

and the District of Columbia— indicate that on the national level, more than one and one half million (1.6 million) low-income children under age 12 are hungry in some part of all 12 months of the year.

More than four out of five (84 percent) hungry children were hungry in at least three months prior to the survey. This means that nationally, about 3.4 million low-income children under age 12 are hungry in some part of at least three months of the year.

An additional 9.6 million low-income children under age 12 are at risk of hunger in some part of one or more months in the past 12 months. They are members of low-income families that are usually able to provide for their children. They are vulnerable, however, and at risk of becoming hungry if an unexpected event— such as an illness in the family, an unusual expense, or a job loss— results in a reduction in the amount of money the family has to spend for food. On the household level, almost one-fifth (19 percent) of low-income families with at least one child under age 12 are hungry in some part of one or more months

of the past 12 months. An additional 50 percent are at risk of hunger.

A striking characteristic of hungry households and households at risk of hunger is how few economic resources they have. Three in five hungry households and about half of households at risk have incomes at or below the Federal poverty line (\$14,350 for a family of four in 1993).

While the majority of hungry families and families at risk of hunger is poor, a substantial portion of them is employed. At least one household member is employed in 60 percent of hungry households and almost half of hungry households have at least one full-time employee. Employment rates are even higher for families at risk of hunger.

Without benefits from the food stamp and WIC programs, many low-income families with children would either have less food or they would have considerably less money to spend on other necessities.

- Close to half (46 percent) of the amount hungry families spend on food is provided by food program

benefits.

- Food program benefits account for some 35 percent of the amount non-hungry families spend on food.

Parents in hungry families tend to cut the size of their own meals or skip meals before they allow food shortages to affect the children in the household.

Hungry children are more likely to have health problems than their non-hungry peers. Hungry children are also more likely than non-hungry children to miss school. Hungry households say they have much smaller support networks— fewer friends and relatives they can rely on— than non-hungry households. □

Adapted from "Community Childhood Hunger Identification Project, A Survey of Childhood Hunger in the United States," Food Research and Action Center, Washington, D.C., July 1995, pp. 8, 16. This report may be obtained free of charge by writing the Food Research and Action Center, 1875 Connecticut Ave., N.W., #540, Washington, D.C. 20009. Fax:(202)986-2525.

When Welfare Ends: Subsistence Strategies of Former Recipients

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When Michigan's General Assistance program was terminated in 1991, poverty advocates feared the ranks of the homeless would swell, while the state government expected lives to be improved by employment and private support. Neither of these assertions has fully borne out. Its termination provides some guidance about what will happen to poor people when government assistance is reduced.

General Assistance was a state-funded cash-assistance program throughout the 1970s and 1980s that provided aid for non-elderly impoverished adults without dependent children.

- Of those who received General Assistance (GA).
- Two of five recipients were women.
- Two of five recipients were over

age 40.

- One half the recipients were residents of Wayne County (Detroit).
- One recipient in 20 fit a widespread stereotype of a young urban African American male.

Most recipients had significant barriers to employment; Michigan's economy at the time of termination was running an official unemployment rate of 9.2 percent and Wayne County's was well over 10 percent.

When the GA program was last available, recipients could draw a maximum of \$160 in cash; they also had access to the state medical program associated with GA and they qualified for Food Stamps. Two years after GA termination:

- Only one-third (35%) of those not receiving disability payments did as well as when receiving GA. One-half of the people we interviewed were doing as well as when they had GA. This is partly because many received disability payments.

The expectation of Governor

Engler's administration was that GA termination would increase employment levels and force people to work to be self-sufficient. This ignores changes in Michigan's labor markets and in the ability of former recipients to acquire formal sector jobs.

- **Even though most people (76%) had previous work experience, only one in five was employed when we interviewed them the second time.** Janitorial and kitchen work dominated formal job opportunities after GA ended. One-third of the pre-termination jobs were in manufacturing.

- Those who were employed at the second survey had average wages of \$5.56 per hour and worked an average 35 hours per week.

The GA recipient population was characterized as "able-bodied" or "employable". Our surveys indicate that was simply not true for most.

- By June, 1993, about 15 percent of

the entire former GA recipient population was enrolled in a disability assistance program.

- Nearly one in five reported worse health in both years.
- Just under 60 percent of the second survey sample (two years after termination) reported at least one chronic health condition as defined by the International Classification of Diseases (USDHHS, 1991). These range from back problems, hypertension, and asthma, to terminal illnesses.
- Only half of the respondents maintained health coverage through public or private insurance in both years. Our examination of administrative records of the 1991 GA recipient population revealed that **43 percent of those on GA in 1991 were off all state programs two years before and 44 percent were off all programs two years after GA ended. This confirms that GA itself did not hamper incentives to work. Rather, it provided a legitimate safety net for those times when people were unable to be self-supporting.**
- Most of those in our survey, almost two-thirds, continued receiving Food Stamps.

Looking at all possible sources of cash, we found that two-thirds of the sample relied on two or more sources in the month before the survey but the principal source of cash varied.

- Two years after losing GA, over a quarter of the sample relied primarily on disability benefits. About one in five had their own earnings. Another one in 20 was receiving AFDC support. Another 17 percent had casual labor or odd jobs as their principal source of cash. One in 14 had no cash support on their own but had access to spouse's earnings or benefits. About 9 percent relied primarily on private loans or gifts from friends or other family members. Finally, about 12 percent of the sample had no cash support from any of these sources.

To explore emotional well-being, we documented the prevalence of depressive symptoms. We utilized the CES-D scale, a widely-used 20-item checklist of how often the respondent felt a series of emo-

tions in the last week.

- **Over half of the people interviewed the second year scored at risk of clinical depression.** By comparison, a study of unemployed African Americans showed only 25 percent scoring at risk.

A minority of people reported using desperate means of subsistence at least occasionally in either year after GA ended.

- In the first year, 24 percent said they asked for spare change and 29 percent pawned items for cash. By the second year only 18 percent begged for change and 18 percent pawned items for cash. A little over 3 percent stole food in each year and about one in nine reported selling food stamps for money.

By any stretch of the imagination, these people remain exceedingly poor, and their economic precariousness is complicated further by significant health and psychological deterioration.

- Overall, in the month preceding the survey, the cash available to the average respondent was only \$454. If we only count steady sources of cash, the figure falls to \$397.
- The younger chronically ill have higher cash resources than any other group. They are on the receiving end of a high level of family support.
- The older chronically ill stand out in their failure to secure cash. They accumulated only an average \$300 in the past month and a mere \$219 in steady cash.

We are expecting the poor to rely on non-governmental sources to tide them over, but our data show that these are not adequate to the task. Only one in three respondents had visited a local charity, usually for food, in the last year of the survey. Our research on homeless shelter services in the city of Detroit suggests that service capacity doubled after GA ended, but demand greatly outstripped available beds. Providers report that increased demand was largely due to a lack of options for single adults who formerly would have been on GA.

Michigan's GA termination increased employment for only a small

minority; it led to increased reliance on family and friends for housing and financial help for an even smaller minority; it increased the use of homeless shelters in at least one urban area: Detroit. Far more than publicly anticipated, health, disability, age, mental distress, and lack of education present significant barriers to employment former GA recipients.

Former GA recipients need services to address the causes of their welfare dependency. They need more timely screening and referral for health and disability problems; they need more comprehensive health coverage. They need better and more job opportunities. Many would welcome employment training, and job placement, and many would want to work while still receiving benefits.

Across all income classes in our society, we hear that even skills, credentials, and a record of solid employment are no guarantee of stable employment. The Federal Reserve's monetary policy makes it clear that a 6 percent rate of unemployment is a minimum for a non-inflationary economy. At the same time, welfare policy expects that everyone should be able to work—even if they have significant employment barriers.

When Michigan's General Assistance program was terminated, and 80,000 people lost benefits, poverty advocates feared that its elimination would drive a destitute population into homelessness and hopelessness. Many in the state government, especially in the Governor's office, however, expected that friends, family, private charities, and their own efforts would improve the lives of former GA recipients.

Instead, we found that most recipients still do not work in the labor market, continue to have health problems, and totter on the edge of subsistence by pursuing multiple strategies for acquiring basic needs □

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