



Unequal Outcomes: Assessing Responsibility For Child Well-Being

BY INGRID PHILLIPS WHITAKER

Any society that prizes its future must be concerned about the viability and health of its youngest citizens. In the United States we are particularly concerned with the abuse and neglect of children, the quality of education children receive and children's health. These issues emerged on the public agenda during the late 19th century and gained greater attention with the development

and expansion of America's modern welfare state.

Within our own social-welfare state, efforts to improve the well-being of children have consistently focused on protecting children from abusive environments, improving the public education system, and increasing access to health insurance and health care. Despite these efforts, however, inequalities remain steadfast. While researchers have diligently documented inequalities across racial, ethnic and class groups, very little attention has been given to the inequalities in outcomes that still exist in many U.S. states.

Some states are doing better than others. Collectively, children are especially vulnerable in many Southern states, which have significantly poorer outcomes for children compared to their counterparts in the Northeast and West. In 1997, for example, while 21 percent of all children in the nation fell below the poverty line, Louisiana, Mississippi and Virginia had the worst poverty rates in the nation. Thirty percent of children in these states lived in poverty. Comparatively, in New Hampshire, only 8 percent of children experienced poverty in 1997. In states that had high

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rates of child poverty, children were more likely to experience other deficits in well being, such as low birth weight and absence of health insurance.

Infant mortality and child death rates provide a partial picture of social well-being outcomes. In

1997, children were more likely to die in

Mississippi and West Virginia before reaching their first birthday, compared to children in Massachusetts

and Washington. The death rate for infants under the age of 1 was 10.6 and 9.6 deaths per 1,000 live births in Mississippi and West Virginia respectively. Comparatively, Massachusetts and Washington had relatively low infant mortality rates: 5.2 and 5.6 deaths per 1,000 live births respectively. Compared to the national average of 7.2 deaths per 1,000 live births, infants in Mississippi and West Virginia were at much greater risk than infants in Massachusetts and Washington.

Children are also more likely to be born underweight and have no health insurance in certain states. In 1997, 10 percent of all babies born in Mississippi and Louisiana were classified as low-birth-weight. In comparison, for that same year, 5 percent of babies born in Oregon were classified as low-birth-weight. Additionally, access to health insurance is unequally distributed among the states. For example, low-income children in Massachusetts are far more likely to be covered by health insurance, compared to their counterparts in Mississippi. In 1997, 28 percent of low-income children in Mississippi were not covered by any type of health insurance. Comparatively, 14 percent of these children were not covered by health insurance in Massachusetts.

An Ecological Perspective

While difference in outcomes for children across the states have been documented, scant attention has been paid to the correlates and implications of these differences. In my book, *Child Social Well-Being In The United States*, I analyze these variations by incorporating an ecological perspective, which supports the idea that outcomes for populations are a function of the environment in which populations are embedded. (While several studies have previously incorporated an ecological perspective, they have been limited to the neighborhood level.)

I believe that particular socioeconomic and population characteristics of states are linked to the aggregate well-being of children. States that have strong economic environments — as measured by variables such as per-capita income, median income for families with children, and average monthly Temporary Assistance to Needy Families (TANF) — consistently demonstrate more positive outcomes for children. However, states that have higher percentages of minorities and female-headed households are





more likely to experience persistent deficits in well-being.

An ecological perspective enables states' economic and population characteristics to be applied in analyzing which locations will have the greatest child welfare needs. Moreover, such an approach will reveal how the economic and population shifts that occur over time influence well-being outcomes. The ability to make such assessments is particularly important in today's welfare climate.

Over the last four decades, the political ideology of federalism has become increasingly popular in the United States. Federalism promotes shifting responsibility for certain social policies and programs from the federal government to the states. According to proponents of federalism, giving states the authority to make decisions concerning programs promotes the creation of better programs, since states are not constrained by overpowering federal guidelines that may inhibit innovation. In addition, advocates of this "devolution" argue that the type and magnitude of problems vary by state. Therefore, the federal government, it is argued, is too far removed from the unique problems of states to realistically institute policies and make appropriate local decisions.

Under the rubric of federalism, the 1996 Personal Responsibility and Work Opportunity Reconciliation Act reformed the Aid to Families with Dependent Children (AFDC) program. In doing so, Congress repealed the oldest welfare program designed to assist poor families with children, replacing it with the program now known as Temporary Assistance for Needy Families (TANF).

TANF is distinguishable from AFDC in two fundamental respects. First, the 1996 welfare reform legislation gave states significantly more authority and discretion over the TANF program than was possible under AFDC. Secondly, while the AFDC program did have a work component, many argued that it was underutilized; TANF places a strong emphasis on moving poor families off welfare and into work. Both these differences affect the well-being of children across all 50 states.

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Persistent Inequalities

State discretion in implementing TANF has resulted in a program that treats poor families with children quite differently across state lines. States can determine, among other things, who is eligible to receive assistance, how long a family can receive assistance, and the extent to which auxiliary programs (such as day care and transportation) will be funded with TANF dollars. States can also determine how much time a family head has to find employment before being cut from the program.

Based on how states exercise this discretion, poor families, and subsequently poor children, are far more vulnerable in some states than in others. In 1998, the Center on Hunger and Poverty at Tufts University published the results of a study that indicated only nine states had implemented TANF policies that were likely to improve the well-being of poor families.

An important issue to consider is the future of well-being outcomes in states that already demonstrate poor outcomes for children. Not surprisingly, many of the states that had the poorest outcomes for children prior to the implementation of welfare reform are the same states with welfare-reform policies that do not enhance the economic and social well-being of poor families. Consequently, current welfare-reform policies will likely exacerbate the inequalities that persist between states. States that already exhibit large deficits will most likely see these deficits grow as income, food and medical supports are reduced or removed entirely.

Policies and programs that address the well-being of children should be sensitive to recurring inequalities. Clearly, children across the United States experience unequal opportunities for well-being. As a nation, we need to carefully examine the changes we are making via welfare reform. We should be asking whether or not giving each child as close to an equal chance for positive outcomes should be one of our foremost priorities.

If the answer to this question is yes, then welfare policies directly and indirectly affecting the outcomes children experience must be structured in such a way that outstanding differences between states regarding existing child well-being deficits must be weighed when formulating policies. Some states will need more assistance than others to make up for funding shortfalls and negative outcomes, and policymakers must decide how federal assistance can be given to states in proportion to their need. This is a responsibility our entire nation must bear to ensure that today's healthy children will grow into tomorrow's healthy adults.