

CHALLENGES FACED BY WOMEN WITH DISABILITIES UNDER TANF

Mary Kay Schleiter

Anne Statham

Teresa Reinders

University of Wisconsin-Parkside

INSTITUTE FOR WOMEN'S POLICY RESEARCH CONFERENCE

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Mary Kay Schleiter, Anne Statham, Teresa Reinders

The end of the millennium marked a major change in U.S. treatment of its low-income parents and children. In 1996, the U.S. implemented a massive welfare reform program called Temporary Assistance for Needy Families (TANF). This program replaced Aid to Families with Dependent Children (AFDC), eliminated the welfare safety net, and mandated that progressively larger and larger proportions of the population of low-income parents receiving public assistance work at least 30 hours per week. Disabilities and health problems can add challenges to finding and keeping a job while also sometimes providing eligibility for alternative sources of assistance. The impact of welfare reform on the population of low income single mothers with disabilities and health problems is the focus of this paper.

Researchers have begun to report on the unanticipated consequences on physical and mental health of welfare reform. There is some indication that former welfare recipients have faced psychological hardship as well as difficulties in the job market (Danziger, Carlson and Henly 2001). Studies have found a relationship between food insufficiency and depression (Siefert et al. 2001), a high level of mental illness among women in the welfare reform transition (Siefert et al 2000; Montoya et al 2002), and an increased health risk related to experiences of stressful events and inequality likely to be faced by women in poverty (Schulz et al 2000). Depression, itself, is a barrier to economic self-sufficiency (Lehrer, Crittenden, and Norr 2002).

Health problems are present not only in those who continue to rely on public assistance, but also in women who leave welfare for a job (Kneipp 2000). However, health status is related to the success of former welfare recipients in the work force (Danziger, Kalil and Anderson 2000; Horwitz and Kerker 2001). Poverty itself is an independent predictor of mortality (Hahn et al 1996), so as the safety net disappears, increased health risk and, ultimately, higher mortality rates,

can be expected. Contrary to expectations, employment has not been shown to improve the health of single mothers (Baker and North 1999).

We have monitored the effects of welfare reform on women in Wisconsin by conducting repeated in-depth interviews with 178 women from across the state who have been affected by these changes. The State of Wisconsin was a leader in implementing welfare reform. In the 1990's, Wisconsin implemented a massive welfare reform program called Wisconsin Works (W-2), a program that became the model for what later became the federal TANF program. Wisconsin had a long history of nationally significant innovation in social policy, beginning with such Progressive Era reforms as workers' compensation and unemployment compensation (Corbett 1995). Wisconsin's 1990's governor, Tommy Thompson, established himself as a leading figure in the national welfare reform debate and became the U.S. Secretary of Health and Human Services in 2001.

Wisconsin applied the new welfare reform policies earlier, more radically, and more aggressively than any other state -- the 30 hour work rule was applied to all low income parents receiving assistance who were not officially designated as disabled and whose children were older than 12 weeks. The speed and magnitude of this change were incredible, instantaneously forcing tens of thousands of people into the low-wage labor market, something thought to be nearly incomprehensible by major policy advisors only a few years before (Haveman 1995). This change provided a new population of low wage workers to businesses and non-profit organizations and no doubt contributed to the fact that Wisconsin's per capita income fell below the national average during this time period (Ludeman 1999; Tornus 2001). The emphasis of welfare programs instantly changed from providing services to those who required help to mandating that parents must work first before their families could become eligible for aid. The work mandate was applied stringently in Wisconsin and few exceptions were made for individual impediments

such as local job markets, children with special needs, or the health problems or disabilities of the presumed worker.

Because the changes which occurred quickly in Wisconsin are occurring more gradually in other states, Wisconsin can be considered a laboratory for the entire TANF program (Cohen 1997). The experiences of the families in Wisconsin affected by W-2 and TANF are documented by our longitudinal qualitative research and provide insights into what families affected by TANF are experiencing nationally. These experiences vary according to the personal and family resources available to each woman. For the vast majority, welfare reform brought with it continued poverty and economic instability. A significant minority also experienced severe deprivation that included hunger, homelessness, and deteriorating health.

Methods

We conducted repeated depth interviews between 1997 and 2001 of 178 women affected by welfare reform throughout Wisconsin to explore their changing lives and life strategies. The interview schedules were developed in collaboration with a team of women in the population under study, who also conducted many of the interviews. Our methods are being reported elsewhere.

Women with disabilities and health problems living under TANF

Although women are expected to work under TANF, disabilities and health problems can interfere with their ability to work. One-third of the women interviewed had serious disabilities or health problems which affected their daily lives and their ability to work. One-fourth of those with a disability had to leave a job at one time as a direct result of their disabilities. Just fifteen, or 26%, receive Social Security Disability or SSI for their disability. Some of the others were in the process of applying for it at the time of the final interview, while some had been discouraged by bureaucratic road blocks. For most, there is a continuing long and difficult time gap between the end of AFDC and the start of SSI or Social Security Disability benefits.

The racial/ethnic distribution of those with severe disabilities or chronic illnesses is similar to that of the entire population of women in the sample: 69% white, 22% African American, 4% Hispanic, and 5% Native American. Geographically, only 12% of those with major disabilities are from Milwaukee, slightly lower than the Milwaukee share of the total sample of Wisconsin women affected by welfare reform.

In previous papers we have reported three distinct levels of success in meeting the challenges of making a home, raising children, coping with the social service system, and handling the job market. Group One is a pattern of severe, continuing problems and few resources. Group Two is a pattern of working at very low wage jobs and/or receiving some kind of public assistance which provides a level of stability along with the continued stress of poverty. Group Three is a pattern of skilled employment or college enrollment providing the potential to leave poverty. These groups seem to be related to Corbett's (1995) typology of welfare use – major dependency with little hope of independence; intermittent use corresponding to changes in economic conditions and personal circumstances; and transitional use related to a life change. The difference now is that our Group One receives public assistance only when they are able to work; failure to meet the strict work requirements results in sanctioning, a period of time in which benefits are discontinued. Therefore, their living conditions are dire. Correspondence of our typology with Corbett's is speculative since we have not finished examining welfare history by group.

Group One

The women in Group One face severe, continuing problems. They have great difficulty coping with day to day life since they face unusual challenges which make coping difficult. Although they may begin jobs, problems of the family and household as well as difficulties coping with the ordinary stresses of a job quickly overwhelm them. Without services to help them overcome these difficulties, they do not stay in a job for long. These women report that they and

their children are sometimes hungry. Homelessness and substandard housing, utility shut-offs, and lack of access to transportation are other experiences they report.

Among the women in Group One, those who face the most severe poverty and are not able to meet their basic needs, over half – 59% -- have disabilities or serious health problems. Type of disability has a major impact on this outcome. Table 1 presents type of disability/health problem by Group. The most debilitating are mental health problems and learning disabilities. Depression and post-traumatic stress are the predominant mental health problems that appear. Among women with depression, post-traumatic stress, or severe learning disabilities 48% are in Group One, compared to 21% of those with physical illness or other disabilities (which include a wide range of problems), and 16% of those who did not report major disabilities. The limited access to treatment and the difficulty of obtaining disability income for mental health problems compared to other disabilities contributes to this difference.

The relationship between health or disability problems and the ability to work can be seen in the following quotes:

“I’ve been that way (depressed) for a long time...ever since I got kicked out of my mom’s house...I’m 25 right now and I’m still in the same rut that I was when I was 17...[had a child when 18 as the result of a rape]...when I was 16 I ended up in treatment ‘cause I tried killing myself...The only reason I keep going is because of them [children]...I just figured I ain’t gonna be happy.” (162)

“They did, they put me in the warehouse and I had to load trucks and I have a bad back problem. . . . my back started bothering me real bad so I couldn't lift the crates . . . that they wanted on the truck . . . I didn't quit, they fired me because they said that I was not putting out enough products in the trucks where it can go out fast enough.” (129)

“I stopped working because they laid me off I got fired because in that supermarket . . . the cash register . . . the way they had everything marked I would get confused . . . I would get confused when they used to bring in personal checks . . . to pay for their food or WIC checks...any type of checks that they brought in, or like a credit card. There was certain codes that you had to use, you had to type in something to have their food paid for . . . and I used to get confused with that.” (183)

The women in Group One were more likely than those in Groups Two and Three to say early childhood traumas had led to some of their problems. Here is one example:

“When my mom was pregnant with me she suffered a severe brain stroke and it affect my brain, so I have a severe problem...the slightest little thing agitates me...I have a problem dealing with people...I tried going back to school and with my medical problems, I could not comprehend or deal with the pressure...I could read something or have a telephone call and have a conversation and 5 minutes later I will forget it...I have grand mal seizures. I’m a slow learner. I got hyperactive disorder. I do not have a left hip... “(129)

Most of the women in Group One did not complete high school, another probable indication of long standing problems.

Group Two

The women in Group Two are working hard and staying focused on survival. Women in this group earn less than they need and they seem to be stuck in low wage jobs with little potential for advancement. The day-to-day struggle to juggle expenses and avoid trouble is a constant source of stress. Struggles with day-to-day survival often require working more than one job and trying to squeeze in as much time with their children as possible. Their low salaries keep them in poverty, and their jobs offer few opportunities for advancement. Some in this category are receiving assistance, such as SSI or disability assistance. The women in this group are often able

to participate in other assistance programs, such as childcare assistance and food stamps. In Group Two, 34% reported disabilities and major health problems.

“Because of my medical condition. I'm working part time at Mrs. Fields in Cherryville Mall. . . . Everything I do is hard now. . . . it's only been a couple weeks ago when I finally accepted that I just can't do the things I used to. I accept it now. At first I was just fighting it but it's like no matter how...it's there, it's not going away. But everything that I do takes me twice or 3 times as long. Then at work . . . I miss panning up cookies, putting 'em in the tray. Simple but not for me 'cause sometimes my wrists are swollen so it takes me longer to pan up the cookies. Even to wait on the customers, sometimes I'm just flying; some days I'm pushing buttons, my fingers are killing me. I just work through all the pain and that's what I do.” (154)

Difficulties and limitations sometimes motivate the women to try self-employment, which usually means one of three types of small businesses – child care, sewing or hand crafts, or house cleaning.

“I started my crocheting at home, which is what I'm doing now. But that's so seasonal and so iffy. And the one place that I work with, which is the Easter Seal people, if I need to have a \$10 item on something, they mark it up 100% so it's now a \$20 item. Well, if I make an afghan and I need \$50 out of it, who's gonna buy an afghan for \$100? And I did voice my opinion on that and they says "Well, the cost to rent this place is just too expensive to lower prices." Have they ever thought of moving to a cheaper place? . . . On a good day I can crochet approximately 2 hours. . . . I used to be able to crochet from 9 to 10 hours a day, 12 hours a day, and it wouldn't bother me at all. I could make an afghan in 3 days. . . . Now it takes me 3 weeks.” (273)

Compared to those in Group One, women in Groups Two and Three more often report suffering from temporary disorders.

“I was diagnosed with...rectal cancer, and my life changed completely. I had to go through surgery. I had to quit my job. I’m on medical disability right now, which is really hard to live on \$110 a week...I’m still in recovery...I can’t go back to work until the doctor okays it, and that won’t be until May... (64)

Women in Group 2 seemed to tolerate even serious illnesses a little better:

“I have MS...there’s a problem, and yes, I’m losing my vision...I don’t have my balance and they agreed all that but it’s not at a stage where I’m totally falling apart because I’ve learned to deal with it for so long. The only time I would be able to get financial help...would be...if I totally lost my vision (32)

“I have difficulties comprehending because of a head injury when I was a child but I can read, I can write, I can spell, I...even went back and got my GED, finished that when I was pregnant with my daughter...I had been told a long time ago by the time I hit 40, I’ll be in a wheelchair, so I need to find something I can do to support myself from a chair if need be... (132)

Group Three

Group Three is the largest group. The women in this group are working in skilled jobs or are attending post-secondary school. Most are still living in poverty and those with health and disability problems are often limited in their ability to work.

These women attribute their relative success to their education and to a strong support network of family and friends which provides major past and/or present assistance. The assistance these women receive from their support network includes such things as: a place to live while attending college, substantial help with child care, financial and material assistance during crises, assistance with transportation, assistance in getting needed health care (including mental health care), and assistance in finding jobs. This kind of help would be usual in the lives of young people from middle class families, but families with fewer resources are often unable to

provide this degree of help. It is ironic that this group, which is the most independent, got there by first being the most dependent. In this group, 28% report major health problems and/or disabilities.

“I have breast cancer; I'm furious that I can not go to work. Even though I was only working 10 to 15 hours a week, I was doing what I was capable of doing. I could at least do that. You know work's always been a mental stress reliever for me and a mental way of staying strong and being out of the house and everything like that. . . . I had to miss a lot of work due to chemo, and welfare will only give me \$13 worth of food stamps for a month.” (218)

In some cases, a disability or chronic health problem will result in being able to work only part time.

Interviewer: “So this is probably the best job you've ever had?”

Respondent: “It is. It is. And I'm very happy with it. . . . I'm very unhappy with the headache situation . . . because when I first started my job it was great. I deposited anywhere between \$200 and \$400 a week into my checking account. Now, I'm barely making a little over a \$100. Maybe \$200. . . . that hurts. . . . Fortunately, my job . . . has been very flexible in giving me cases that I can do. But I'd like to get back to full time. . . . I'm not making ends meet anymore.” (3)

Some women felt that they were being discriminated against in getting jobs because of their disabilities.

“They've asked a few employers what if . . . we had her working for you and they found that they're kind of shying away from it because they don't want somebody who has an injury who is seeking medical help right now because they're afraid that they're going to be sued if something happened. . . . There's a few computer manufacturers in Eau Claire and Chippewa that I've applied at and now they don't really want me because

I'll cost them more because they'll have to have special chairs and all this other stuff for me in order to work there and they'd rather not.” (19)

Like those in Group One, women in Group Three who suffered from depression and post-traumatic stress reported great difficulty holding jobs:

“I mentally cannot be around people...I can tolerate [it] for so long and then they put me back in...I take prozac...I have a sleeping disorder...sometimes get so depressed...I stay up. I can't sleep. I get my nights and days mixed up.” (35)

But this woman has managed to stay in college and may well be able to find a job situation that she can handle. The women in Group Three, along with those in Group Two, were simply less likely to suffer from these disorders compared to Group One.

As noted earlier, women in Groups 2 and 3 more often report suffering from temporary disorders compared to Group 1. Here are some examples from Group 3:

“I was getting migraines...every 6 weeks I was out for 3 or 4 days.” (24)

“After I had her I was very ill...I was on coumadin, blood thinners, and I was getting shots in the stomach because of blood clots.” (27)

It seems clear from these data that AFDC provided benefits to a large number of women who had disabilities or chronic health conditions which limit their job potential. Although you would think that people with these disabilities would be eligible for either SSI or Social Security Disability, the application processes for those benefits are difficult and time consuming. Many people in our sample have been turned down. Only one-fourth of those with disabilities or chronic health problems had been successful in obtaining these benefits. Many more were spending months, and even years, in the process of applying and some had already been turned down once. Women who are awarded benefits often find that they are not receiving enough to support their families. For example, a woman in Group Two quoted earlier (#154), was receiving \$236 per month from SSI, hardly enough to support herself and her children.

Experiences with the Health Care System

Access to the health care system is a major problem for many during the welfare reform transition, but especially this group with their special health needs. One-quarter do not have any health insurance coverage for themselves. Experiences with the health care system correspond to the level of success in providing for themselves and their families as indicated by their group.

Group One

There were significant differences by group in access to medical care. About a third of the women in Group 1 reported problems gaining access to health care, largely because they had been denied Medical Assistance or did not have health insurance with their jobs. This woman talked about she and husband working as CNAs without insurance:

“He started out at \$6.00 an hour and he’s only up to \$8.00. He’s been there 3 years; he didn’t get that far. He’s pushing pretty hard, especially when you don’t have insurance and you have to come up with \$6,000 every 2 months to keep the medical going...for the oldest one...an asthma child on top of it.” (50)

“I went and applied last month to get medical cards and they denied me a card for my children...I have no insurance for my children. My daughter’s fallen behind on her shots... They slammed the door in my face.” (167)

“My daughter reached age of 16, she was pregnant, she wanted to get her married. I had let her get married...I had to bring...her marriage certificate...back to him...All of a sudden...my case ended...for the next 4 months I was trying to get ahold of him. He never responded to me...We’re going to make sure Matt gets Medical Assistance. I’ve got an appointment coming up next week...Matt has no glasses, and he’s squinting at the board...I started getting onto my caseworker...’What’s going on? What can’t you get this child some glasses?’ ” (231)

Even when they had insurance or MA, access could be difficult:

“I’m 3 months pregnant and I’m bleeding and I had to call Dean Care and they said it wasn’t important...and then I ended up calling my doctor and he told me to get my butt up there and get an ultrasound done. What gives them the right, they’re not even a nurse, they’re just people answering the phone. And I said I know that I never chose ‘em, I never chose Dean Care, the welfare system did.” (151)

Group Two

Some women in Groups 2 and 3 reported problems gaining access to the health care system, but the incidence was not nearly as high. While few received health insurance with their jobs, they were usually eligible for Medicaid and were better than Group One at coping with the bureaucratic requirements involved in getting health care assistance. Women in Group 2 reported more complicated problems in dealing with the health care system than women in Group 3.

“There’s a facility very close to me which I could get to very easily to do the therapy I need to get me to a state of wellness...but I have to travel all the way down to Mariner Hospital because my medical card does not belong at this facility.” (277)

“My heart races...It’s like having a heart attack...They want to do surgery and I don’t want it...I’m on prozac...I had a little attack the day before...the next day I had another attack...they called the ambulance...They want me to do some work at the Good Will Store.” (220)

“I did request chiropractor through Workman’s Comp and they denied it, just as they’ve denied all my meds now...One was for depression and 3 were for pain. All they’ll do is my right knee, they’ll cover meds for that...This is cute, they asked the doctor, ‘What have you prescribed this for?’ and he says ‘For her right knee,’ and he says, ‘Well, isn’t it helping her back and her legs?’ He says, ‘Well, yah it is.’ Well, they’re not covering it because it’s not just going to my right knee.” (273)

“The only thing I can say right now is that due to the way everything has changed, my son and I, our medical is just going down hill major. We're a lot sicker than we were due to the fact of the clothes we can't get for the weather it is outside - And getting sick a lot - Not having the money for the medicine that we need - Or to be able go to the doctor. It's really hard not having the proper nutrition and it's making things a lot worse.” (67)

Those who have Medical Assistance often find that access to the health care they need is still a problem.

“You don't go to a really good psychiatrist if you're on MA. . . . I can't do what I really need to do and that is I need to get to a psychiatrist who's going to listen to me and not go by the fact that I'm on medical assistance.” (17)

Group Three

Some of those in Group Three also lack health insurance. They may try to cope with this in creative ways.

“We just don't get sick. And I do herbal remedies. Otherwise you literally don't get sick. I did get sick one time. This is embarrassing. My dog had an infection and the vet gave her some penicillin and I saved it. And I got bronchitis or something one time and so I took the dog's stuff. How different could it be, you know? It worked. I'm embarrassed.” (286)

The main concern of those who have medical assistance or other forms of health insurance is the fear of losing it. Most of their available job opportunities do not include health insurance. As success in the job market increases, they can reach the point of no longer being eligible for a wide range of assistance programs which they rely on. The sudden impact of the disappearance of help which allowed them to manage can result in a major decrease in real income which may feel like falling off a cliff.

“I worry you know, did I work too much extra to get MA. I need that medication and I'm afraid I'm going to get dropped.” (31)

“They want to know everything but your blood type and it is very invasive and you're always scared for your life. If I tell them the wrong thing am I going to lose food stamps, am I going to lose MA? . . . so every time you go in you're scared and every time there's a change in your household that you have to report you're scared because they may pull the rug out from under you and what are your alternatives?” (24)

“I'm off of SSI. But I might now lose the medical too and I'm panicking about that. . . . I don't know if I'm gonna lose the MA or not. And, if I do, I won't be able to afford to go to the doctor and continue to get the care that I'm getting now to keep myself going so that I can work.” (35)

The women in Group 3 were much less likely to report problems gaining access to medical care, and those who did complain about this talked about problems qualifying for SSI or DVR services:

I now have this medical problem that means I can only work for so long and then I am totally disabled again, which means I'm not disabled enough to qualify for Social Security or any other kind of disability. And I also do not have the welfare system to fall back on anymore.” (63)

“Like with DVR, I don't even qualify for that. They told me that because years ago I had gone and taken a couple of computer courses and I paid for it on my own, they consider me a self initiative so I automatically don't qualify for any training and it wouldn't matter how far my disability, I still would not qualify because I've had some training in the past...I went in and applied for the SSI. They gave me, at first it was a six month waiting period, and then they changed it to a year. A couple weeks before the year was up I had started working. I needed to support my kids and they said, well now its cancelled. You're capable of working any job, so... I had to have advocates from Turning Point come with me to these

appointments with the county because . . . they were literally cutting me down...saying...she's just trying to fraud the state. She's healthy, she's fine, and Turning Point, these were advocates that were with me 24 hours a day, seven days a week six months. They knew everything that was going on in my life. They knew all the work that I had been trying to do, the training. They were the ones that were taking me to medical appointments. They were the ones that talked to my doctors. They were the ones that took me to job interviews, taking me to places for retraining, all that. They had been an enormous help.” (19)

When women in Group Three discuss their experiences with the health care system, they bring up problems that sound more similar to those of middle class families, such as problems of mis-diagnoses and errors in billing.

“I had asked four and a half years ago and the doctor blew me off and had it not been for my girlfriends nagging me, go back in and have it checked, because a number of them have it and are diagnosed. So I did go back in and happened to connect up with a rheumatologist there who knows about fibro and a lot of doctors don't and had a pre-diagnosis within 15 minutes and then of course they went on to run the rest of the tests to rule out MS and all these other things that it could have been which confirmed his assumption of that early diagnosis of fibromyalgia and really having to realize that went all the way back to before I even started college and was slowly increasing.” (24)

“I had some real mix-up with my healthcare billings. I mean, I suddenly got a bill for something that took place while I was still on AFDC and had MA and somehow it got messed up and I've gotten the bill how many years later that they're wanting to make me responsible for because they didn't file it right. And I still have yet to deal with that. Well, I've got two of them that have done that now and they've been major amounts of money, not just \$60 or whatever. One was four something and the other one five something and

its like, you guys screw up and now it's up to me to what? Take responsibility for this?"

(24)

Policy Implications

First, major health care issues need to be addressed to increase access to health care for low income families in general, and to provide the benefits for those suffering from mental illness that are comparable to benefits for other health problems. In addition, policies are needed to serve three different kinds of needs of women with major health problems and disabilities who are affected by welfare reform. About 40% of the women affected by welfare reform who have major health problems and disabilities are in Group One, unable to cope with either the job market or the requirements of the social service bureaucracy, and therefore facing dire poverty which often includes hunger, lack of health care, and substandard housing. Their disabilities and health problems usually put them into an underserved category within the health care and social service system, those with learning disabilities, depression, or post-traumatic stress. Their problems are usually long-standing as well, and have prevented them from receiving key assets for the job market.

Those in Group Two, 22% of women with disabilities and severe health problems under TANF, are playing by the rules but losing. Their low wage jobs do not provide for the basic needs of their family, rarely have benefits such as sick pay or health insurance which this group needs, and do not provide flexibility to help them cope with the special needs related to their illness or disability. They also face the problems associated with under-funded Medical Assistance programs.

Those in Group Three, 38% of the group, face the problem of living in a low income but under the stress of continuing to work with their health problems and possibly losing benefits such as Medical Assistance.

**Table 1: Health and Disability by Group
Percentage of people in the Group (Frequency)^a**

	GROUP ONE	GROUP TWO	GROUP THREE
Mental illness^b	31% (12)	13% (5)	13% (10)
Learning disability^c	13% (5)	5% (2)	1% (1)
Current drug problem	8% (3)	0	0
Arthritis/ fibromyalgia	8% (3)	13% (5)	6% (5)
Physical illnesses^d	3% (1)	8% (3)	8% (6)
Seizure disorder	3% (1)	0	0
Blindness	0	0	1% (1)
Work-related injury	3% (1)	8% (3)	4% (3)

People in the group with health problems and/or	59% (23)	34% (13)	28% (22)
Number of people in the Group	39	38	79

^a Percentages add to more than the percentage of people with health/disability problems because eight people have two disabilities or health problems.

^b Depression, post-traumatic stress syndrome

^c Includes probable fetal alcohol syndrome as well as learning disabilities from other causes.

^d cancer, AIDS, migraines, lupus, multiple sclerosis, heart condition, diabetes, eczema

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