

Knowledge of Welfare Reform Program Provisions Among Families of Children With Chronic Conditions

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The 1996 welfare reform legislation significantly changed welfare policy in the United States by eliminating entitlements to cash benefits and instituting work requirements, a 5-year lifetime limit for benefits, and benefit reductions or terminations for noncompliance with program rules.¹ Parents of children with chronic conditions could be expected to experience difficulties complying with the new requirements because their children's health needs may affect employment. Working parents receiving welfare are more likely than other poor parents to lack sick or vacation leave to care for a sick child.^{2,3} However, work exemptions and time limit extensions are available based on several criteria, including child illness or disability. We examined knowledge of and application for these welfare program provisions among parents of children with chronic conditions.

METHODS

Data were collected from June 1998 through February 1999 from 143 English-speaking parents or primary caregivers who met the eligibility criteria of having children aged 3 to 16 years with asthma or sickle cell anemia. Trained interviewers approached each family, determined eligibility, and administered a structured survey containing original and previously validated questions.⁴ Enrollment sites included the primary care and specialty care clinics at 2 urban hospitals and the pediatric emergency department and pediatric inpatient unit at 1 of the hospitals. Welfare status was defined as "current" or "recent" on the basis of whether respondents were receiving Temporary Assistance for Needy Families benefits at enrollment or at any time in the prior 12 months. Other benefits, such as general assistance, were not defined as welfare. Families were given information about welfare program provisions and appropriate community and state agencies. Institutional review

Objectives. This study examined the knowledge of and application for health-related welfare program provisions among beneficiaries with children who have chronic conditions.

Methods. We administered a survey to 143 parents of children aged 3 to 16 years with asthma or sickle cell anemia in 2 clinical settings.

Results. Respondents indicated incomplete knowledge of work requirements (69.9%) and work exemptions (50.3%). Applications for work exemptions were rare, even among Supplemental Security Income recipients (30%).

Conclusions. Welfare beneficiaries with children who have chronic conditions show limited knowledge and use of program provisions, placing them at risk for penalties or benefit termination. (*Am J Public Health.* 2002;92:228-230)

board approval was granted at both sites, and informed consent was obtained from all subjects.

The primary dependent variables were knowledge of work requirements, work exemptions, time limits, and time limit extensions and application for exemptions and extensions. Chi-square tests and multivariate analyses were performed to examine the association of demographic variables with knowledge of welfare program provision variables.

RESULTS

Most respondents were Black or Hispanic and were current recipients of welfare benefits (Table 1). Thirty-eight percent had less than a high school education. Although nearly half of the respondents had received welfare benefits for less than 2 years (45%), more than a third (35%) had received benefits for more than 5 years. A fifth of the respondents received Supplemental Security Income for their child, and 15% received Supplemental Security Income benefits for themselves.

Seventy percent of the respondents were aware of work requirements, and 50% were aware of work exemptions (Table 1). Only 13% of all respondents overall and 26% of those aware of exemptions had applied for one. Thirty-eight percent of the respondents

indicated that they had received information about work exemptions at their welfare offices.

Although most respondents (94%) were aware of the existence of time limits, only 48% of the current recipients were aware of their own time limit. Only a small proportion (10%) of the current recipients had applied for a time limit extension. Of the 21% of the respondents who received Supplemental Security Income for their child ($n=30$), 37% were unaware of work requirement exemptions. Seventy percent had not applied for an exemption, even though their child met strict federal disability standards.

Table 2 presents the results of a multiple logistic regression that examined the knowledge of and application for work requirement exemptions, while controlling for parental educational level, language, race/ethnicity, parental age, welfare status, length of welfare benefit receipt, and Supplemental Security Income benefit receipt. Supplemental Security Income receipt (odds ratio [OR]=2.36; 95% confidence interval [CI]=1.04, 5.38) was a predictive factor for knowledge of work exemptions and for applying for them (OR=3.32; 95% CI=1.09, 10.09). High school education (OR=2.19; 95% CI=0.97, 4.94) and English as a first language (OR=3.41; 95% CI=0.91, 12.74) tended to be predictors, although the association was not statistically significant. We used the same model to examine predictors of knowledge of time limits and

application for time limit extensions and found that no associations achieved statistical significance.

DISCUSSION

Current and recent welfare recipients with children who have chronic conditions showed limited understanding of welfare program provisions, including work requirements, work exemptions, and time limit extensions. Although Supplemental Security Income recipients were more knowledgeable about health-related program provisions, they had limited application for these options. The demographic factors considered were inconsistently

predictive of knowledge of and application for program options. Recipients who are unaware of program options face potentially avoidable benefit reductions or benefit terminations.

Although women leaving welfare often face substantial barriers to employment,⁵⁻⁷ recipients whose children have chronic conditions may face additional obstacles.³ Children's medical needs, including physician appointments and hospitalizations, may require absences from work. Health-related waivers, such as work exemptions and time limit extensions, could play an important role in pre-

serving cash and safety net benefits for families of children with chronic conditions. One third to two thirds of the families leaving welfare also lose food stamp benefits, and approximately 25% lose Medicaid benefits for their children, even though they are often still eligible for both of these programs.⁸⁻¹²

Because this study included only English-speaking parents, the results may not be generalizable to non-English-speaking families. However, because limited English proficiency could be expected to affect understanding of welfare rules, our findings likely underesti-

TABLE 1—Demographic Characteristics of Welfare Recipients With a Child Diagnosed With Asthma or Sickle Cell Anemia and Their Knowledge of and Application for Welfare Program Provisions

	Total (N = 143)
Demographic characteristics	
Welfare status, %	
Current	69.2
Recent	30.8
Race/ethnicity, %	
White, non-Hispanic	6.3
Black, non-Hispanic	67.6
Hispanic	21.1
Other	4.9
Parental education < 12 y, %	37.8
Parental birthplace	72.7
United States, %	
Supplemental Security Income receipt for child, %	21.0
Knowledge of and application for welfare program provisions	
Aware of work requirements, %	69.9
Aware of work requirement exemptions, %	50.3
Application for work exemptions, %	13.3
Aware of concept of time limit, %	93.8
Aware of own time limit, % ^a	47.5
Application for time limit extension, % ^a	10.1

^aFor current recipients only (n = 99).

TABLE 2—Independent Predictors of Knowledge of and Application for Work Exemptions Among Welfare Recipients With a Child Diagnosed With Asthma or Sickle Cell Anemia

Welfare Rule	Adjusted Odds Ratio ^a	95% Confidence Interval
Knowledge of work requirement exemption		
Education, high school or greater		
Yes	2.19	0.97, 4.94
No	1.00	
English as first language		
Yes	3.41	0.91, 12.74
No	1.00	
Race/ethnicity		
Black	1.32	0.29, 5.88
Hispanic	1.45	0.27, 7.82
Other	0.22	0.02, 3.32
Non-Hispanic White	1.00	
SSI receipt for parent or child		
Yes	2.36	1.04, 5.38
No	1.00	
Application for work exemption		
Education, high school or greater		
Yes	1.41	0.41, 4.86
No	1.00	
English as first language		
Yes	2.06	0.19, 21.8
No	1.00	
Race/ethnicity		
Black	0.14	0.03, 0.79
Hispanic	0.16	0.02, 1.23
Other	0.22	0.01, 4.14
Non-Hispanic White	1.00	
SSI receipt for parent or child		
Yes	3.32	1.09, 10.09
No	1.00	

Note. SSI = Supplemental Security Income.

^aAdjusted with logistic regression for variables listed, as well as welfare status, length of welfare receipt, and parental age, which were not shown to be associated with these outcomes.

mate the knowledge deficits of such families. Patient enrollment in hospital settings could overestimate the severity of illness, limiting generalizability to all children with asthma or sickle cell anemia. However, because health-related waivers are available only for children with significant health needs, restricting our study to children with chronic conditions who are more likely to qualify for such waivers was appropriate.

In assessing welfare reform, local, state, and federal agencies should consider whether safety net mechanisms, such as health-related program options, transitional Medicaid, and food stamps, are available to those who need them. Health care providers serving families receiving welfare should consider how to increase patient awareness of available program provisions. The combined efforts of welfare agencies, public health officials, and health care providers will ensure that important safety net mechanisms are used to assist vulnerable families to transition off welfare when appropriate. ■

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Note. This work was approved by the institutional review boards at Boston Medical Center and Children's Hospital, Boston. All subjects consented to be interviewed.

Contributors

L. A. Smith planned the study, analyzed the data, and wrote the paper. P. H. Wise contributed to the development of hypotheses, to the planning of the study, and to the preparation of the paper. N. S. Wampler contributed to the data analysis and the preparation of the paper.

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