

Time limits on welfare can lead to higher mortality rates

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U.S. workfare programs have been praised by some for cutting welfare rolls and improving the economic well-being of families. But little is known about how these policies affected participants' health and mortality. Researchers at Columbia University's Mailman School of Public Health studied enrollees in Florida's Family Transition Program who were given a time limit for welfare benefits and exposed to job training. They were compared to a control group who received traditional welfare benefits. In this randomized controlled trial, the researchers found that participants in the Family Transition Program had a 16 percent higher mortality rate compared to recipients of traditional welfare. This translates to nine months of life expectancy lost for people in the experimental program. The study adds to a body of research on the nonmedical determinants of health that are showing a trend of adverse health effects associated with welfare time limits.

The study findings are published in the June issue of the journal *Health Affairs*.

The Columbia Mailman School analysis studied 3,224 [welfare recipients](#) in two sites in a northwest county in Florida, Escambia. Participants who were enrolled in programs between May 1994 and October 1996 were randomly assigned to one of two programs. Participants assigned to the Family Transition Program had time limits on their benefits of either 24 or 36 months and received extra job training and case management. Enrollees in the more traditional Aid to Families with Dependent Children program received regular benefits and no additional job

counseling. Members of this control group were significantly more likely to be under the age of 20 (6.2 percent versus 8.1 percent), less likely to be Hispanic (0.7 percent versus 1.5 percent), and less likely to be living in emergency or temporary housing (4.0 percent versus 5.6 percent).

The research team, led by Peter Muennig, MD, MPH, associate professor of Health Policy and Management, found that while participants in the Family Transition Program were substantially more likely to find work than participants in the [control group](#), some of these families did not and therefore struggled to make ends meet by living with friends or relatives.

"This suggests that some people in the experimental group may have experienced psychological stress, food insecurity, and other hardships as a result of the time limits on their [welfare](#) eligibility," noted Dr. Muennig. These factors can have an adverse effect on health. "However, there are several other ways in which welfare reform may have influenced health. Employment itself can pose health threats through commutes to work and exposures to dangerous substances or machinery at the workplace."

The investigators pointed out that one limitation of the study was its generalizability. The generalizability problem was partially addressed by looking at another county in Florida that was not included in the original study. While this latter study was not included in the main analysis because it was poorly documented, it showed even greater [mortality](#) effect. The researchers also conducted a separate study of an experiment in another state, Connecticut. While the population sample was smaller in the Connecticut study, the findings indicated that mortality risks were even higher among those who experienced time limits to welfare. The results of the Connecticut study recently appeared in the Online First version of the American Journal of Public [Health](#).

The researchers also were unable to determine whether mortality was higher among those who did actually become employed. According to Dr. Muennig, "this is particularly important if we are to understand whether psychological stress or employment played a role in the increased mortality we observed. Although the numbers of deaths in both the experimental and control groups were small, the differences in mortality that we observed were significant."

Provided by Columbia University's Mailman School of Public Health

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