the size of their labor force and decrease wages to increase profits, relying on a vast supply of workers involved in non-market institutions. As a result, poverty among women is central to retaining a large contingent labor force for the continued expansion of this sector of the economy (Katz 1989). To better understand the role of welfare reform in the increasing poverty among women, the dependent variable in this analysis is the percentage of women 15-44 years old below the federal poverty level.

There are four independent variables of interest. First, I use a dummy variable to signify the enactment of workfare policies. Welfare reform and workfare rhetoric presumes that wage labor is the only proof of personal responsibility (Brush 2006) and that work builds character and discharges social obligations regardless of the quality of

the job or the pay (see Katz 1989). The work-first provisions of welfare reform serve to enforce work and maintain a low-wage labor pool at the mercy of market shifts (Peck 2001; Katz 1989; Piven and Cloward 1993, 1997, 2002; Abramovitz 2006). Work-first strategies tend to privilege the initial transition into the job market, and most former welfare recipients remain trapped between low-paid, contingent employment and returning to welfare (see Handler 1995; Loprest 2002). Furthermore, workfare further binds women to traditional, gendered roles by failing to account for the extent to which the working lives of women are tied to their home and family responsibilities (see Needleman and Nelson 1988; Heymann 2000). My hypothesis regarding the impact of workfare on poverty among women is as follows:

H₁: The enactment of workfare significantly contributes to increasing poverty among women.

Second, I examine the impact of state programs that provide additional cash assistance through segregated, state-only funds. Separate state services providing cash assistance for welfare recipients to supplement the low wages of working families, to allow recipients to continue their education, who are minor parents, who are domestic violence victims with children, or persons participating in subsidized employment. Benefits to the poor have been shown to significantly reduce poverty (see Porter and Dupree 2001) and providing support for families to increase human capital improves their position in the labor market, increasing their probability of success as well as their children's educational attainment (Haveman and Wolfe 1995; Telleen and Sayad 2002; Schultz 1993). My hypothesis regarding state services is follows:

H₂: State services providing additional cash assistance decrease poverty among women.

The third variable of interest is education/job training. Acquiring knowledge can improve the quality of life, and human capital investments have a high rate of return (Schultz 1993). Those with the greatest risk of becoming poor despite work effort are those with the least human capital, particularly those without a high school education (U.S. Department of Health and Human Services 2001). Further, post-secondary education has positive impacts on earnings and employment stability (Strawn and Martinson 2000; Gittell et al. 1996; Gittell, Schehl, and Fareri 1990). However, educational attainment declined under workfare's work-first policies (Institute for Women's Policy Research 2003). The emphasis of workfare is on obtaining work regardless of the quality or pay, with limited weeks in training programs counting toward the work requirement and a great deal of variation across states (Telleen and Sayad 2002). Occupational segregation persists despite the significant interest of women in less traditional employment and training opportunities (Needleman and Nelson 1988; Peck 2001; Negrey et al. 2001). Furthermore, poor women are not perceived as having the markers of official knowledge and are therefore denied voice in both training and work (Riemer 2001). My hypothesis regarding the impact of education/training programs is as follows:

H₃: If education/job training programs are providing access to higher education and/or training for employment in better quality jobs, education/job training is expected to significantly improve poverty among women.

The fourth variable of interest is child support enforcement. The financial contribution of fathers is crucial to lifting low-income women out of poverty (Telleen and Sayad 2002). Miller (1990) demonstrates that the lack of child support payments results in poverty for many women and children. For example, about one third of divorced and separated women who did not receive their child support were below the poverty level, compared to only twelve percent of women who received such support in 1981 (see Weitzman 1988). Congressional concern over child support enforcement began with growing numbers of women and children on welfare in the 1950s and 1960s, but interstate coordination to “recoup welfare costs” was not a priority until the Family Support Act of 1996 (Telleen and Sayad 2002). Devolution allows states considerable discretion regarding child support disregards, and states vary substantially in their treatment of child support disregards. Under AFDC, there was an automatic minimum of at least 50 dollars worth of income that was disregarded in the determination of benefits eligibility. Under devolution, states may choose to either increase or decrease their disregard. State child support enforcement agencies that increase the portion of the child support disregard in the determination of benefits eligibility do not further penalize women who may already suffer from delinquent child support payments. On the other hand, several states chose lower than the previous federal standard or no child support disregard in the determination of benefits. My hypothesis regarding the effect of changes to child support enforcement is as follows:

H₄: States with a larger portion of child support payments disregarded in eligibility and benefit calculation decrease poverty among women.

Several variables are included as controls as well. First, I include a control for the work force participation of women. Employers rate welfare recipients as performing as well or better than other employees (Holzer, Stoll, and Wissoker 2004). Although those with multiple barriers to work tend to work less (Danziger et al. 2000; Zedlewski and Loprest 2001), only about 20 percent of welfare leavers never find work (Martinson 2000). Yet, overall jobs and jobholding is unstable, and the majority of “welfare leavers” get jobs with low wages and no benefits (Loprest 2001; U.S. Department of Health and Human Services 2001). In addition, wages decrease as the percentage of women within an occupation increases (Institute for Women’s Policy Research 1999). For example, median weekly earnings for cashiers, retail sales, and hairdressers ranged between \$275 and \$340, while median weekly earnings for construction workers and mechanics were \$475 and \$627 respectively (see Negrey et al. 2001). Fifty-five percent of all women work in female-dominated jobs, while only 8.5 percent of all men work such jobs, but men who work in female-dominated jobs earn approximately 20 percent more than women in the same jobs (Institute for Women’s Policy Research 1999). Workfare programs do nothing to change the societal patterns of women’s employment, preparing women for low-paying, dead-end “women’s” work in sales, clerical, factory, and service industries (Peck 2001). Thus, it is expected that the increasing working rates of women will not significantly impact poverty among women.

The percentage of households in the state headed by women is also used as a control. On the whole, female-headed households may face greater difficulties accessing the labor market, credit, housing and basic services, and may face considerable discrimination, as well as the difficulty of combining income earning with household

management and child rearing without much support (Heymann 2000). However, the notion that unmarried women with children comprise the core of a self-perpetuating “underclass” is a common stereotype. The misconception that female-headed households *cause* poverty belies the fact that many women bare the full responsibility for caregiving without adequate resources (Katz 1989). Further, female-headed households are a heterogeneous category that may include relatively well-off women (Baden and Milward 2000). In fact, women may be significantly better off outside of the traditional household, depending on the division of goods and security within the family (see Abramovitz 1988, 2006; Peck 2001; Brush 2006). The interpretation of the problem of the “feminization of poverty” resulting from low pay, low welfare benefits, lack of child support enforcement, and discrimination in the job market has been to blame the rise of single-parent families (Miller 1990; Abramovitz 2006). However, it is expected that the percentage of households headed by women will not significantly impact poverty among women.

There are three economic indicators included as controls. First, the overall poverty rate controls for the extent to which poverty is a reflection of general market conditions. It is expected that higher overall poverty will contribute to higher poverty among women as they bare greater risk in market shifts. Second, living standards as measure by the per capita income divided by the cost of living is used to control for the relative standard of living in the state. It is expected that the actual living standards in the state decrease poverty among women. Third, because regressive taxation disparately impacts the poor as it accounts for a greater portion of the budget of the poor and because the income of female households have been shown to be biased toward nutrition (see

Chant 1995), states that have a specific tax on food are expected to increase poverty among women.¹⁹

There are two education-related indicators. First, the high school graduation rate is used to control the level of education in the labor supply. Those with less than a high school education are at the greatest risk of poverty, despite their work effort (U.S. Department of Health and Human Services 2001). It is expected that higher graduation rates decrease poverty among women. Second, the percentage of births to women with less than 12 years of education is used to control for the extent to which women with lesser means have caregiving responsibilities that restrict their already limited budgets. It is expected that uneducated women with children comprise a significant portion of women in poverty.

The dual nature of the welfare state generates a marked divide between the stream of entitlements-based, nonmeans-tested assistance of social security that men tend to benefit more from and the means-tested and stigmatized sources of assistance like AFDC/TANF that women are more likely to benefit from (Peck 2001). The percentage of the Gross Domestic Product (GDP) spent on nonmeans-tested relief like Medicaid has increased substantially, while the percentage of the GDP spent on welfare assistance for the “undeserving” has consistently decreased for the past 25 years (see Steuerle and Mermin 1997). If TANF offers temporary assistance for working families who eventually secure self-sufficiency through the labor market, welfare spending is effectively a safety net with tremendous potential to shelter women from poverty, as women are the most likely caregivers. However, TANF is designed to incentivize work by making assistance

¹⁹ Although, it is important to note that current measures of poverty are based on gross earnings, and the effect of taxation may not be gleaned from this study.

a less viable alternative (Zedlewski and Loprest 2001), resulting in transfers that maintain poverty (Peck 2001; Kilty 2006a, 2006b). Welfare reform has nothing to do with poverty reduction (see Kilty 2006a, 2006b) and simply creates a persistently insecure contingent labor supply while simultaneously removing the means of insurance from an unstable labor market (see Peck 2001). Therefore, welfare spending is not expected to impact poverty among women.

Finally, I control for domestic violence. Battered women on welfare experience much more difficulty complying with work requirements (Lyon 2000). Brush (2006) notes the paradox of “safety through self-sufficiency” for battered women. Work requirements, a central feature of welfare reform, enforce participation by women in the labor force. However, a battered woman is at increased risk of domestic violence when she approaches self-sufficiency (see also Bachman and Saltzman 1995; Fox and Zawitz 2001; Hardesty 2002). Yet, state policies regarding hardship exemptions for domestic violence vary widely. Given the considerable difficulties faced by battered women and the general contraction of social services for women, it is expected that higher rates of domestic violence increase poverty among women. The specifications for the model is as follows:

$$\text{Women in Poverty} = \beta_0 + \beta_1 \text{Workfare} + \beta_2 \text{State Services} + \beta_3 \text{Education/Job Training} + \beta_4 \text{Child Support Enforcement} + \beta_5 \text{Overall Poverty Rate} + \beta_6 \text{Female Work Force} + \beta_7 \text{Births to Uneducated Mothers} + \beta_8 \text{Female-Headed Households} + \beta_9 \text{High School Education} + \beta_{10} \text{Regressive Taxes} + \beta_{11} \text{Welfare Spending} + \beta_{12} \text{Domestic Violence} + \beta_{13} \text{Living Standards} + \varepsilon$$

RESULTS AND DISCUSSION

The data utilized in this study consists of a panel of U.S. states from 1990 to 2003. Problems of multicollinearity are common to structural-level data, so it is necessary

to check for collinearity (Long 1997; Beck and Katz 1995). Calculation of the Variance Inflation Factors (VIF) reveals no problematically high levels of multicollinearity. A Cook-Weisberg test for heteroskedasticity reveals a Chi^2 of 32.27 with significance reaching the 0.01 level, indicating that a generalized least squares regression requires correction for heteroskedasticity.

Panel data models estimate fixed or random effects models using dummy variables. In random effects estimation the dummies are considered a constant aspect of the error term, and the error variances vary across group and time (Greene 2003). Random effects are tested using the Lagrange multiplier (LM) test (Breusch and Pagan 1980). The LM test for each of the models is significant at the 0.01 probability level, indicating the random effects model is appropriate.

TABLE 3.1: Random Effects GLS with Panel Corrected Standard Errors of the Determinants of Poverty Among Women (1990-2003)

Variable	Coefficient	Significance
Workfare	0.247 (0.115)	**
State Services	-0.275 (0.107)	**
Education/Job Training	-0.123 (0.137)	
Child Support Enforcement	-0.005 (0.002)	**
Female Work Force	-0.002 (0.001)	
Female-Headed Households	0.014 (0.057)	
Overall Poverty Rate	0.033 (0.019)	**
Births to Uneducated Women	0.348 (0.028)	***
High School Education	0.007 (0.009)	
Welfare Spending	0.011 (0.021)	
Regressive Taxation	0.146	

	(0.102)	
Living Standards	-0.003 (0.001)	**
Domestic Violence	0.361 (0.172)	***
Constant	6.681 (1.317)	***
Observations = 700 Groups = 50 Sigma_u = 0.259 Sigma_e = 1.032 Rho = 0.059 Wald Chi ² (13) = 190.59***		

Notes: Dependent variable is infant deaths per 1000 live births. Coefficients are linear regression coefficients. Standard errors are in parenthesis and are heteroskedastic panel corrected standard errors.

- * indicates significance at better than 0.05 (two-tailed test).
- ** indicates significance at better than 0.01 (two-tailed test).
- *** indicates significance at better than 0.001 (two-tailed test).

NOTE: analysis performed using STATA 9.0.

The results of the random effects generalized least squares regression with panel corrected standard errors show that workfare significantly contributes to increasing poverty among women. The analysis reveals that state services providing additional cash assistance significantly lower poverty among women. The results demonstrate that education/job training programs do not have a significant impact on poverty among women. The model also shows that child support enforcement significantly lowers women's poverty.

The educational attainment of single parents declined under workfare, particularly low-income single parents who now have significantly less access to post-secondary education (Institute for Women's Policy Research 2003). A number of work-first administrative rules make education less accessible. First, many states do not allow education or job training activities to count as work. Second, some states enforce a 30 percent cap on the number of recipients allowed to count education and training activities

as work. Third, Independent Development Accounts (IDAs) often cannot be accessed to support post-secondary education. Fourth, only a very small portion of the budget is reserved for education/job training. It is unclear from this study if human capital investments have not reached the necessary threshold (see Bowles, Durlauf, and Hoff 2006) or if such programs are unsuccessful at reducing poverty among women because they do not capitalize on the knowledge, skills, and needs women bring to the training (see Needleman and Nelson 1988). Future research may examine variations in the strategies and spending related to education/job training across states.

This analysis also finds several of the controls to be significant predictors of poverty among women. Not surprisingly, the overall poverty rate and the living standards in the state significantly impact women's poverty in the predicted directions. As the overall poverty rate increases, poverty among women increases, and as the standard of living in the state increases, poverty among women decreases. Births to uneducated mothers increases women's poverty as expected, but the high school graduation rate is not shown to be a significant factor in women's poverty; another indication of the importance of post-secondary education. In addition, the prevalence of domestic violence impacts poverty among women. Women's poverty increases as the incidence of domestic violence increases.

There are two insignificant findings that are of note. First, the labor force participation of women is not shown to be a significant factor in women's poverty. The labor market is not providing adequate means for self-sufficiency for women. As the poverty gap widens, the market appears to be an unlikely source of independence for

many women. Second, the percentage of households headed by women is not shown to be significantly related to women's poverty.

SUMMARY

The purpose of this evaluation is to understand the role of state policy choices in the feminization of poverty. State policies that penalize women not only affect women; they affect the children and elderly likely in their care as well. This study of the feminization of poverty demonstrates that state social policies that penalize "deviant" women increase poverty among women. Existing literature overlooks effect of workfare policies and devolution on poverty among women. I address a gap in the literature by assessing the direct effect of workfare policies on women's poverty. In this test case, I find that the enactment of workfare generates increasing poverty among women. I show that state services to provide cash assistance can lower poverty among women. This paper also demonstrates that child support enforcement can lower poverty among women. This analysis shows that workfare has a demonstrable effect on poverty among women. The enactment of workfare marginalizes women. States may be able to mitigate this effect to the extent that budgets allow, and child support enforcement that does not further penalize women for unpaid child support improves the ability of women to move out of poverty. As the poverty gap widens, the capacity for women to improve their status is increasingly subject to workfare policies designed to serve employers. Women are not afforded education or training opportunities that may help move them out of poverty. Work-first strategies push women into a labor market that fails to offer jobs that allow for self-sufficiency and are increasingly unstable, despite their work effort. Women marginalized by these market and social conditions may have caregiving responsibilities

(particularly for minor children but also for elderly parents) that increase their accumulating burdens. Additionally, domestic violence remains a paradoxical problem for many marginalized women (and the children they may take care of). Self-sufficiency is a necessary but not sufficient condition for escaping a violent relationship, but there is an increasing risk of violence as battered women become more independent (see Brush 2006).

CONCLUSION

The primary objective of this dissertation is to focus attention on ethically defensible anti-poverty policy and provide scientific evidence regarding choices in the design of social policy that result in more effectual public policy. A secondary goal of this project is to attempt to move social policy, particularly anti-poverty policy, to an arena in which learning is more likely to occur. Moving social policy discourse from the degenerative politics context where issues tend to be divisive and negative constructions dominate and permit issues to be used for political gain to the scientific or professional arena where networks tend to dominate the framing of issues and outcomes but learning can become more relevant after a tipping point has been reached makes more effectual policy a greater possibility (see Schneider and Ingram 2005).

Vast inequality undermines prosperity and is ethically indefensible. Policies can and should be designed to achieve the balanced goals of equity, efficiency, security, and liberty (Stone 1997). The patterns in the accumulation of benefits and burdens identified in this research have implications for all three dimensions of power defined by Gaventa (1980): (1) diminished liberty and control of the “other” through superior bargaining resources; (2) barriers against participation; and (3) disparities in influence regarding the consciousness about inequalities. The implications of such discrepancies in power are considerable. As Schneider and Ingram (2005) explain, policy that grants benefits to the powerful and well regarded provide increasing returns to the point that they become oversubscribed. When policy also punishes or disciplines deviant groups, there are increasing returns to the point of ineffectiveness or inefficiency. Alternatives are resisted as the public is reluctant to do “good” things for “bad” people. The result is that

institutions become “sticky” and unresponsive to changes in policy inputs. In a degenerative politics context, the risk is that institutions can become rigid and subject to failure. Oversubscribed benefits to advantaged groups may reconstruct the advantaged to “greedy” or “wasteful” conceptions, moving them to the contender category. Because benefits to contenders are risky, policy often becomes complex, convoluted, or even deceptive. Therefore, even if change does occur within the degenerative politics context, trust in institutions may be further undermined when the true intention and consequences of policy are revealed. This is particularly troubling given the concern many have regarding the declining state of social capital in the U.S. (see Putnam 2000; Verba, Schlozman, and Brady 1995; Burns, Schlozman, and Verba 2001; Hacker et al. 2004).

Successful democratic governance requires not only an active, knowledgeable, and engaged citizenry but also one that is empathetic and considerate of the delicate balance between public and private interests (Ingram and Schneider 1993; Ingram and Smith 1993; Schneider and Ingram 1997, 2005). Policies affect the extent to which people are able to fulfill their role as citizens, and policies that are inclusive, actively seeking to overcome divisiveness, bring democratic governance closer to the ideal (Schneider and Ingram 2005). More importantly, policies impact the allocation of benefits and burdens in a manner that can produce pervasive inequalities (Lipsitz 1995). Alternatively, policy learning that can occur through scientific social policy discourse may provide opportunities to reverse these trends that threaten democratic institutions (see Schneider and Ingram 2005).

Unfortunately, social policy has historically operated in a context that promotes discourse, ideologies, materials, and practices that reinforce images of the poor as

undeserving while also extending some opportunities to some disadvantaged people (see Schneider and Ingram 2005). There are alternatives to the negative imagery and political rhetoric. There are policy choices that function as effective and ethical anti-poverty policy, and there are constructions that offer the inclusiveness that facilitates the trust underlying the economic, social, and political institutions of a successful democracy.

This project reveals a number of policy choices that perform better than other policy choices as anti-poverty policy. First, entitlement provisions significantly reduce levels of impoverishment. Second, denying individuals choices regarding their working conditions creates an unstable, contingent labor force vulnerable to market shifts and prevents wages from keeping up with the costs of living such that poverty becomes more entrenched. Third, self-sufficiency requires individuals have access to their own money. It is insulting that a government with the deficit that the U.S. government has might *teach* the poor to save. Saving is rational when interest rates keep up with inflation, and there is no reason to believe that the poor are any more or less rational than anyone else in the U.S. Fourth, access to social insurance does not cause people to choose welfare over work, but access to higher education affords people more stable employment options that make it less likely that they will be in need of welfare assistance. Work-first policies have resulted in significantly fewer welfare recipients with access to higher education (Heymann 2000; Hartmann 2006). Welfare rules that allow states to count higher education in the calculation of work rates free up states to provide better long-term opportunities to more people. Future research may examine differences in state job training programs and education spending decisions to clarify the policy choices that maximize stable employment.

In addition, this study reveals some useful information regarding health inequalities. Most importantly, lowering the rate of poverty among women is a highly effective strategy for improving child well-being. High rates of poverty among women significantly increase the risk of infant mortality. First, SCHIPs are an effective tool for combating infant mortality, a key indicator of child well-being. More comprehensive and broadly inclusive SCHIPs significantly reduce infant mortality. Second, increasing the utilization of prenatal care by minorities can have a profound effect on infant mortality. This may be achieved through the following initiatives: (1) minimizing discrimination in the provision of medicine, (2) providing transportation and child care assistance, and (3) improving the prevention, diagnosis, and treatment of domestic violence. Third, reducing rates of smoking is a very simple way to improve white infant mortality rates. Fourth, the prevention and treatment of genital infections is likely to have a significant impact on white infant mortality rates. Fifth, minimizing the exposure to violence has considerable potential to reduce black infant mortality rates. This is a complex problem that requires at least two things first: (1) lowering the tolerance for violence and the acceptance or ignorance of family violence in American society and (2) improving the social construction of the value of women, particularly minority women.²⁰ Addressing violence in American communities involves multi-systemic intervention and inter-institutional coordination but is by no means an impossible problem.

There are also several recommendations evident in study of social status inequality. First, it is clear that workfare actually increases poverty among women, regardless of their work effort. Marriage is not the solution to this problem, particularly if

²⁰ Improving the social construction of the value of women requires questioning the assumption that men are inherently better than women and investing in the notion that caregiving is a valuable enterprise whether done by women or men.

rates of family violence continue to threaten the good faith necessary for successful unions. There are ways that states can deal with the realities of family life presently. States already have child support enforcement agencies. Those agencies that operate as a third party in the collection of child support both ensure children are supported by both parents and minimize the potential for violence in volatile relationships. Additionally, welfare policies that place responsibility for child support enforcement on mothers by assuming child support payments are made and on-time in the calculation of benefits disadvantage women attempting to move out of poverty. Second, state services that provide additional cash assistance can mitigate the impact of federal workfare policies on women. Third, job training and education services are presently inadequate. The elimination of the federal JOBS program and the emphasis on work-first strategies has resulted in a net loss in education and job training opportunities for women. At present, states that are providing separate job training and education programs spend less than two percent of their state social welfare budget on these programs. Future research may examine the spending and strategies utilized by these states to determine the approaches that maximize opportunities for women.

My research lends support to the argument that redistributive policies that do not account for the least well-off do not function effectively as anti-poverty policies. Social policy that is designed to address poverty assumes that poverty is an inherent aspect of any economy, and social policy that is “just” militates against the patterned accumulation of burdens that restrict liberty. There is a fallacy common in human thought known as the “just world” phenomenon. In the cognitive sciences, the “just world” phenomenon is the belief that one gets what one deserves and one deserves what one gets. Unfortunately, it

is not a just world. My mother used to say, “life isn’t fair,” to which I would often respond, “surely we can do better than this.”

APPENDIX

CHAPTER ONE VARIABLE LIST

Variable	Source
Relative Inequality	Measure of relative inequality where impoverishment is the average of the headcount and poverty gap measures weighted by the gini coefficient (Sen 1976); calculated with Stata 9 using Census data
Workfare	Dummy variable for the enactment of workfare policies in the states. State Policy Documentation Project < http://spdp.org >
Workrate _{n-1}	Rates of working hours for TANF recipients < http://spdp.org >
Entitlement	Measure of liberalization of welfare policy through cash assistance entitlement policies and provisions; 0=no entitlement or policy provision in state statute or state policy; 1=entitlement benefits to all eligible families explicit in state policy; 2=explicit entitlement provisions in state statute
Independent Development Accounts	Measure of conservative ideology underlying state welfare policy through independent development accounts; 0=none, 1=pilot, 2=amount limits, 3=not limited, 4=limited w/ matching, 5=unlimited w/ matching
Regressive Taxation	Dummy variable for states that have a specific tax on food
Unemployment	Unemployment rate, measured as percentage of states labor force that it is out of work. <i>Geographical Profile of Employment and Unemployment</i> . Bureau of Labor Statistics.
Consumer Price Index	Berry, William D., Richard C. Fording, Russell L. Hanson. 2000. "An Annual Cost of Living Index for the American States, 1960-1995." <i>Journal of Politics</i> 62(2):550-567.
Population Density	Population in 1000s per square mile (excluding water). <i>The Statistical Abstract of the United States</i> .
Black Population	Black population in 1000s. <i>The Statistical Abstract of the United States</i> .
Female-Headed Households	Percentage of households in the state headed by women
High School Education	High school graduation rate. The Statistical Abstract of the United States.
Education Spending _{n-1}	Total expenditures on secondary and elementary education in 1000s of current dollars as a percentage of the GSP with a 1 year lag. <i>Digest of Education Statistics</i> .
Welfare Caseload	Number of families receiving benefits in 1000s. U.S. Department of Health and Human Services Administration for Children and Families. < http://www.acf.hhs.gov/news/stats/case-fam.htm >
Murder Rate _{n-1}	Murders per 100,000 population. <i>FBI Uniform Crime Reports</i> .
Corruption _{n-1}	Federal public corruption convictions with a 1 year lag. US Department of Justice. 2004. "Report to Congress on the Activities and Operations of the Public Integrity Section."

CHAPTER TWO VARIABLE LIST

Variable	Source
Infant Mortality	Deaths per 1000 live births. <i>National Center for Health Statistics.</i>
White Infant Mortality	Deaths of white infants per 1000 live births of white children. <i>National Center for Health Statistics.</i>
Black Infant Mortality	Deaths of black infants per 1000 live births of black children. <i>National Center for Health Statistics.</i>
Prenatal Care Policy	State policy regarding the eligibility of pregnant women not already caring for children [0=pregnant women with no other children do not qualify; 1=eligible in the 9 th month; 2=8 th month; 3=7 th month; 4=6 th month; 5=5 th month; 6=4 th month; 7=3 rd month; 8=2 nd month; 9=1 st month]. <i>State Policy Documentation Project <www.spdp.org>.</i>
SCHIP Plan	SCHIP plan [0=no program; 1=medicaid expansion; 2=enactment of separate state program; 3=combination of separate state program and medicaid expansion]. <i>US Department of Health and Human Services Centers for Medicare & Medicaid Services.</i>
Low Birth Weight	Infants born weighing less than 2500 grams per 1000 live births. <i>National Center for Health Statistics.</i>
White Birth Rate	Births of white infants per 1000 the white population. <i>National Center for Health Statistics.</i>
Black Birth Rate	Births of black infants per 1000 the black population. <i>National Center for Health Statistics.</i>
Teen Pregnancy	Births to 15-19 year olds per 1000 live births to 15 to 19 year olds. <i>National Center for Health Statistics.</i>
Uninsured Women	Percentage of women in the state without insurance. Centers for Disease Control and Prevention (CDC). <i>Behavioral Risk Factor Surveillance System Survey Data.</i> Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
Welfare Spending	Public welfare expenditure (in millions). <i>US Census Bureau</i>
Adequate Prenatal Care	Percentage of pregnant women in the state receiving adequate prenatal care according to the adequacy of prenatal care utilization index. March of Dimes. <i>Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health.</i> < http://www.marchofdimes.com/peristats/ >.
Smoking	Percentage of women who smoke. March of Dimes. <i>Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health.</i> < http://www.marchofdimes.com/peristats/ >.
Genital Infections	Chlamydia rate per 100,000 women + gonorrhea rate per 100,000 women. March of Dimes. <i>Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health.</i> < http://www.marchofdimes.com/peristats/ >.

Births to Uneducated Mothers	Percentage of births to women with less than 12 years of education. March of Dimes. <i>Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health</i> . < http://www.marchofdimes.com/peristats/ >.
Women in Poverty	Percentage of women 15-44 years old below the federal poverty level. March of Dimes. <i>Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health</i> . < http://www.marchofdimes.com/peristats/ >.
Multiple Births	Percentage of twins, triplets, and higher order births. March of Dimes. <i>Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health</i> . < http://www.marchofdimes.com/peristats/ >.
Alcohol Abuse	Percentage of women 18-44 years old who drink 5 or more alcoholic drinks on at least one occasion per month. March of Dimes. <i>Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health</i> . < http://www.marchofdimes.com/peristats/ >.
Domestic Violence	Measure of within family violence based on incidents of familial homicide per 1000 the population. <i>FBI Uniform Crime Reports: Supplementary Homicide Reports</i> . < www.ncovr.org >
South	Dummy variable indicating whether a state is in the southern region of the U.S. [Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, and Texas].

CHAPTER THREE VARIABLE LIST

Variable	Source
Women in Poverty	Percentage of women 15-44 years old below the federal poverty level. March of Dimes. <i>Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health</i> . < http://www.marchofdimes.com/peristats/ >.
Workfare	Dummy variable for the enactment of workfare policies in the states. <i>State Policy Documentation Project</i> < http://spdp.org >
State Services	Dummy variable for states with segregated, state-only funds for additional cash assistance. <i>State Policy Documentation Project</i> < http://spdp.org >
Education/Job Training	Dummy variable indicating whether a state has an education/training program to assist in the transition from welfare. <i>State Policy Documentation Project</i> < http://spdp.org >
Child Support Enforcement	Portion of child support payment disregarded in eligibility and benefit calculation. <i>State Policy Documentation Project</i> < http://spdp.org >

Poverty Rate	Percentage of people in poverty in the state. <i>The Statistical Abstract of the United States.</i>
Female Work Force	Female work participation rate divided by the female population in the state, based on the noninstitutional civilian population over the age of 15. <i>The Statistical Abstract of the United States.</i>
Births to Uneducated Mothers	Percentage of births to women with less than 12 years of education. March of Dimes. <i>Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health.</i> < http://www.marchofdimes.com/peristats/ >.
Female-Headed Households	Percentage of households in the state headed by women. <i>The Statistical Abstract of the United States.</i>
High School Education	High school graduation rate. <i>The Statistical Abstract of the United States.</i>
Regressive Taxes	Dummy variable for states that have a specific tax on food. <i>Retirement Living Information Center</i> < http://www.retirementliving.com/RLtaxes.html >
Welfare Spending	Public welfare expenditure (in millions). <i>US Census Bureau</i>
Domestic Violence	Measure of within family violence based on incidents of familial homicide per 1000 the population. <i>FBI Uniform Crime Reports: Supplementary Homicide Reports.</i> < www.ncovr.org >
Living Standards	Per capita income in current U.S. dollars divided by the cost of living. <i>The Statistical Abstract of the United States</i> and Berry, William D., Richard C. Fording, Russell L. Hanson. 2000. "An Annual Cost of Living Index for the American States, 1960-1995." <i>Journal of Politics</i> 62(2):550-567.

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