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A randomized controlled trial to improve health among women receiving welfare in the U.S.: The relationship between employment outcomes and the economic recession

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ABSTRACT

The high prevalence of health conditions among U.S. women receiving Temporary Assistance for Needy Families (TANF, or 'welfare') impedes the ability of many in this group to move from 'welfare-to-work', and the economic recession has likely exacerbated this problem. Despite this, few interventions have been developed to improve employment outcomes by addressing the health needs of women receiving TANF, and little is known about the impact of economic downturns on the employment trajectory of this group. Using data from a recent randomized controlled trial (RCT) that tested the efficacy of a public health nursing (PHN) intervention to address the chronic health condition needs of 432 American women receiving TANF, we examine the effect of the intervention and of recession exposure on employment. We further explore whether intervention effects were modified by select sociodemographic and health characteristics. Both marginal and more robust intervention effects were noted for employment-entry outcomes (*any employment*, $p = 0.05$ and *time-to-employment*, $p = 0.01$). There were significant effects for recession exposure on employment-entry (*any employment*, $p = 0.002$ and *time-to-employment*, $p < 0.001$). Neither the intervention nor recession exposure influenced longer-term employment outcomes (*employment rate* or *maximum continuous employment*). Intervention effects were not modified by age, education, prior TANF receipt, functional status, or recession exposure, suggesting the intervention was equally effective in improving employment-entry across a fairly heterogeneous group both before and after the recession onset. These findings advance our understanding of the health and employment dynamics among this group of disadvantaged women under variable macroeconomic conditions, and have implications for guiding health and TANF-related policy.

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Introduction

In 1996, the U.S. welfare system changed dramatically when Congress created the Temporary Assistance for Needy Families (TANF) program. Commonly referred to as "welfare reform", a major aim of this legislation was to "end the dependence of needy parents on government benefits by promoting job preparation [and] work…" (United States 104th Congress, 1996, p. 9). The legislation disproportionately affects single mothers, as they comprise approximately 96% of adults receiving TANF in the U.S. (Jones-DeWeever, Peterson, & Song, 2003). Legislative mandates within TANF require immediate participation in job-search and/or employment–preparation activities for TANF recipients. Although employment–preparation activities vary widely, expectations for women receiving TANF are clear: they need to find a job to support themselves and their children and maintain work as long as possible. When TANF program expectations are not met, sanctions are applied, which result in reductions in income support, and/or other benefits (Moffitt, 2003; Polit, London, & Martinez, 2001; Polit, Widom, et al., 2001).

The implementation of TANF resulted in a precipitous drop in the number of people receiving assistance, increased employment, and higher earnings for those who left welfare for work. From 1996 to 2000, there was a 50% decline in TANF receipt – from 4.4 million families in 1996 to 2.2 million in 2000 (Fagnoni, 2001a); however, work participation rates increased 9% following welfare reform, with 59% moving into employment before, and 68% moving into

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employment after TANF job-search requirements were enacted (Jones-DeWeever et al., 2003). Among those who became employed, job tenure increased from 18 to 24 months, and household income increased 40%–70% pre- and post-reform (Cancian, Haveman, Meyer, & Wolfe, 2000; Jones-DeWeever et al., 2003; Moffitt, 2003; Polit, Widom, et al., 2001).

These apparent gains, however, have been tempered by other findings. Immediately post-reform, when the "most able" TANF recipients transitioned into work (Fagnoni, 2001a), 65% remained below the Federal Poverty Level (FPL) (Jones-DeWeever et al., 2003), 57% worried they would run out of food, and 33% skipped meals to stretch their food supply (Loprest, 1999a). Of those employed, 60% work more than 35 h per week (Acs & Loprest, 2007), only 25–33% remain at the same job for more than one year (Jones-DeWeever et al., 2003; Polit, London, et al., 2001; Polit, Widom, et al., 2001), and 22–26% of TANF leavers reapply for TANF within one year, calling into question whether long-term self-sufficiency for many in this population is possible (Acs & Loprest, 2007; Cancian et al., 2000; Cao, 1996). Moreover, welfare analysts have repeatedly cautioned policy-makers that the early employment gains attributed to welfare reform were observed during a time of economic stability, and that an economic downturn would likely result in vastly different TANF policy outcomes (Ziliak, 2002).

Embedded within these overall trends is significant variability in employment outcomes across the TANF population. Between 30 and 85% of TANF recipients confront one or more obstacles that hamper employment – including barriers related to education, work experience, and poor health (Acs & Loprest, 2007; Loprest & Zedlewski, 2006). Among them, health-related barriers are perhaps the most problematic for TANF programs to address (Fagnoni, 2002, pp. 32), although they are highly prevalent in the TANF population. An estimated 27–48% of TANF recipients report a health condition that limits their ability to work (Loprest & Maag, 2009; Zedlewski, 1999a, 1999b); up to 60% meet diagnostic criteria for Major Depressive Disorder, Post-Traumatic Stress Disorder, Generalized Anxiety Disorder, and/or a social phobia; and 70% report some limitation in physical functioning (Corcoran & Chen, 2004). In the presence of unaddressed barriers, the likelihood of moving from 'welfare-to-work' and becoming self-sufficient is slim, and worsens as the number and severity of barriers increases (Zedlewski, 1999a, 1999b). Among the U.S. adult population with a health-related disability, 55% maintain employment, compared to only 18.2% of the TANF population with a health-related disability (Loprest & Maag, 2009).

To date, little is known about the longitudinal employment patterns of TANF recipients with chronic health conditions over time, what role macroeconomic factors play in shaping these patterns, or how to improve health and long-term employment outcomes in this group. Most studies of employment patterns among TANF recipients, for example, are based on annual cross-sectional employment data, and do not capture shorter-term employment dynamics or the cumulative rate of work over time (Corcoran & Chen, 2004; Polit, London, et al., 2001; Polit, Widom, et al., 2001). Of the few studies that do, findings indicate those with a health condition are employed, on average, 5.4 fewer months per year than those without (Corcoran & Chen, 2004). Despite these findings, only two intervention studies to address the health needs of women in TANF programs have been completed. Morgenstern et al. (2009) found intensive case management improved abstinence rates and the odds of employment among women in TANF with substance abuse disorders ($n = 302$). Similarly, we have demonstrated that public health nursing (PHN) health screening, referral, and case management for women with chronic health conditions in TANF programs improved both depression and functional status ($n = 432$) (Kneipp et al., 2011).

Fluctuations in the labor market have been shown to influence both welfare use and health. In late 2009, the unemployment rate in the low-wage labor force was estimated at 30%, compared to a rate of 3–4% among higher-income workers (Sum & Khatiwada, 2010). As low-wage workers are disproportionately affected during economic downturns, welfare exits due to employment decrease and applications for welfare benefits increase (Hoynes, 2000; Kwon & Meyer, 2011). Comparing data for calendar years 2007 and 2010, TANF caseloads rose an average of 11.5% in the U.S. since the onset of the recession in December 2007; however, there was wide variability in TANF participation changes across states, with caseloads in 18 states decreasing an average of 10%, while increasing an average of 25.3% in all others (U.S. Department of Health and Human Services, 2011).

In terms of health, studies have consistently shown that stress, mental health, and health-related quality of life worsen as unemployment rates rise (Davalos & French, 2011; Zivin, Paczkowski, & Galea, 2011). Albeit counterintuitive, total mortality and mortality from 8 of 10 preventable causes has been shown to *decrease*, while at the same time a number of physical health and health behavior indicators improve as state-level unemployment rates *increase* (Ruhm, 2000, 2001, 2005). These associations, however, vary in magnitude and direction by race and socioeconomic status (SES) (Suhrcke & Stuckler, 2012). For example, as the unemployment rate increases, the positive health effects observed in the general population are not found in African Americans and lower educated groups; rather, there is an opposite trend, with obesity and smoking rates increasing during times of economic recession in these populations (Charles & Decicca, 2008; Dooley & Catalano, 1984; Dooley, Catalano, Jackson, & Brownell, 1981). Taken together, these findings suggest economic recessions impact welfare program participation and the ability to leave TANF for employment, and differentially impact health by race and SES. Despite this, remarkably little is known about the effect of the recent economic recession on employment outcomes for TANF recipients with chronic health conditions, or whether interventions intended to improve health and employment in this group would be more or less effective with fluctuations in the labor market.

In this article, we report on employment findings using data from a randomized controlled trial (RCT) that tested the efficacy of a public health nursing (PHN) case management and Medicaid knowledge and skills training intervention for women in Welfare Transition Programs (WTPs) with one or more chronic health conditions. We use a generic reference to 'Welfare Transition Programs (WTPs)' throughout this article to represent welfare-to-work programs across the U.S. that women receiving TANF are required to participate in. While there is some variability in the services provided in WTPs, they all operate under the same set of federal guidelines and serve a common purpose: to move TANF recipients into employment (Danziger & Seefeldt, 2003; Fagnoni, 2001a). Further description of the intervention, the main effect of the intervention on employment outcomes from the RCT, and post-hoc exploratory findings related to the role of the recession on employment outcomes are reported here. Although this article focuses on employment outcomes from the trial, the health outcomes from the intervention are presented in detail elsewhere (Kneipp et al., 2011). Taken together, these findings add to a more nuanced understanding of the relationships between health, employment, and the larger economy in the TANF population. Specifically, the aims of our analyses were to examine:

1. the main effect of the PHN intervention on employment outcomes by comparing women randomized to either the intervention or control group;

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