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**Characteristics, Welfare Use and Material Hardship  
Among California AFDC Households with Disabled  
and Chronically Ill Family Members**

with Addendum: The SSI Recipient Population

Prepared for the California Department of Social Services  
Disability Evaluation Division  
and Adult Services, Operations and Evaluation Branch

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## **Executive Summary**

Cash transfer programs for the poor are receiving intense scrutiny by policy makers at the state and federal levels. The treatment of disabled individuals in these programs raises special issues and challenges for policy design. This paper uses data from a recently completed telephone survey of AFDC-recipient households to describe the characteristics of families in the California welfare system with disabled or chronically ill mothers or children. The sample represents the welfare caseload at a point in time, and is likely to over-represent the most disadvantaged families that ever receive AFDC and SSI.

Survey data are used to compare indicators of welfare use, demographic characteristics, employment, and economic hardship for the following six types of households:

- No disabled child(ren) or mother
- Moderately disabled mother, healthy child(ren)
- Moderately disabled child(ren) and moderately disabled mother
- Severely disabled mother, healthy child(ren)
- Severely disabled child(ren), healthy mother
- Disabled mother and child(ren), at least one severely

### **Findings**

Special needs were common in this sample of highly disadvantaged AFDC recipients, affecting 42 percent of all families. A smaller group of approximately 23 percent of families appear to be at particular risk due to either severe impairments (8 percent with severely disabled mothers and 6 percent with severely disabled children) and/or multiple family members reporting disabilities and poor health (nearly 10 percent). Although disabilities were common, only about half of individuals with self-reported disabilities were receiving benefits through the SSI program.

Participation in other welfare programs was more common for those families who had disabilities and health conditions than for other families. Since the data for these analyses were collected two to three years after the sample was drawn in December of 1992, differences in participation are a rough indicator of greater need and more persistent

welfare use in families who care for disabled members. When AFDC and SSI are considered simultaneously, nearly all of the highest risk families were receiving means-tested transfers. While 68 percent of families in which all members were healthy and 78 to 80 percent of those with moderately impaired family members were receiving some form of income support, this was true for almost all (95 to 99 percent) of those with severely disabled mothers or children.

Families with and without disabled members differed systematically in their demographic characteristics and some household arrangements. By several measures, disabled mothers were more disadvantaged than other recipients and may have faced greater barriers to self-sufficiency. Mothers who cared for disabled children, in contrast, appeared to have slightly greater human capital. The prevalence of both mothers' and children' disabilities differed significantly by race, with African-American families over-represented and Latino families under-represented in most categories of special needs. These demographic differences suggest that households with disabled mothers and those with disabled or chronically ill children may come from different underlying populations.

Overall, the families in this sample of AFDC recipient families were very poor and reported high levels of material hardship. By several measures of income, poverty, and hardship, families with disabled members were faring worse than others. Families with disabled members had lower incomes (adjusted for family size), and their incomes were more likely to be at or below the federal poverty line. In general, these families were also more likely to report hunger, housing problems, the use of emergency medical services, and a lack of necessary medical care for their children. The extent of hardship differed by family characteristics, however. Families in which mothers were healthy and children had only moderate disabilities were generally doing about as well as families in which both were healthy. Families with disabled mothers, in contrast, were consistently poorer and reported more hardship. Families caring for more severely disabled children were also more disadvantaged, although their material hardship was less acute. Families in which both children and mothers had limitations appeared to be most vulnerable to hardship. These findings are particularly striking given the higher cash benefits available to some families with severely disabled members through the SSI program.

Two possible sources of economic hardship were explored in some detail: parents' employment and earnings and extra, out-of-pocket expenses incurred caring for disabled and ill children.

By the time of the interview, about two to three years after the sample was constructed, one-third of respondents and nearly two-thirds of resident spouses/partners had some paid employment. Mothers who reported disabilities or poor health were much less likely to be working, with rates of employment declining with the severity of impairment. Rates of employment were very low in families where both mothers and children were disabled.

The pattern differed for mothers who were healthy but cared for disabled children: those who cared for moderately disabled children were more likely than other mothers to be working, while those caring for a severely involved child were substantially less likely to be in the work force. Although many of the mothers with special needs children were working, 30 percent of those with moderately disabled and nearly three quarters of those with severely disabled children indicated that their children's conditions limited their ability to work or the hours they could work. Looking ahead one year, from 20 to 50 percent said they expected to face similar limitations.

About half of the families caring for disabled and chronically ill children reported that they had incurred special, unreimbursed expenses in the previous month associated specifically with the special needs of their children. On average, parents who incurred any expenses spent \$132 during the month, although those with severely disabled children averaged considerably more. The most common categories of expenses were medical care and medicine, specialized child care, and special food. For those families incurring special costs, the expenses related to caring for the special needs of their children consumed 10 to 12 percent of total family income (cash and Food Stamps) for families with one and more than one involved child, respectively.

Families receiving SSI are of particular interest and policy concern because they may be in need of specialized assistance and exempt from various program requirements. Families with members identified as "severely" disabled by survey questions that do not

receive SSI are also of interest, in that they may represent individuals with less severe or permanent disabilities or those who have not yet accessed SSI benefits.

About half of all households in which a mother or child was coded as "severely" disabled by our criteria were receiving SSI benefits. They account for 11.3% of all families in this sample of AFDC households. When children's SSI status was analyzed by the specific disabling or health condition reported by the mother, the discrepancy between those coded "severe" by survey responses and those receiving SSI was found to be greatest among children with conditions that are particularly difficult to diagnose (including mental illness and behavioral and learning disorders.) The discrepancy between survey and programmatic measures of severity may measure differences in the seriousness of children's conditions; it may also reflect programmatic factors that affect the probability that children with similar levels of impairment will be referred to and found eligible for the SSI program.

Few consistent differences were detected between the SSI recipients and non-recipients on indicators of welfare use, individual characteristics, household configuration, or mothers' employment. The most striking demographic differences were in the race/ethnicity of the two groups, with African American families over-represented and Latino families under-represented among SSI recipients. This also suggests that there may be exogenous factors, such as cultural differences and program policies, that affect the probability that different individuals with comparable disabilities will receive SSI.

**These analyses suggest that a substantial portion of the AFDC caseload at any point in time may face special difficulties, expenses, and barriers to self-sufficiency due to disabilities and poor health. The nature and extent of these difficulties differs for families with disabled children and those with a disabled mother. The nearly one-quarter of families with severely impaired or multiply affected members appear to be at particular risk for poverty, reduced employment, and persistent welfare receipt, and may require extra support and specialized assistance if they are to achieve a greater degree of self-sufficiency.**

## I. PURPOSE

Cash transfer programs for the poor are receiving intense scrutiny by policy makers at the state and federal levels. The treatment of disabled individuals in these programs raises special issues and challenges for policy design.

In California, as in other states, elected officials and state and county welfare program administrators are re-evaluating the structure, benefits, rules, and regulations for the major cash assistance program for families, the Aid to Families with Dependent Children (AFDC) program. The major Federal program of cash assistance for disabled individuals, the Supplemental Security Income (SSI) program, and the California program of supplementary benefits (SSP), are also the focus of growing attention at the national and local levels.

These programs intersect in the provision of benefits to poor families with disabled members. The provision of benefits and services to these families and individuals raises important and complex policy issues about benefit adequacy, horizontal equity, work requirements, and behavioral responses.

This paper describes the characteristics of families in the California welfare system who represent the important junction of welfare and disability policies. Using data from a recently completed survey, this paper describes the individual and household characteristics of AFDC-recipient families who have one or more disabled or chronically ill members. These analyses provide an initial profile of the extent of disabilities in the welfare population, the characteristics of families with mothers and/or children who have disabilities and chronic health problems, their patterns of welfare use and employment, and some indicators of economic well-being.

## II. SAMPLE, DEFINITIONS, AND METHODS

### A. Sample

This paper analyzes preliminary data from Wave II of the California AFDC Household Survey. This is one of several databases which have been constructed through the joint effort of the Department of Social Services of the State of California and the University of California Data Archive and Technical Assistance program. The samples and databases which have been created at the University are depicted in Appendix A.

Respondents for the AFDC Household Survey are a randomly selected subset of the California Assistance Payment Demonstration Project (APDP) sample. The APDP sample is a stratified random sample of 15,000 AFDC recipient households selected from four California counties (Los Angeles, Alameda, San Joaquin, and San Bernardino) in November 1992.<sup>1</sup> The sample included both single-parent households and two-parent households qualifying for benefits through the AFDC-UP program. Two-parent households were deliberately over-sampled to increase the number of such cases available for analysis.

Regardless of case type, the respondent for each interview was the adult, female caretaker in the AFDC family unit.<sup>2</sup> Respondents thus included single mothers, mothers in two-parent families, and a small number of female “caretaker relatives” who received AFDC for children in temporary or permanent kinship foster care.

The data analyzed here are preliminary data from Wave II of the AFDC Household Survey, a telephone survey of a subsample of 2,250 English and Spanish speaking households randomly selected from the APDP sample. The AFDC Household Survey is

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Together, these four California counties account for nearly one-half of the AFDC caseload in California.

<sup>2</sup> The sample includes a small number of male respondents, but respondents were overwhelmingly women.



a panel survey. Initial (Wave I) interviews began in October 1993; a follow-up interview was fielded, beginning in late spring 1995. Both Waves collected detailed information about family and household composition, parents' labor market activities, household income, and use of social services. Wave II of the survey also included a set of questions which identified families with chronically ill or disabled children. These data are designed to allow researchers to assess the type and severity of the child's disabilities, measure expenses associated with the child's condition, identify children participating in the SSI program, and examine the impact of the child's condition on parent's labor market participation and on family financial well-being.

The following analyses use data from Wave II surveys with 1320 cases completed as of December 1995. All analyses in this report use data which have been weighted to represent the four study counties.

## **B. Generalizability and Sample Limitations**

Several important limitations in the generalizability of this sample should be noted. The sample for this study was designed to represent the AFDC population in four counties in California. These counties account for a large fraction of all AFDC cases in the state and capture considerable economic, geographic, ethnic, and social diversity. Several important groups are not well represented in this sample, however, notably recent immigrants whose primary language was not English or Spanish.<sup>3</sup>

The sample has another important limitation. As a point in time sample, it "samples the flow" of all welfare cases. These findings represent the experiences of families who were receiving welfare at a point in time. As substantial research in this field has demonstrated, however, their experience will not represent all families who ever enter the welfare system. In particular, we would expect this point in time sample to over-represent long-term, more highly disadvantaged welfare recipients and to under-

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The AFDC Household Survey also conducted interviews with a subsample of 1,100 Laotian, Vietnamese, Armenian, and Cambodian speaking households. Data from this subsample are not included in this analysis.

represent the larger number of short-term, relatively more advantaged families who cycle through the welfare system more quickly.

It is also important to note that this sample represents the experience of an even smaller fraction of SSI recipient families. Although the SSI program, like AFDC, is means-tested, its income tests and benefit reduction rates are considerably more generous. The sample of families represented here, those poor enough to qualify for both AFDC and SSI, are thus a small and especially disadvantaged subset of all families who receive SSI for disabled children or adults.

### C. Methods

The following sections describe the demographic, health, employment, and other characteristics of families in the AFDC system. Material hardship is also analyzed using data about income, poverty rates, out-of-pocket expenditures for disabled children, and indicators of hunger and housing inadequacy.

The occurrence and the severity of disabilities among mothers and children are assumed to have relevance for these analyses. Section III describes the prevalence and severity of disabilities and chronic illnesses in AFDC households. Sections IV through VIII compare indicators of welfare use, demographic characteristics, employment, and economic hardship for the following six types of households:

- No disabled child(ren) or mother
- Moderately disabled mother, healthy child(ren)
- Moderately disabled child(ren) and moderately disabled mother
- Severely disabled mother, healthy child(ren)
- Severely disabled child(ren), healthy mother
- Disabled mother and child(ren), at least one severely

Each section begins with a description of the specific measures used in the analysis, including, as appropriate, question wording and variable definitions. Findings in each area are summarized and then discussed in detail.

### **III. PREVALENCE, TYPE, AND SEVERITY OF SPECIAL NEEDS**

#### **A. Definitions**

*Prevalence.* Respondents were asked three questions designed to identify functionally limiting conditions for each of their children; questions were patterned after those in two nationally representative panel studies of labor market activities, the Survey of Income and Program Participation (SIPP) and the Panel Study of Income Dynamics (PSID). Children were coded as having a special need if their mother answered affirmatively to one or more of the following:

- Does [child] have a chronic health problem -- physical, emotional, or mental -- that limits the amount or kind of things [he/she] can do?
- Does [child] have a disability or handicapping condition which limits the amount or kind of things [he/she] can do?
- Does [child] receive SSI (Supplemental Security Income) benefits?

Limiting conditions among mothers were identified by asking each respondent (mother or adult, female caretaker) two questions about disabilities and health adapted from the PSID and/or SIPP. Respondents were coded as having a special need if they answered “yes” to the first question or “poor” to the second:

- Do you have a health condition -- physical, emotional, or mental -- that limits the amount or kind of work at a job you can do?
- How would you rate your health these days -- excellent, good, fair, or poor?

Condition. For each child with an identified special need, the respondent was asked to identify up to two specific problems or conditions by name. Each respondent who indicated that she herself had a limiting condition was asked whether that condition was physical or emotional/mental.

Severity. Definitions used to code severity of condition for children and adults are summarized in **Tables 1 and 2**. The severity of each child's condition was determined by asking the respondent several questions about the child's functional limitations in daily activities, mobility, and school attendance. Questions were patterned after those in the SIPP and the National Health Survey. The severity of mothers' conditions was coded on the basis of her self-reported work limitations. In addition, because receipt of Supplemental Security Income (SSI) benefits is limited to those individuals who meet categorical or functional tests for severe limitations or impairments, mothers or children receiving SSI were coded as severely disabled.

## **B. Findings**

Summary. Special needs were common in this sample of highly disadvantaged AFDC recipients, affecting 42 percent of all families. A smaller group of approximately 23 percent of families appears to be at particular risk due to either severe impairments (8 percent with severely disabled mothers and 6 percent with severely disabled children), and/or multiple family members reporting disabilities and poor health (nearly 10 percent).

Prevalence. As shown in **Figure 1**, in 42.2 percent of families, the respondent and/or one or more of her children had a disability, limitation, or chronic health problem. In 21.2 percent of families, mothers reported that they were disabled or limited but reported no limitations among children. In 10.0 percent of families, mothers without limitations cared for a disabled or chronically ill child, and in an additional 1.4 percent of families, they cared for two or more affected children.

A source of particular concern is families in which both parents and children had special needs. A total of 30.8 percent of mothers reported that they had disabilities or rated their

health as poor. In 14.0 percent of families, both mothers and children had limitations. Almost 6 percent of mothers reported that they were disabled or limited or in poor health and cared for one child with special needs. In another 4.0 percent of families a disabled or ill mother cared for two or more special needs children.

*Severity.* Although special needs were common, the majority were coded as “moderate” (see **Figures 2 and 3**). Mothers in 19.1 percent of families reported moderate conditions which limited the amount or kind of work they could do or reported that they were in poor health; those in 13.3 percent of families reported severe problems which prevented work altogether or reported that they were currently receiving SSI. Children in 10.5 percent of households had disabilities or health problems which met the test for moderate limitations in mobility, daily activities, school attendance, or classroom participation. An additional 10.6 percent of families had children with conditions severe enough to require “a lot” of additional assistance with daily activities, to cause the child to miss “a lot” of school, or to qualify the child for SSI.

When the number of individuals affected and the severity of conditions are considered simultaneously, 23.3 percent of families might be considered at the greatest risk (**Figure 4**). This includes 7.9 percent of families in which mothers reported severe limitations, 5.7 percent of families in which mothers cared for at least one child with severe limitations, and 9.7 percent of families in which both mothers and children had special needs, either moderate (2.6 percent of families) or severe (7.1 percent).

#### **IV. PARTICIPATION IN PUBLIC WELFARE PROGRAMS**

##### **A. Definitions**

By definition, all households included in this study received AFDC for at least one family member when the sample was drawn in December 1992. Since it is possible for families with disabled members to participate in both the AFDC and SSI programs, some fraction of households also received SSI for adults or children.

By the time of the Wave II interview in 1995, some portion of families had exited the AFDC system. Participation in the AFDC and Food Stamps programs at the time of the Wave II interview was measured by asking respondents if they were currently receiving AFDC benefits for themselves or any children in their care. Participation in public health insurance (Medi-Cal or Medicare) was determined for the respondent and for one randomly selected child in each family. Receipt of public housing benefits was determined by asking respondents whether 1) they lived in public housing, or 2) all or a portion of their rent was paid for directly by or with vouchers from some government agency. As a part of the screen for children's disabilities, respondents were asked if any children were SSI recipients. Respondents' own receipt of SSI was determined only for those respondents who indicated that they had a disabling or limiting condition. It should be noted that this might lead to an under-reporting of SSI for adults.

## **B. Findings**

***Summary.*** Participation in all welfare programs was more common for those families who had disabilities and health conditions (**Table 3**). Since the data for these analyses were collected two to three years after the sample was drawn in December of 1992, differences in participation are a rough indicator of greater need and more persistent welfare use in families who care for disabled members. Nearly all families at greatest risk due to severe disabilities relied on means-tested income transfers.

***AFDC.*** Just under three-quarters (74.1 percent) of all families were still receiving AFDC at the time of the Wave II contact. The sample mean masks significant differences between families with and without special needs. Among families with no special needs, only 68 percent were still receiving AFDC. Participation was much more common among those families with disabled children (between 78 percent and 90 percent) and those with disabled mothers (between 76 percent and 91 percent).

***Supplemental Security Income (SSI).*** Overall, 11.2 percent of these highly disadvantaged AFDC families also received SSI for a child and/or mother. By our definitions, all families in which a child or the mother was receiving SSI were coded as having a

severely limited member. But, all families meeting our tests for severe limitations did not receive SSI. Just over half (54 to 55 percent) of families with a severely affected child or mother were receiving SSI. This means that nearly half of the families who described disabilities and health problems which met our definitions for “severe” were not receiving SSI, because they did not meet eligibility requirements, were not aware of the program, or had not applied for benefits.<sup>4</sup>

*Any Welfare.* When AFDC and SSI are considered simultaneously, nearly all of the highest risk families were receiving means-tested transfers. While 68 percent of families in which all members were healthy and 78 to 80 percent of those with moderately impaired family members were receiving some form of income support, that was true for almost all (95 to 99 percent) of those with severely impaired mothers or children.

*Food Stamps.* Participation in the federal food stamp program was somewhat lower than participation in AFDC for all groups. Group differences persisted, although they were less pronounced. Overall, 71 percent of families reported receiving food stamps in the prior month. Families with no special needs were somewhat less likely to be participating in the program (67 percent). In contrast, 71 to 83 percent of those with disabled children, and 73 to 78 percent of those with disabled mothers, were food stamp recipients. Families who reported limitations for both mothers and children ranged from 64 to 81 percent.

*Public Health Insurance (Medi-Cal and Medicare).* Since AFDC and SSI recipients are automatically eligible for Medi-Cal (and in some cases, Medicare), we would expect rates of coverage under the public health insurance programs to parallel rates of welfare participation. As expected, Medi-Cal/Medicare coverage for mothers increased from 65 percent among families with no special needs to 75 to 90 percent among those with disabled mothers. Coverage for children increased from 71 percent of families in which all family members were healthy to 75 to 94 percent of those who care for disabled or ill

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<sup>4</sup> A small number of additional households reported some SSI income in the prior month, which is assumed for this analysis to benefit other family members or spouses.

children. Participation was once again highest among those families with more severely impaired members (from 91 to 94 percent).

*Public Housing.* Families with disabled members were also more likely than other families to be living in subsidized housing (subsidized housing projects or private housing with Section 8 vouchers). Although public housing benefits are income-tested they are not an entitlement. Nearly one-quarter (23 percent) of all families in this sample reported that they were living in partially or fully subsidized rental housing.<sup>5</sup>

Receipt of public housing benefits was higher for most but not all groups of families with disabled members. In comparison to the 20 percent of families with no special needs who were living in subsidized residences, only 14 percent of families with a moderately impaired mother and no impaired child received housing assistance. Residence in subsidized housing was more common for all other groups of families with special needs: from 25 to 29 percent of those with special needs children and 29 percent of those with a severely impaired mother lived in subsidized housing. Participation was highest for those families reporting that both mothers and children had special needs: 31 percent of families with moderate impairments and 50 percent of those in which either mothers or child(ren) had severe conditions.

## **V. DEMOGRAPHIC CHARACTERISTICS**

### **A. Definitions**

Respondents were asked a series of questions about their own characteristics (race, highest level of education); their marital status (ever married, currently co-habiting); and the composition of their households and families. Household was defined as all adults and children sharing living quarters; family was defined as the respondent, her resident

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<sup>5</sup> This rate is higher than the overall average for California, which may reflect the bias of this sample toward longer-term and more disadvantaged households.



spouse or partner (if relevant), and her biological and adopted children. In the case of caretaker relatives, family was defined as the respondent and those children for whom she received AFDC – both her own and her “foster” children, as relevant.

## **B. Findings**

***Summary.*** Families with and without disabled members differed systematically in their demographic characteristics and some household arrangements (**Table 4**). By several measures, disabled mothers were more disadvantaged than other recipients and may have faced greater barriers to self-sufficiency. Mothers who cared for disabled children, in contrast, appeared to have slightly greater human capital. The prevalence of both mothers’ and children’s disabilities differed significantly by race, with African-American families over-represented and Latino families under-represented in most categories of special needs. These demographic differences suggest that households with disabled mothers and those with disabled or chronically ill children may come from different underlying populations. Bivariate comparisons must be interpreted cautiously, however, insofar as they do not disaggregate probable interactions in age, race, and other demographic characteristics.

***Human Capital.*** Overall, measures of human capital for this sample of AFDC recipients revealed substantial disadvantage. The average respondent was 34.9 years old, had completed less than 12 years of school (11.29 on average), and had first received AFDC in her mid-20s (at age 24.9 years on average). Mothers in households with disabled members differed systemically on several of these measures. Those women who reported that they themselves were disabled had fewer years of education (10.9 to 10.6), were older (37.3 to 43.9 years), and had first received AFDC at a slightly later age (at ages 27.4 to 27.9). Mothers who cared for disabled and chronically ill children, in contrast, were somewhat better educated (11.91 to 11.46 years of school), were younger (32.8 to 32.1 years), and had entered AFDC at younger ages (from ages 24.3 to 22.1). Respondents in families in which both mothers and children were disabled had mixed characteristics.

These demographic characteristics raise the possibility that families with disabled members in the AFDC system are drawn from different underlying populations and may face different barriers to economic independence. Disabled women were more highly disadvantaged than the average recipient. This may reflect both higher risk and longer duration of welfare receipt. In contrast, those who cared for children with special needs were somewhat less disadvantaged than other recipients. It is possible that for at least some portion of these mothers, the demands or adjustments to their child(ren)'s disabilities interfered with their ability to support themselves outside the welfare system.

*Household Composition.* One quarter of all respondents (25.4 percent) were living with a spouse or partner when interviewed, and over half (57.2 percent) had been or were currently married. On average, women had 2.17 biological or step children living with them, the youngest of which averaged six years. Households with and without disabled members differed systematically on some but not all of these measures. Respondents who reported themselves disabled were more likely to have been married and lived in slightly larger households on average. They cared for fewer children, but their children were older than the sample mean. Those with disabled children, in contrast, were more likely to have been never married, and cared for more and younger children. Differences in the probability of living with a spouse or partner were nonsignificant.

These differences should be interpreted cautiously because it is difficult from bivariate comparisons to disaggregate age, family size, and other demographic characteristics. The younger age of women with disabled children, for example, may help explain both the younger age of their children and their higher probability of nonmarriage. Disabled women were slightly older on average than healthy women, which is consistent with caring for older and fewer children.

*Race and Ethnicity.* One-third (33.3 percent) of the respondents in this sample identified themselves as Black or African-American, 36.8 percent were Latino, and one-quarter (25.4 percent) were white or European-American. (An additional 4.5 percent identified themselves as belonging to other racial or ethnic groups). Disability status differed dramatically with race and ethnicity. In comparison to the sample mean, African

American respondents were over-represented in all families with disabilities. Latino respondents were under-represented in most categories of disabilities. Disability status did not vary significantly by race for white/European Americans.

A higher prevalence of disabilities and chronic illness among African American families is consistent with estimates from other, nationally representative samples which find higher concentrations of disabilities and diseases in poor, inner city communities. There is little comparable data on prevalence among Latino populations. Given self-reported data, it is not possible in this study to differentiate between the occurrence of diseases/disabilities and the occurrence of medical or other diagnoses of these conditions. Lower reported prevalence of disabilities among Latinos may reflect genuine differences in occurrence. It may also reflect less familiarity and/or use of relevant medical and social services which provide diagnoses and diagnostic labels.

## **VI. HARDSHIP**

### **A. Definitions**

Economic well-being and hardship were measured in terms of family income, poverty status, and direct measures of material hardship. Family income for the previous month is the sum of the respondent's and her spouse/partner's earnings, means-tested cash transfers (AFDC, SSI, other), other public cash transfers (DI, Social Security, UI), food stamps, child support, and other cash income. Family income is standardized for family size by dividing the total income by the square root of the number of adults and children in the family. Poverty status is calculated by dividing total family income for the prior month by the federal poverty line adjusted for family size.

To determine material hardship, respondents were asked several questions about hunger, housing adequacy, and use of medical services. The following analyses compare responses to two questions about hunger: 1) since the prior (Wave I) interview, did respondent's child(ren) ever go hungry because of a lack of money to buy food? 2) did

the respondent or her spouse/partner go hungry for this reason? Housing adequacy is compared on two measures: any spells of homelessness and any evictions since the Wave I interview. Since receipt of housing subsidies was substantially higher among families with disabled members, housing adequacy is analyzed separately for families with and without subsidies. Utilization of medical services is compared for the randomly selected child in each family.

## **B. Findings**

***Summary.*** Overall, the families in this sample of AFDC recipient families were very poor and reported high levels of material hardship (**Table 5**). By several measures of income, poverty, and hardship, families with disabled members were faring worse than others. Families with disabled members had lower incomes (adjusted for family size) and their incomes were more likely to be below the federal poverty line. In general, these families were also more likely to report hunger, housing problems, the use of emergency medical services, and a lack of necessary medical care for their children. The extent of hardship differed by family characteristics, however. Families in which mothers were healthy and children had only moderate disabilities were generally doing about as well as families in which both were healthy. Families with disabled mothers, in contrast, were consistently poorer and reported more hardship. Families caring for more severely disabled children were also more disadvantaged, although their material hardship was less acute. Families in which both children and mothers had limitations appeared to be most vulnerable to hardship. These findings are particularly striking given the higher cash benefits available to families with severely disabled members through the SSI program.

***Income.*** When family size is controlled, most categories of families with disabled members had lower household incomes than those in which all members were healthy. The standardized income per family member in families without disabled members averaged \$712 per month. Families in which one child was moderately impaired reported slightly higher monthly incomes of \$723 per member. But families in which mothers were disabled had substantially lower standardized monthly incomes of \$559 to \$607. Those in which children were severely impaired were also worse off, with an average of

\$655 per month. If both mothers and children were impaired, per capita family incomes ranged from \$523 to \$672.

Poverty. Lower household incomes translated into higher poverty rates for families caring for disabled members. Overall, families in this sample were very poor. The average family was living at 110 percent of poverty; nearly two-thirds (63 percent) had incomes at or below the federal poverty standard and over one-quarter (29 percent) had incomes at or below 75 percent of the poverty line for family size.

Families with healthy members fared slightly better than the sample mean, with incomes averaging 115.6 percent of poverty. Those in which the mother was healthy but children were moderately impaired had similar rates of poverty. Families with a disabled mother, however, averaged incomes from 91 to 98 percent of poverty; those with a severely impaired child averaged 104 percent of poverty. In families with both a disabled mother and disabled children, household incomes ranged from 84 to 106 percent of poverty.

Hunger. Both children and adults were more likely to go hungry in families with disabled members. One-quarter of all families reported that adults had gone hungry at least once because of a lack of money for food during the months since the first interview; in 19 percent of families children had gone hungry. Hunger was more common in families with disabled mothers (24 to 28 percent of children had been hungry) and those with disabled children (28 to 30 percent). Problems were most acute for those families in which both the mother and children had limitations; in these families, 37 to 46 percent of children had gone hungry one or more times.

Housing Adequacy. Differences in incidence of inadequate housing were inconsistent and should be interpreted with caution given smaller sample sizes (after controlling for public housing) and low incidence events. As would be expected, problems of homelessness and eviction were less common among those families who had housing assistance (n=291). Among all families without subsidies (n=941), 1.3 percent reported homelessness and 6 percent reported at least one eviction in the months between the Wave I and Wave II interviews. Problems were more frequent for most, but not all,

categories of families with disabled members, with rates of homelessness ranging from less than 1 to 18 percent and rates of eviction ranging from 1 to 39 percent. Families with disabled a mother and disabled children appeared to be at greatest risk.

*Children's Use of Medical Services.* Indicators of poor health and heightened used of emergency medical services were more severe in families caring for disabled and chronically ill children. Overall, 5.8 percent of children had been hospitalized at least once in the interval between Wave I and II of the interview, and 8.1 percent had gone to the emergency room. Rates of emergency medical care use for children were similar in families with disabled mothers and healthy children. Among families with moderately disabled children, however, 5.9 to 12.9 percent of children had been hospitalized and 7.4 to 26.6 percent had been treated in the emergency room. If families had one or more severely impaired child, rates were sharply higher: from 11.4 to 23.8 percent had used the hospital and 20.1 to 20.9 had used the emergency room.

Children were also more likely to have gone without needed medical care in these families. Overall, 27.8 percent of respondents reported that children had gone without care they needed on at least one occasion. If any children in the family were moderately disabled, from 38.1 to 59.9 percent had gone without necessary care. In families with severely disabled children, the figures were 49.9 to 57.6 percent.

## **VII. EMPLOYMENT**

### **A. Definitions**

Respondents were asked about employment in the current month and prior month. Employment questions were adapted from standard labor market surveys, particularly the SIPP, PSID, and Current Population Survey (CPS) of the Census Bureau. Because work is often intermittent for this population, special efforts were made to identify both "regular" full or part time work and temporary, intermittent "odd jobs" such as babysitting, yardwork, and the like.

Respondents were asked detailed questions about their own employment activities, and a more limited set of questions about the employment activities of their spouse/cohabiting partner. Respondents were coded as being *regularly employed* if they indicated they were currently working in a regular job, either full or part time. They were coded as having *any paid work* if they had worked in a regular job or “odd jobs” for pay in the prior month. Similar definitions were used for coding employment of the spouse/partner.

The share of household income provided by earnings was calculated by combining all reported earnings for the respondent and spouse/partner and dividing by the total reported household income (including earnings, means-tested cash transfers, other cash transfers, food stamps, child support, and other cash income).

Mothers caring for disabled children were also asked directly about the extent to which their employment was limited by their children's conditions. Mothers who were currently unemployed were asked if their child(ren)'s conditions limited their current ability to work for pay; if they answered affirmatively, they were asked if they expected the condition to still limit their ability to work in 12 months. If mothers were employed at the time of interview, they were asked if their child(ren)'s conditions limited the hours they could work and, if yes, whether they expected to be limited in one year.

## **B. Findings**

***Summary.*** By the time of the Wave II contact, one-third of respondents and nearly two-thirds of resident spouses/partners had some paid employment. Mothers who reported disabilities or poor health were much less likely to be working, with rates of employment declining with the severity of impairment. The pattern differed for mothers who were healthy but cared for disabled children: those who cared for moderately disabled children were more likely than other mothers to be working, while those caring for a severely impaired child were substantially less likely to be in the work force. Rates of employment were very low in families where both mothers and children were impaired. When asked directly, nearly three quarters of mothers with severely disabled children

indicated that their children's conditions limited their ability to work or the hours they could work; about half said they expected similar limitations in the future.

*Mothers' Employment.* As shown in **Table 6**, nearly one-third of the women in the sample were working in a regular job (31.0 percent) and/or had some paid work in "odd jobs" in the prior month (33.6 percent). In those families with healthy mothers and children, these rates were 41.0 to 42.1 percent.

Labor force participation was significantly and substantially reduced among women with disabilities. Only one-quarter (25.9 percent) of women with moderate disabilities reported any paid work in the prior month; a scant 1.2 percent of severely disabled mothers were currently in regular jobs, and 7.9 percent reported some paid work. Employment also varied with the presence and, especially, the severity of children's disabilities. Women who cared for moderately disabled or ill children were somewhat more likely to work than other mothers: 40.3 percent had regular jobs and 49.7 percent had some paid work. Among women who care for severely impaired children, in contrast, only 21.1 percent reported any paid work.

If both mothers and children had disabilities or chronic illnesses, mothers were very unlikely to work: only 15 percent of those with moderate problems, and 8.6 percent of those with severe impairments, had any paid work.

*Men's Employment.* Employment also varied for men in those families with a resident spouse or partner, although differences were smaller and only marginally statistically significant.<sup>6</sup> Nearly two-thirds of respondents' spouses/partners (64.6 percent) were reported to have some paid work in regular or "odd" jobs in the previous month. If both the mother and children in the family were healthy, slightly more (69 percent) were working.

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<sup>6</sup> Resident spouses or partners were reported by about one-quarter of respondents. These men were not necessarily fathers of the resident children.



Men in those families with disabled children were more likely to be employed: 72.5 to 72.8 percent of those who lived with moderately and severely disabled children, respectively, were working. In families where mothers were disabled, on the other hand, only 48.2 to 60.7 percent of men were employed. Men's employment in those families where both the mother and children had impairments also ranged considerably below the sample mean at 56.3 to 45.4 percent.

Earnings. Lower levels of employment were reflected in the fraction of family income which was earned. On average, 27 percent of income for all families came from the earnings of respondents or, when appropriate, spouses and partners. Mothers and spouses/partners worked more frequently in families in which both the mother and children were healthy, and those in which children had moderate disabilities; this was reflected in a larger fraction of family income from earnings (35.3 and 30.5 percent, respectively) in these families.

The fraction of income from earnings was much lower for other families: 16.7 percent in families with moderately disabled mothers and 4.2 percent in families with a severely disabled mother; 11.2 percent in families with any severely disabled children; and 7.1 percent in those families in which both mothers and children had moderate to severe problems.

Reported Limitations Mothers with disabled children also reported that their children's conditions limited their ability to work or the hours they could work. Nearly 30 percent of those with moderately disabled children reported that their children's conditions created some barrier to employment; almost three-quarters (73.4 percent) of those with severely disabled children indicated that the child's condition limited their current employment. In all groups, fewer mothers expected limitations 12 months in the future: 19.5 percent of mothers with moderately disabled children and 50.2 percent of those with severely disabled children expected that they would still be unable to work or would work fewer hours in the future. Mothers may have more optimism about work in the future because their children's conditions are temporary or expected to improve with time. Their

optimism may also reflect expectations about access to supportive services or child care that would reduce barriers to their employment.

## **VIII. EXPENSES**

### **A. Definitions**

Additional benefits available to low-income families with disabled children through the SSI program are based, in part, on the presumption that families incur extra expenses caring for children with disabilities and chronic health problems. To measure the extent of these costs, respondents with any special needs children were asked whether they had incurred any extra, unreimbursed expenses in the prior month associated specifically with the special needs of their children. Questions were adapted primarily from Urban Systems Research and Engineering, Inc.'s 1978 survey of households with SSI children. Respondents were asked whether they had experienced costs due to their children's special needs in the month preceding the interview and, if they had experienced costs, the amount. Respondents were asked specifically about the expense of purchasing medicine or health care not covered by Medi-Cal or other insurance, special transportation, specialized child care, special clothing or shoes, special food or diets, or other goods or services for their children.

### **B. Findings**

***Summary.*** About half of the families caring for disabled and chronically ill children reported that they had incurred special, unreimbursed expenses in the previous month associated specifically with the special needs of their children (**Table 7**). On average, parents who incurred any expenses spent \$132 during the month, although those with severely disabled children averaged considerably more. The most common categories of expenses were medical care and medicine, specialized child care, and special food.

***Any expenses.*** Among all families with disabled or chronically ill children, half (49.8 percent) reported some out-of-pocket expenses in the prior month specifically associated

with their children's special needs. The single largest category of expense was medical care and medicines, which were paid for by 26.1 percent of families. Substantial fractions also incurred special costs associated with specialized child care for their sick or disabled child(ren) (19.6 percent) and special foods (15.8 percent). Between 9 and 10 percent of families with special needs children reported expenditures for special transportation, clothing, and other goods and services.

*Total Expenses.* Total expenses ranged from a low of \$6 to a high of over \$650 in the prior month. Considering all families with special needs children, average out-of-pocket expenses in the prior month were approximately \$66 dollars. Among the half of families with any expenses, the mean was \$132. Out of pocket expenses increased with the severity of children's conditions. Families with moderately disabled children who incurred any expenses averaged \$67 to \$118 in the prior month. Families with severely impaired children spent an average of \$123 to \$173 on goods and services for the special needs of their children. These costs can be understood in relation to the low incomes of these families. For those families incurring special costs, the expenses related to caring for the special needs of their children consumed 9.8 to 12.2 percent of total family income (cash and Food Stamps) for families with one and more than one involved child, respectively.

## **Addendum: THE SSI RECIPIENT POPULATION**

### **A. Definitions**

As described in Section IV and Table 3, about half of the individuals who reported disabilities that met our definition for "severe" were receiving SSI at the time of the interview. This subpopulation is of particular interest for several reasons. These individuals have met SSI eligibility tests based on the diagnosis or the severity of their disability. They may be automatically exempted from requirements in other programs (e.g. enrollment in GAIN). And because their disabilities impose substantial limitations on current employment (for adults) or future employment (for children), SSI recipients may be reliant on cash transfer programs for a longer period of time than other welfare recipients.

Those individuals who report disabilities that impose severe limitations but who do not receive SSI are also of interest. They may differ from SSI recipients in the nature or severity of their limitations (for example, individuals with health problems or disabilities that are temporary or less limiting than those of SSI recipients). Or they may have similar disabilities but differ in their ability to negotiate medical and social service systems (for example, those who lack the knowledge or assertiveness to seek a medical diagnosis for themselves or their children or to seek SSI benefits). A third possibility is that these individuals represent future SSI demand (for example, individuals whose disabilities have occurred or been diagnosed recently). This may be a particularly large pool in the case of children with conditions, such as learning disabilities and some types of retardation, that are difficult to accurately diagnose at an early age.

Receipt of SSI was determined for all children in sample as part of the initial screen for disabilities (all respondents were asked if any of their children received SSI and, if so, which children). Receipt of SSI by respondents (mothers) was determined only for those who first identified themselves as disabled. The findings below may therefore underestimate the percent of mothers in the SSI program. Children's illnesses or disabilities were determined by asking respondents to specify up to three specific

conditions. The first reported condition was defined as the primary disabling condition for purposes of analysis. (It should be noted that this may not capture the most severely disabling condition in all cases.) Specific conditions were not determined for mothers.

The following sections compare disabling conditions, welfare use, demographic characteristics, and employment patterns for families with a severely disabled member that did and did not receive SSI. The analysis is limited to the 262 cases in which a child and/or mother was identified as having a severe disability. In interpreting these findings is important to remember that this sample describes only those SSI recipients in families that also receive AFDC for one or more family members. They do not describe SSI recipients more generally.

## **B. Findings**

***Summary:*** About half of all households in which a mother or child was coded as "severely" disabled by our criteria were receiving SSI benefits. They account for 11.3% of all families in this sample of AFDC households. The discrepancy between mothers' report of special needs and SSI receipt may reflect differences in the seriousness or duration of the condition as defined in the survey and as used to determine SSI eligibility. When analyzed by children's conditions, the discrepancy is greatest for those conditions that are potentially the most difficult to diagnose, including mental illness and behavioral and learning disorders. This suggest that the gap may also reflect programmatic factors that affect the probability that children with similar levels of impairment will be referred to and found eligible for the SSI program. Few consistent differences were detected between the SSI recipients and non-recipients on indicators of welfare use, individual characteristics, household configuration, or mothers' employment. The most striking demographic differences were in the race/ethnicity of the two groups, with African American families over-represented and Latino families under-represented among SSI recipients. This also suggests that there may be exogenous factors, such as cultural differences and program policies, that affect the probability that different individuals with equally severe disabilities will receive SSI benefits.

Prevalence **Table 2A** and **Figures 1A and 2A** depict the prevalence of self-reported severe disabilities and of SSI receipt by household. Altogether, 11.3% of families were receiving SSI for the mother, child(ren) or both.

In 12.8% of households, the respondent reported that she had a disability that prevented work; in about half of these (5.8% of all households) the respondent was a current SSI recipient. In 10.6% of families, the respondent reported that at least one of her children had a chronic illness or disability that was severe (required a lot of extra help with daily activities or caused the child to miss a lot of school); in about half of these (5.9% of all families), at least one special needs child received SSI.<sup>7</sup>

These cases include some families in which both mothers and children had special needs. As described earlier, in 7.1% of families the respondent reported that both she and at least one child had a disability, and one or both met the test for a severe limitation. Forty-nine such families, or 3.9% of the sample, were receiving SSI. In most cases, the SSI was received by the child (29 families). In a very small number of cases (8), both the mother and child were SSI recipients.

Children's Conditions. **Table 2A** describes the first reported disabling condition or chronic illness for all children in the sample. Among a total of 2,133 children, 364 or 17.1% of children were identified as having special needs. Of these, 44.2% met the test for "severe" problems by parents' reports and 24.2% were receiving SSI. (This translates into 7.5 percent of all children having a "severe" condition and 4.1 percent receiving SSI).

In most categories, more children were coded as severely impaired on the basis of parents' reports than were receiving SSI. Two exceptions were sensory impairments and speech impairments, in which severity and SSI receipt corresponded exactly (66.9 and 15.8 percent of children with these conditions, respectively).

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<sup>7</sup> Separate figures for households with a child SSI recipient (5.9%) or an adult recipient (5.8%) do not add up to the overall figure of 11.3% because of households in which both a child and mother were recipients (n=8, 0.6%). Other differences are due to rounding errors.

Across most other conditions, measures of severity and SSI receipt varied together and more children were identified as "severely" disabled by parent reports than were receiving SSI. For two of the specific conditions, two-thirds or more of children with the condition were coded as "severe" on the basis of parents' reports: health and physical disabilities including cancer and cerebral palsy (66.0 percent severe) and mental retardation and autism (88.6 percent severe). SSI receipt was also highest for children with these conditions, ranging from 46.1 percent of children with health problems to 69.5 percent of those with mental retardation. At the other extreme, the conditions least likely to be coded as severe by parent reports were asthma (35.1 percent severe) and behavioral/learning disorders (39.5 percent severe); SSI receipt was also less frequent for these children (15.6 to 23.2 percent). The category with the largest discrepancy between "severity" by parent report and SSI receipt was mental illness. Here, the parents of 53.1% of children with the condition reported functional limitations or school interference that we coded as "severe" but only 15.4% of children were receiving SSI.

These comparisons suggest parents' reports of severity and of SSI receipt identify a similar population of children, but that the survey indicators used to code severity identify more children than are current SSI participants. The reasons for this discrepancy cannot be resolved from these data. The severity measure may over-estimate the seriousness of children's disabilities and the caretaking impact on parents. The severity measure may also identify children who are current or future applicants for the SSI programs.

It is also possible that children with comparable levels of functional limitation have different probabilities of receiving SSI for family or programmatic rather than medical reasons. It is notable, for example, that the conditions in which the discrepancy between measures of severity and of SSI receipt is the smallest are those likely to meet categorical eligibility requirements for SSI on the basis of qualified medical diagnoses: sensory disorders (including blindness and deafness) and physical health problems (including cancer, epilepsy, and cerebral palsy). In contrast, the conditions for which the discrepancy is greatest, and SSI receipt is lowest relative to reported severity, are those for which more complex medical or developmental tests may be needed to determine

eligibility. This trend is particularly striking in the cases of mental illness (in which the number of children coded as severely impaired was over three times the number receiving SSI) and those of asthma and behavior/learning disorders (in which the number of children coded "severe" is about double the number in SSI).

The reasons for the discrepancy between parents' reports of severity and SSI are important for projecting SSI program growth under various eligibility rules. The distribution of these discrepancies has implications for other estimates. It should be noted that two of the conditions with the largest discrepancies between these measures are also the most commonly reported: asthma (45.9 percent of disabled children) and behavior/learning disorders (15.9 percent). This suggests that children with these conditions may make up a disproportionate share of the 4.7% of children who are coded as severe/non SSI recipients in these data.

Welfare Use. Differences in welfare receipt by SSI receipt were small and inconsistent across households with disabled children and disabled mothers. In families with a severely disabled mother, receipt of AFDC, Food Stamps, and Medicaid for children were all somewhat lower for families receiving SSI than for families without; in those families with a severely disabled child, receipt of Food Stamps and Medicaid were higher for those families in the SSI system, but receipt of housing benefits was lower. In families with both a disabled mother and child, participation in all programs was higher for those families receiving SSI. These differences may be partially explained by program interactions that affect eligibility. For example, automatic Medicaid eligibility for SSI recipients could explain differences in public insurance coverage. Differences may also be related to the duration of welfare receipt for families with disabled members. For example, longer reliance on welfare by severely disabled mothers may account for higher rates of public housing assistance (because waiting lists are usually long) and lower rates of AFDC receipt and medical insurance (because children age out of the system).

Both sample sizes and observed differences are small, however, suggesting caution in drawing conclusions about differences in welfare use or related behaviors.



Adult and Family Characteristics. **Table 4A** compares family characteristics for households with severely disabled members who did and did not receive SSI. Few large or consistent differences emerge from these comparisons.

In families with a severely disabled mother, mothers who were SSI recipients had fewer years of education and first received AFDC at an older age. Similar differences were not observed in households with severely disabled children or mothers and children.

Differences were apparent in the ages of children in families with a severely disabled child; children in families receiving SSI were over a year younger, on average.

The most dramatic differences emerge in comparisons of families by race and ethnicity. SSI participation was disproportionately high for African-American families who had a disabled member, and disproportionately low for Latino/Hispanic families. As reported in Table 4 and Section V, similar trends were apparent in the reporting of any adult and child disabilities. As a result, African American families accounted for a large share of all families in the SSI program. This may be further evidence of exogenous factors, such as program rules, administrative practices, cultural and community beliefs, that affect the probability of SSI receipt by individuals with comparable disabilities.

Employment In **Table 6A**, employment for respondents and their spouse/partner (when present) is compared for families with severely disabled members by SSI receipt. Once again, differences were small and nonsignificant on most measures.

As described in earlier sections, employment low for mothers who were themselves disabled. Fewer than 10 percent of mothers were working in households with a severely disabled mother or in those with a disabled mother and child. Employment was more frequent for mothers in families with severely disabled child (from 17 to 22 percent). As shown in Table 6A, across all these categories, mothers in families that were and were not receiving SSI were about equally likely to be employed. Those differences that are observed are small and inconsistent in direction.

Consistent differences did emerge when women were asked directly about the impact of children's disabilities on their ability to work now and in the future. About three-quarters of all mothers of severely disabled children reported that their children's conditions interfered with their ability to work at all or with the number of hours they could work. When compared by SSI status, only 65.2 percent of the mothers of nonrecipients reported this level of interference in contrast to 80.2 percent of the mothers receiving SSI for their children. Looking ahead one year, the number anticipating barriers to employment from their children's disabilities was somewhat lower: 44.3 percent of the mothers of nonrecipients and 55.5 of the mothers of recipients. This suggests most mothers of severely disabled children perceive barriers to employment associated with their children's conditions; at least some of these mothers expect fewer barriers in the future, either because of changes in their children's conditions or changes in other circumstances (e.g. household configuration or access to support services). Those mothers whose children receive SSI are more likely to report barriers, which may indicate that their children have more severe problems or conditions that impose more direct caretaking burdens on parents.

**Table 1**  
**Coding of Severity:**  
**Children's Health Conditions and Disabilities**

**Moderate**

*Child meets one or more of the following conditions*

Needs "a little" more help than other children his/her age with daily activities  
(e.g. eating, bathing, dressing, or getting around the house)

Unable to take part in usual activities for child of his/her age

Attends special classes or receives special education services due to condition

Misses "some" days of school due to condition.

**Severe**

*Child meets one or more of the following conditions*

Child needs "a lot" more help than other children his/her age with daily activities  
(e.g. eating, bathing, dressing, or getting around the house)

Misses "a lot" of day of school due to condition.

Prevented from going to school at all by condition

Receives Supplemental Security Income (SSI)

**Table 2**  
**Coding of Severity:**  
**Respondents' (Mothers') Health Conditions and Disabilities**

**Moderate**

*Respondent meets one or more of the following conditions*

Reports disability which limits work

Reports health is poor

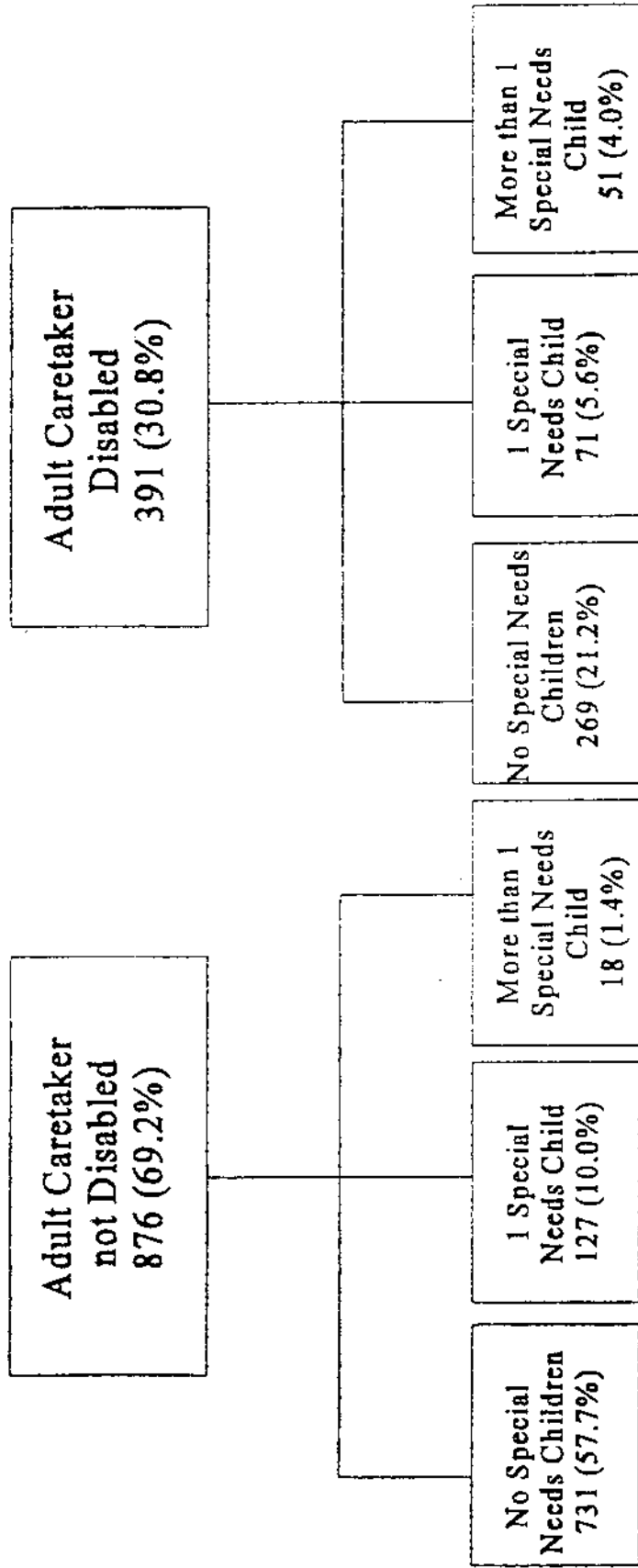
**Severe**

*Respondent meets one or more of the following conditions*

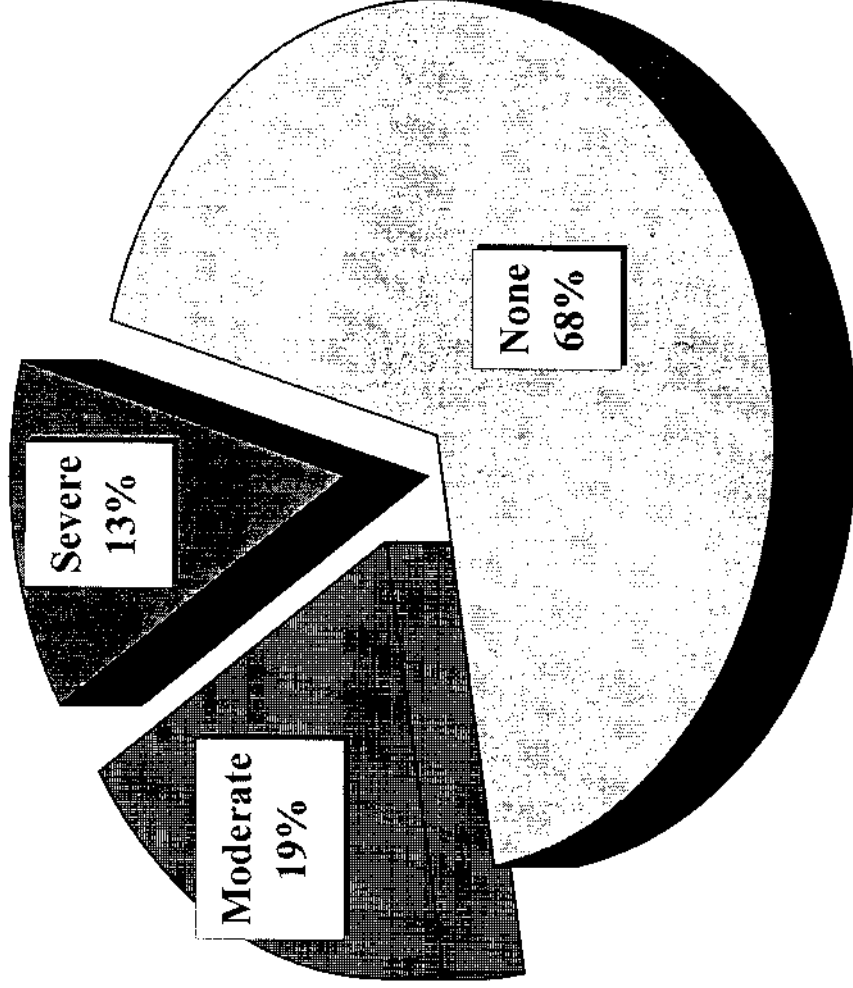
Reports disability which prevents work

Receives Supplemental Security Income (SSI)

**FIGURE 1**  
**Chronic Health Conditions and Disabilities**  
**California Families Receiving AFDC in 1993 (n=1267)**

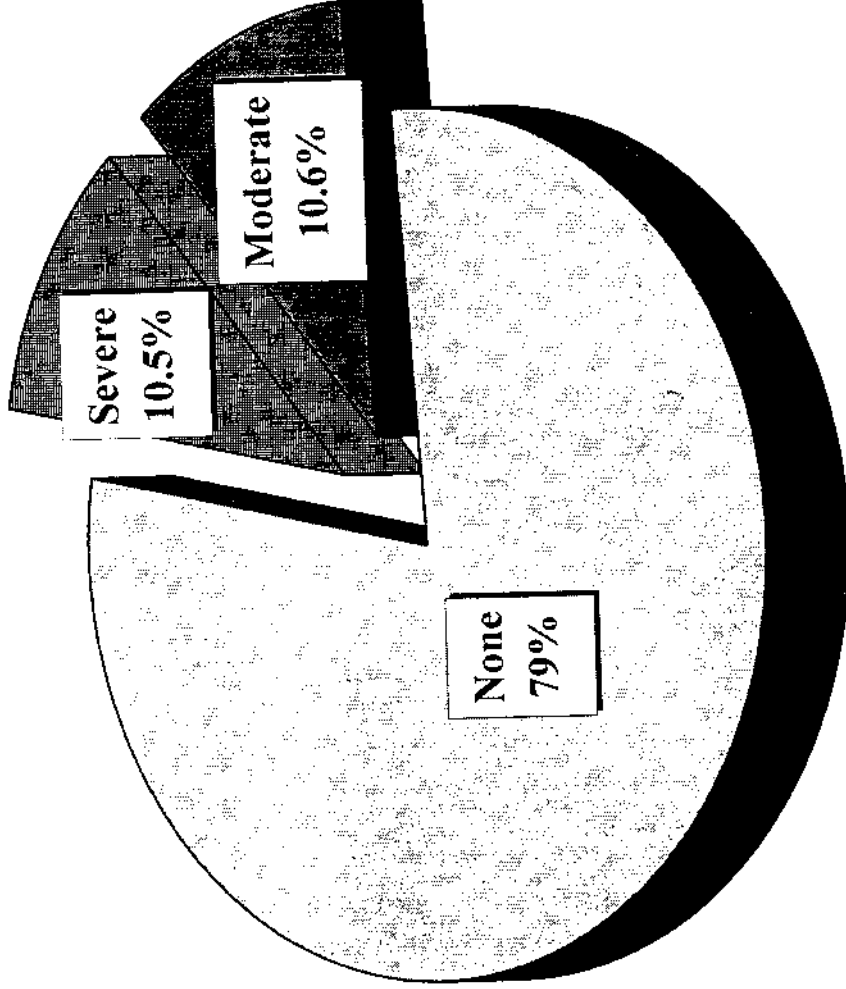


**FIGURE 2**  
**Households by Mother's Conditions**



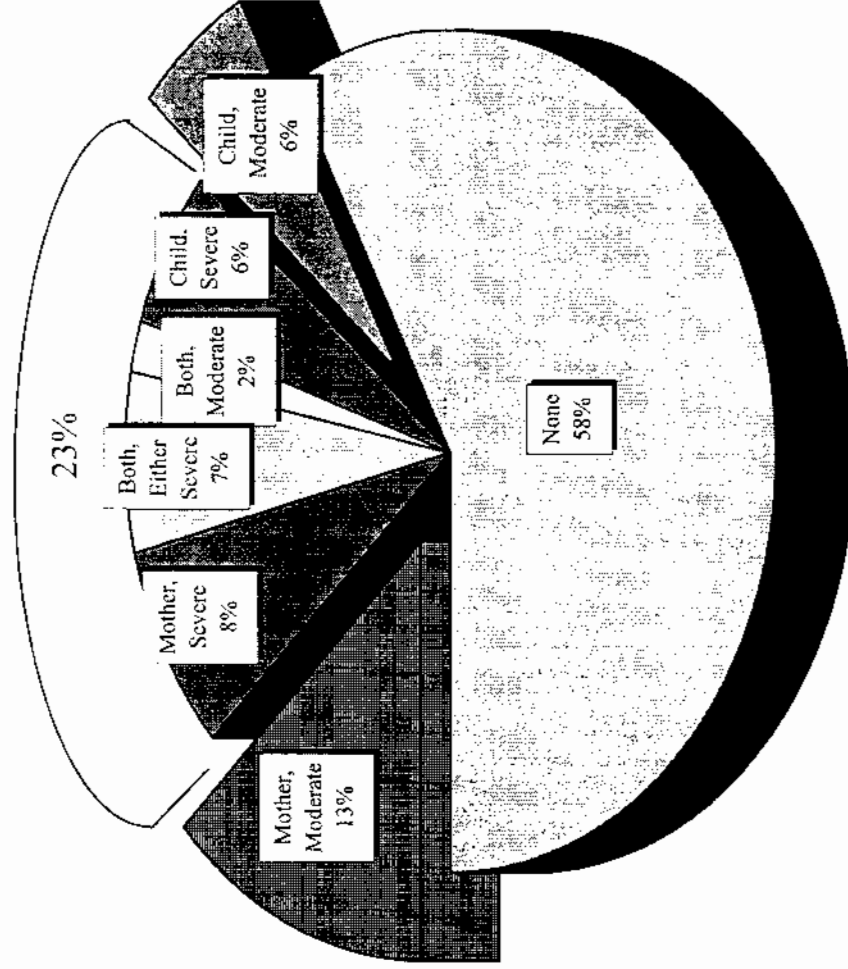
**Total Households Affected: 32%**

**FIGURE 3**  
**Households by Children's Conditions**



**Total Households Affected: 21%**

**FIGURE 4**  
**Households by Adult and Child Conditions**



**Total Households Affected: 42%**

**Total Households with Multiple or Severe: 23%**



**Table 3**  
**Welfare Participation (1995) by Disabilities**  
**California Families Receiving AFDC in 1993**  
*1320 cases, weighted*

	Probability	Sample Mean (1)	DISABILITIES						
			None	Mother	Child	Both	Mother	Child	Either
<i>number families</i>			731	168	73	32	101	72	90
<i>fraction all families</i>			57.7	13.3	5.8	2.6	7.9	5.7	7.1
Family Received Food Stamps (%)	<.01	71.0	67.0	77.9	71.0	63.7	73.4	82.8	81.1
Family Received AFDC (%)	<.01	74.1	68.0	80.7	78.1	80.3	76.3	90.1	90.6
Mother or Child Received SSI (%)	<.01	11.2	-	-	-	-	54.1	54.6	54.5
Family Received AFDC or SSI (%)	<.01	76.2	68.0	80.7	78.1	80.3	94.5	98.8	92.5
Mother Received Public Health Insurance (%) (2)	<.01	71.7	65.1	74.5	70.8	72.5	90.0	88.0	86.4
Child Received Public Health Insurance (%) (3)	<.01	77.2	71.0	81.7	75.3	80.3	89.7	93.8	92.5
Family Received Housing Assistance (%) (4)	<.01	23.0	19.7	14.1	28.6	31.0	29.3	24.5	50.4

**Notes:**  
 (1) Means include 53 cases without children which are excluded from subsequent analyses  
 (2) Medi-Cal or Medicare  
 (3) Medi-Cal or Medicare. One randomly selected child in each family  
 (4) Public Housing or Section 8 vouchers

**Source:**  
 welfuse.sps

**Table 4**

**Adult and Family Characteristics (1995) by Disabilities  
California Families Receiving AFDC in 1993**

*1320 cases, weighted*

**DISABILITIES**

	Probability	Sample Mean (1)	None						Moderate			Severe		
			None			Moderate			Severe					
			Mother	Child	Both	Mother	Child	Both	Mother	Child	Both	Mother	Child	Both
<i>number families</i>			731	168	32	73	101	72	90					
<i>fraction all families</i>			57.7	13.3	2.6	5.8	7.9	5.7	7.1					
Mother's Education (years)	<.01	11.3	11.4	10.9	11.5	11.9	10.6	11.5	11.5	11.5	11.5	11.5	11.5	
Mother's Age, First AFDC (years)	<.01	24.6	23.8	27.4	23.1	24.3	27.9	22.1	25.3	25.3	25.3	25.3	25.3	
Mother's Age, Now (years)	<.01	34.4	32.3	37.3	34.9	32.8	44.0	32.1	38.7	38.7	38.7	38.7	38.7	
Number Other Adults in Household		0.7	0.8	0.8	0.6	0.6	0.7	0.4	0.5	0.5	0.5	0.5	0.5	
Respondent is Currently Co-Habiting (%)	n.s.	25.3	26.4	26.7	21.0	26.9	19.7	20.6	24.5	24.5	24.5	24.5	24.5	
Respondent Never Married (%)	<.01	44.1	48.6	36.9	39.2	49.6	21.8	46.0	41.2	41.2	41.2	41.2	41.2	
Age Youngest Child at Home (years)	<.01	4.6	4.2	5.0	5.3	4.7	6.4	3.1	6.1	6.1	6.1	6.1	6.1	
Number Children at Home	<.01	2.3	2.3	2.0	2.5	2.3	1.8	2.8	2.5	2.5	2.5	2.5	2.5	
Respondent is Black/African-Amer (%)	<.01	33.1	26.1	34.4	39.2	50.9	39.9	37.1	60.3	60.3	60.3	60.3	60.3	
Respondent is Latina (%)	<.01	37.5	43.2	34.7	45.3	19.1	28.2	39.5	16.8	16.8	16.8	16.8	16.8	
Respondent is White/European-Amer (%)	n.s.	24.8	25.7	27.3	15.5	21.9	30.3	21.2	15.6	15.6	15.6	15.6	15.6	

**Notes:**

(1) Means include 53 cases without children which are excluded from subsequent analyses

**Source:**

demog.sps

**Table 5**  
**Material Hardship (1995) by Disabilities**  
**California Families Receiving AFDC in 1993**  
*1320 cases, weighted*

	Probability	Sample Mean (1)	DISABILITIES						
			None		Moderate		Severe		
				Mother	Child	Both	Mother	Child	Either
<i>number families</i>			731	168	73	32	101	72	90
<i>fraction all families</i>			57.7	13.3	5.8	2.6	7.9	5.7	7.1
Standardized Income (\$)(2)	<.01	682.89	711.59	606.52	723.33	522.87	558.64	655.09	671.73
Income as % Poverty (%)	<.01	110.5	115.6	98.0	116.1	83.9	90.8	104.2	106.0
Fraction at/below Poverty (%)	n.c	63.0	63.0	78.0	62.0	87.0	66.0	52.0	47.0
Fraction at/below 75% Poverty (%)	n.c	29.0	30.0	30.0	28.0	43.0	43.0	19.0	29.0
Adults Ever Hungry Since Wave 1 (%)	<.01	26.0	17.4	25.5	33.2	47.8	26.8	28.0	55.7
Child(ren) Ever Hungry Since Wave 1 (%)	<.01	18.8	11.1	24.4	29.6	45.7	26.5	27.6	37.4
<b>In Public Housing</b>									
Ever Homeless Since Wave 1 (%)	<.01	3.3	1.6	<.1	<.1	6.1	<.1	<.1	15.5
Ever Evicted Since Wave 1 (%) (3)	<.01	5.0	4.1	11.6	2.8	45.7	<.1	<.1	1.9
<b>Not in Public Housing</b>									
Ever Homeless Since Wave 1 (%)	<.01	2.0	1.3	4.1	1.1	17.8	1.0	0.5	0.9
Ever Evicted Since Wave 1 (%) (3)	<.01	7.4	5.9	7.7	7.7	38.7	5.5	1.0	11.8
<b>Randomly Selected Child in Family:</b>									
Hospitalized Since Wave 1 (%)	<.01	5.8	3.6	3.5	12.9	5.9	1.7	23.8	11.4
Treated in Emergency Room Since Wave 1 (%)	<.01	8.1	4.3	8.8	7.4	26.6	8.1	20.1	20.9
Went Without Needed Medical Care Since Wave 1 (%)	<.01	31.0	27.8	25.7	38.1	59.9	27.2	57.6	49.9

**Notes:**  
 (1) Means include 53 cases without children which are excluded from subsequent analyses  
 (2) Income per family member (total cash income + food stamps divided by square root of family size)  
 (3) Among families who rent or own their own dwelling

**Sources:**  
 hardship.lst  
 hardship.mns

**Table 6**  
**Employment (1995) by Disabilities**  
**California Families Receiving AFDC in 1993**  
 1320 cases, weighted

	Probability	Sample Mean (1)	DISABILITIES						
			None	Moderate			Severe		
				Mother	Child	Both	Mother	Child	Either
<i>number families</i>		731	168	73	32	101	72	90	
<i>fraction all families</i>		57.7	13.3	5.8	2.6	7.9	5.7	7.1	
Respondent Currently Employed (%)	<.01	31.0	22.9	40.3	14.4	1.2	19.1	7.5	
Respondent Had Any Paid Work (%)	<.01	33.6	25.9	49.7	15.3	7.9	21.1	8.6	
Spouse/Partner Currently Employed (%)	<.06	60.2	45.6	64.3	53.3	60.3	69.6	34.0	
Spouse/Partner Had Any Paid Work (%)	<.10	64.6	48.2	72.5	56.3	60.7	72.8	45.4	
Fraction Family Income from Earnings	<.01	27.0	16.7	30.5	23.5	4.2	11.2	7.1	
Reports Child Disability Limits Work Now	<.01	n.a.	n.a.	29.8	50.5	n.a.	73.4	56.4	
Reports Child Disability Will Limit in 12 Months (2)	<.01	n.a.	n.a.	19.5	30.8	n.a.	50.2	45.3	

**Notes:**

(1) Means include 53 cases without children which are excluded from subsequent analyses  
 (2) for 257 cases

**Source:**

work.sps  
 impact\_r.sps

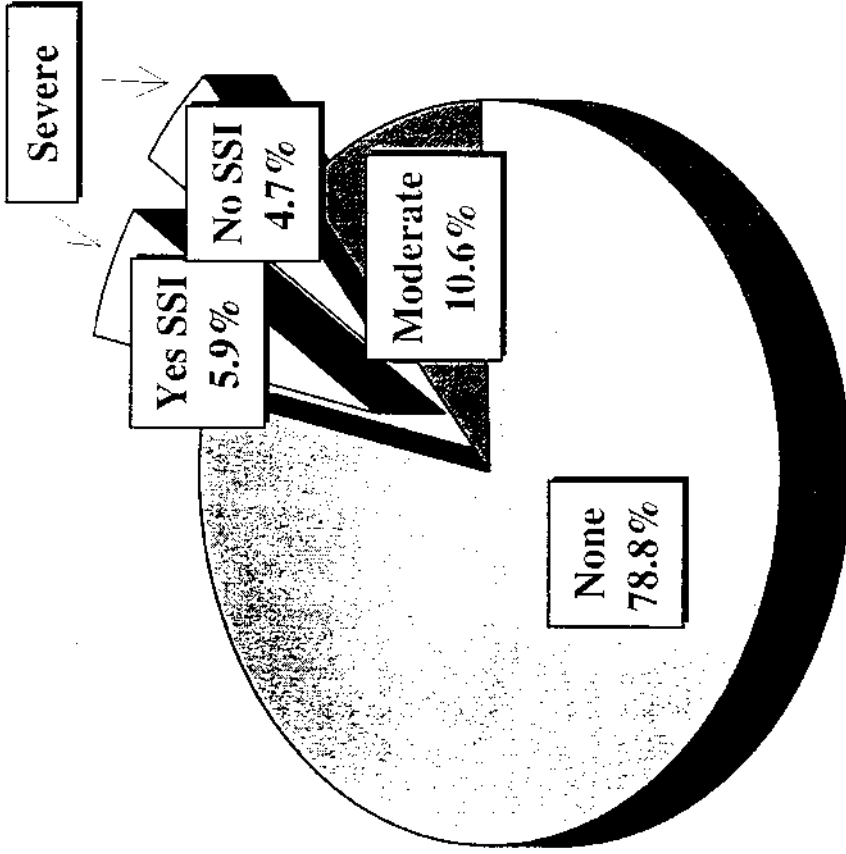
**Table 7**  
**Out-of-Pocket Expenses for Children's Disabilities**  
**California Families Receiving AFDC in 1993**  
*1320 cases, weighted*

	Probability	Sample Mean (1)	DISABILITIES						
			None		Moderate		Severe		
			731	Mother	Child	Both	Mother	Child	Either
<i>fraction all families</i>		57.7	13.3	5.8	2.6	7.9	5.7	7.1	
Fraction with Any Expenses (%)	<.02	49.8	n.a.	36.8	64.5	n.a.	49.7	55.1	
Mean Total Expenses Prior Month, All (1)	<.02	\$ 65.68	n.a.	\$ 43.75	\$ 43.79	n.a.	\$ 61.04	\$ 95.10	
Mean Total Expenses Prior Month, All >\$1 (2)	<.05	\$ 131.92	n.a.	\$ 118.71	\$ 67.88	n.a.	\$ 122.85	\$ 172.72	

(1) all families with disabled child(ren)

(2) all families with disabled child(ren) and expenses >\$1.00

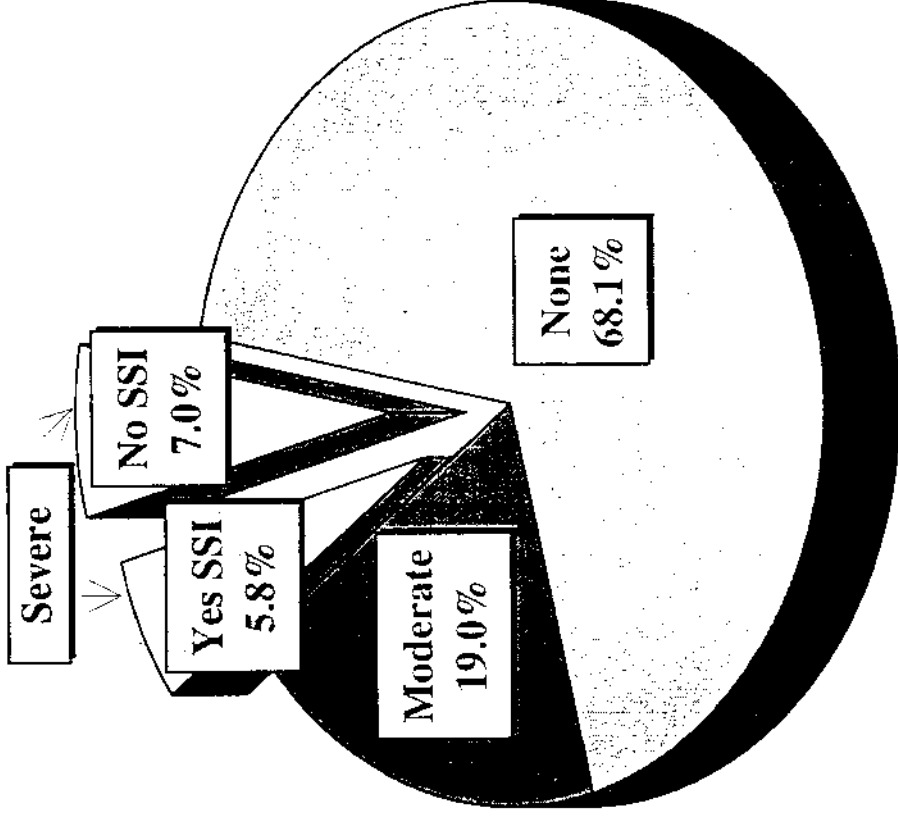
# Households by Children's Conditions and SSI



**Total Households Reporting Severely Disabled Child: 10.6%**

**Total Households Receiving SSI for Child: 5.9%**

# Households by Mother's Conditions and SSI



**Total Households Reporting Severely Disabled Mother: 12.8%**  
**Total Households Receiving SSI for Mother: 5.8%**

**Table 1A**  
**Disability Status by SSI Receipt**  
**California Families Receiving AFDC in 1993**  
 1320 cases, weighted

	Disability Status		SSI Receipt			
	Number	Percent	No SSI		Yes SSI	
			Number	Percent	Number	Percent
<b>No Disabled</b>	731	57.7%	731	57.7%	0	0.0%
<b>Mother Disabled</b>						
Mild/Moderate	168	13.3%	168	13.3%	0	0.0%
Severe	101	7.9%	46	3.6%	54	4.3%
<b>Child Disabled</b>						
Mild/Moderate	73	5.8%	73	5.8%	0	0.0%
Severe	72	5.7%	33	2.6%	39	3.1%
<b>Both Disabled</b>						
Mild/Moderate	32	2.6%	32	2.5%	0	0.0%
Either Severe	90	7.1%	41	3.2%	49 <sup>1</sup>	3.9%
<b>TOTAL</b>	1267	100%	1124	88.7%	142	11.3%

<sup>1</sup> 29 for child; 13 for mother, 8 for both



**Table 2A**  
**Children's Disabilities by Severity and SSI Receipt**  
**California Families Receiving AFDC in 1993**  
*2133 children, weighted*

	Number	Percent All Children	Percent Disabled Children	Among Children With Any Disability					SSI Receipt (%)	
				Severity of Disability (%)			SSI No	SSI Yes	SSI No	SSI Yes
				Mild	Moderate	Severe				
<i>number children</i>	364	17.1	100.0	42	161	161	271	87		
<i>fraction all children</i>	2133	100.0	n.a.	1.9	7.5	7.5	12.7	4.1		
<i>fraction all disabled children</i>	364	17.1	100.0	11.6	44.2	44.2	24.2	75.8		
<b>Physical (non Mental)</b>	<b>200</b>	<b>9.4</b>	<b>54.9</b>	<b>11.0</b>	<b>48.8</b>	<b>40.2</b>	<b>78.2</b>	<b>21.8</b>		
Asthma	167	7.8	45.9	10.8	54.1	35.1	84.4	15.6		
Vision, Hearing Impairments	11	0.5	3.0	4.6	28.5	66.9	33.1	66.9		
Other Physical/Health (1)	21	1.0	5.8	15.6	18.5	66.0	53.9	46.1		
<b>Mental Disorders</b>	<b>105</b>	<b>4.9</b>	<b>28.8</b>	<b>8.3</b>	<b>39.6</b>	<b>52.1</b>	<b>70.1</b>	<b>30.0</b>		
Behavior/Learning Disorders (2)	58	2.7	15.9	8.3	52.2	39.5	76.8	23.2		
Mental Retardation/Developmental Delay	24	1.1	6.6	-	11.5	88.6	30.5	69.5		
Mental/Emotional Illness	19	0.9	5.2	11.3	36.6	53.1	84.6	15.4		
Speech Impairment	5	0.2	1.4	40.7	43.5	15.8	84.2	15.8		
<b>ALL Coded</b>	<b>305</b>	<b>14.3</b>	<b>83.8</b>	<b>10.1</b>	<b>45.6</b>	<b>44.3</b>	<b>75.5</b>	<b>24.5</b>		
<b>Not Yet Coded</b>	<b>59</b>	<b>2.8</b>	<b>16.2</b>	<b>19.7</b>	<b>36.8</b>	<b>43.5</b>	<b>77.6</b>	<b>22.6</b>		
<b>Total</b>	<b>364</b>	<b>17.1</b>	<b>100.0</b>	<b>11.6</b>	<b>44.2</b>	<b>44.2</b>	<b>75.8</b>	<b>24.2</b>		

1 cancer, diabetes, epilepsy, heart problems, cerebral palsy  
2 includes learning disorders, hyperactivity, attention deficit disorder

Source:

**Table 3A**  
**Welfare Participation (1995) by SSI Receipt**  
**California Families Receiving AFDC in 1993**  
*Families with Severely Disabled Members, 262 cases weighted*

number families fraction all families	Sample Mean (1)	No Severe	Mother Severe		Child Severe		Either Severe	
			SSI No	SSI Yes	SSI No	SSI Yes	SSI No	SSI Yes
Family Received Food Stamps (%)	71.0	n.a.	82.9	65.3	79.7	85.4	70.2	90.2
Family Received AFDC (%)	74.1	n.a.	88.0	66.3	97.3	84.1	83.6	96.4
Mother or Child Received SSI (%)	11.2	n.a.	-	100.0	-	100.0	-	100.0
Family Received AFDC or SSI (%)	76.2	n.a.	88.0	100.0	97.3	100.0	83.6	100.0
Mother Received Public Health Insurance (%) (2)	71.7	n.a.	84.3	94.9	84.3	91.0	70.0	100.0
Child Received Public Health Insurance (%) (3)	77.2	n.a.	96.6	83.7	96.5	91.6	83.6	100.0
Family Received Housing Assistance (%) (4)	23.0	n.a.	28.3	31.3	31.4	18.9	51.8	53.9

**Notes:**

- (1) Mean for entire sample (n=1320). Households without severely disabled members excluded from subsequent analyses.
- (2) Medi-Cal or Medicare
- (3) Medi-Cal or Medicare, One randomly selected child in each family
- (4) Public Housing or Section 8 vouchers

**Source:**

welfus\_r.sps

**Table 4A**  
**Adult and Family Characteristics (1995) by SSI Receipt**  
**California Families Receiving AFDC in 1993**  
*Families with Severely Disabled Members, 262 cases weighted*

**DISABILITIES AND SSI**

	Sample Mean (1)	No Severe	Mother Severe		Child Severe		Either Severe	
			SSI No	SSI Yes	SSI No	SSI Yes	SSI No	SSI Yes
<i>number families</i>		1058	46	54	33	39	41	49
<i>fraction all families</i>		80.1	3.5	4.1	2.5	3.0	3.1	3.7
Mother's Education (years)	11.3	n.a.	9.5	11.5	11.8	11.2	11.5	11.4
Mother's Age, First AFDC (years)	24.6	n.a.	20.0	26.9	23.1	21.4	25.2	25.4
Mother's Age, Now (years)	34.4	n.a.	44.5	43.5	32.3	31.9	35.9	41.1
Number Other Adults in Household	0.7	n.a.	0.8	0.6	0.3	0.4	0.5	0.5
Respondent is Currently Co-Habiting (%)	25.3	n.a.	29.1	11.7	14.6	25.6	30.0	19.9
Respondent Never Married (%)	44.1	n.a.	20.5	22.9	37.3	53.2	47.5	35.9
Age Youngest Child at Home (years)	4.6	n.a.	6.5	6.3	3.7	2.6	5.9	6.2
Number Children at Home	2.3	n.a.	1.7	1.8	2.8	2.8	2.5	2.4
Respondent is Black/African-Amer (%)	33.1	n.a.	22.9	54.4	28.3	44.6	32.6	84.8
Respondent is Latina (%)	37.5	n.a.	42.4	16.2	50.7	30.1	26.0	8.6
Respondent is White/European-Amer (%)	24.8	n.a.	32.1	28.8	18.2	23.8	30.2	2.6

**Notes:**  
 (1) Mean for entire sample (n=1320). Households without severely disabled members excluded from subsequent analyses.

**Source:**  
 demo\_r.sps

**Table 6A**

**Employment (1995) by SSI Receipt  
California Families Receiving AFDC in 1993**  
*Families with Severely Disabled Members, 262 cases weighted*

**DISABILITIES AND SSI**

	Sample Mean (1)	No Severe		Mother Severe		Child Severe		Either Severe	
		1058	80.1	SSI No	SSI Yes	SSI No	SSI Yes	SSI No	SSI Yes
<i>number families</i>				46	54	33	39	41	49
<i>fraction all families</i>				3.5	4.1	2.5	3.0	3.1	3.7
Respondent Currently Employed (%)	31.0	n.a.		<0.1	2.3	21.9	16.6	9.8	5.6
Respondent Had Any Paid Work (%)	33.6	n.a.		8.6	7.3	20.9	21.3	10.0	7.4
Spouse/Partner Currently Employed (%)	60.2	n.a.		*	*	*	*	*	*
Spouse/Partner Had Any Paid Work (%)	64.6	n.a.		*	*	*	*	*	*
Fraction Family Income from Earnings	27.0	n.a.		10.4	0.5	9.8	12.2	12.4	3.3
Reports Child Disability Limits Work Now	n.a.	n.a.		n.a.	n.a.	65.2	80.8	49.5	62.1
Reports Child Disability Will Limit in 12 Months	n.a.	n.a.		n.a.	n.a.	44.3	55.5	39.6	49.8

**Notes:**

(1) Mean for entire sample (n=1320). Households without severely disabled members excluded from subsequent analyses.  
\* too few cases for analysis

**Source:**

work\_r.sps  
impact\_r.sps