

Family Health and Migration Decisions in the Early Years of Welfare Reform: Do Poverty and Social Support Change the Equation?

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We examine the relationship between family health and migration behavior of poor families under welfare reform's emphasis on requiring work and encouraging reliance on social support networks.

Extensive research highlights the link between socioeconomic status (SES) and health such that those with lower SES tend to be in poorer health (Blackwell et al. 2001; Elo and Preston 1999; House et al. 1994; Lantz et al. 2001; Link and Phelan 1995; Mirowsky and Ross 2000; Rogers et al. 2000; Ross and Wu 1995; Ross and Mirowsky 1999; Shea et al. 1996; Smith and Kington 1997). People of different socioeconomic statuses lead lives that differ in almost all aspects – childhood circumstances, educational achievement, the work career, marriage and family experiences, leisure, neighborhood conditions, and health care (Williams and Collins, 1995). Those of lower socioeconomic status tend to work and live in more physically hazardous environments (Kuh and Ben-Shlomo 1997). Furthermore, House et al. (1994) observed that exposure to risk factors associated with socioeconomic status accumulates. That is, those of lower socioeconomic status are exposed to higher health risks at earlier ages compared to those of higher socioeconomic status. Chronic conditions including arthritis/rheumatism, stroke, heart problems, diabetes, and cancer surfaced 20 years earlier among those in the lowest education and income groups compared to their higher education/income counterparts. Even if the adults in the household of poor families are in adequate health, chronic health conditions among the children in these families are disproportionately higher than in more wealthy households (Loprest and Acs 1996; Meyers, Lukemeyer, and Smeeding 1996; Polit, London, and Martinez 2001). Research confirms that children with chronic conditions or children who are disabled in a poor family negatively effect the caregiver's labor force participation (Breslau, Salkever, and Staruch 1982; Lukemeyer, Meyers, and Smeeding 2000; Salkever 1982; Salkever 1990). What does this mean for poor families who depend on employment in the face of poor family health?

Add to this equation The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) that instituted state variability in exemptions from the activities of welfare recipients. Those facing health barriers to employment (due to their own health problems or those of other family members) would find some states to be more lenient compared with others regarding these requirements, in addition to state variation in Medicaid generosity. Thus health-compromised families may be “pushed” from states with stringent activities requirements or “pulled” to states with comparatively lenient rules.

Recent scholarship also underscores the role of social factors—often, family networks—in a family’s decision to migrate (Stack 1996). Social networks are likewise understood as factors linked with the health status of family members. Thus family response to the new welfare rules may depend not only on family health status, but also their access to social support networks. If social support compensates for welfare restrictions, poor families with ill or disabled members may not feel pressure to migrate.

Longitudinal migration, employment, social support, and health status data from the 1996 Panel of the Survey of Income and Program Participation (SIPP) is merged with state-level welfare policy indicators developed from the Urban Institute’s Welfare Rules Database (WRD) to investigate inter- and intrastate migration decisions among poor families with and without health-compromised members. The 1996 wave of SIPP is a panel survey that interviews US respondents every four months for four years. The purpose of SIPP is to collect information on changes in income and program eligibility to estimate the effectiveness of federal, state, and local welfare programs. The Welfare Rules Database (WRD) tracks the changes in AFDC/TANF rules between 1996 and 1999 in each of the 50 US States and the District of Columbia. They provide detailed information that has been coded into variables for quantitative evaluation (De Jong, Graefe, and St. Pierre (2001).

A nested logit model is used which incorporates both origin and alternate destination state characteristics with family social and demographic characteristics to estimate migration behavior.

We use a discrete-time event history approach to estimate the models. A number of the variables included in analyses are not necessarily stable over time; the event history methodology allows us to take into account the dynamic nature of such variables. This method allows us to assess a family’s risk of migrating, taking into account the fluctuations that can occur through time that may influence their probability to move.

We expect results to reflect our hypothesis that families in poorer health are less likely to move. Welfare rules will play a minor role influencing migration, with strong social support networks reducing the effect of the welfare rules on migration.