



Deleterious Impact on Rural Multiracial and Multicultural Populations Related to the Devolution of Welfare Programs

Problem Statement:

Rural welfare beneficiaries—very much like the entire rural population—face unique social, economic, and environmental conditions compared to urban communities in the U.S. (Findeis et al. 2001, p. 1) such as the lack of child care, access to transportation services, and other social support services. The rural poor—unlike their urban counterparts—also tend to be employed in low wage positions and have two parent families; and while the largest number of the rural poor tend to be white the highest rates of poverty tend to be among multiracial and multicultural populations (Findeis et al. 2001, p. 10).

This policy brief demonstrates that devolution of U.S. welfare programs has disproportionately harmed rural communities with their unique economic and social conditions. In particular, multiracial and multicultural populations in rural communities were more severely impacted than other rural residents since rural multiracial and multicultural residents are more likely to be poor and already disenfranchised. The brief closes with a series of recommendations to ameliorate this predicament.

Federal Policy and Implications:

Since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, U.S. welfare policy has changed tremendously. The most significant change has been to delegate more control and authority from the federal level to the states—a process called “devolution”. While the following is not an all-inclusive summary, this legislation introduced the following significant changes, such as:

- o Established the Temporary Assistance for Needy Families (TANF) program
- o Replaced former entitlement programs with Federal block grants
- o Devolved authority and responsibility for welfare programs from Federal to state government who, in turn, transferred responsibility and oversight responsibilities down to the township level
- o Emphasized moving from welfare to work through time limits and work requirements
- o Changed eligibility standards for Supplemental Security Income (SSI) child disability benefits
- o Restricted eligibility for welfare and other public benefits by undocumented immigrants
- o Established a block grant approach to states for the provision of child care for working parents

Subsequent changes to U.S. welfare policies have continued these trends of devolving more authority, responsibility, and decision making to local townships and communities. A closer examination of devolving welfare policy is all the more critical given the role played by race and the application of a racial classification model in welfare policy.

Race:

Soss et al. (2008, pp. 539-540) proposes three key hypotheses about race as a factor in determining welfare policy when they set up their racial classification (RCM) model.

1. Policy actors rely on social classifications and group reputations.
2. Race provides the basis for making social classifications.
3. Racially patterned policy outcomes will a function of prevailing stereotypes about race; how strongly policy actors hold such racial stereotypes; and the degree to which stereotypes are applied in a given community.

Furthermore, Soss et al. (2008) also illustrate that policy analysis must take into account socially determined set of values—in this case, ‘race’ and the need for social controls—that can lead to a policy decision benefitting those who hold positions of privilege. Therefore, the devolution of welfare policy needs to address equity—particularly in rural communities since multiracial and multicultural populations living there face barriers and conditions unlike their urban counterparts.

Geography/Rurality:

At the same time, it is important to highlight that policy analysts and scholars argue for flexibility and the ability to tailor welfare programs to a given community recognizing in particular that rural poverty has unique characteristics (Arsneault 2006).

Specific to welfare policies directed toward employment and getting those on welfare back into the labor market, rural communities face significant challenges relative to enough jobs and jobs that pay livable wages. Bruce et al. (2001, pp. 1290-1291) stress this point when they argue for a continuing need to provide financial incentives that “make work pay”, to strengthen the safety net for those who cannot work, and to continue to invest in training and work support systems. However, employment, earnings, and poverty outcomes are not as favorable in areas in which job opportunities are lacking. Stimulating job investments in these areas would increase the likelihood of success of the current human-investment, work-oriented welfare policy for the residents of these areas and reduce incentives to move. A place-based antipoverty strategy could build on both the common problems and unique challenges in the central cities and remote rural areas that constitute the nation’s fragile spatial margins.

This latter point ties back to NRHA’s policy paper on rural economic development that stresses four key programmatic and policy areas absolutely necessary for effective rural economic development: Promotion of entrepreneurship, development of social infrastructure which includes appropriate social welfare policy, education, and the development of public infrastructure.

Two other researchers further underscore the connection between rurality and poverty. Pindus (2001, pp. 20-21) states the following.

Our study supports the conclusion that we need to look beneath the surface of the standard metro-non-metro definition to better understand communities that are most at-risk when new policies are implemented. The county-based metro and non-metro definitions are inadequate,

especially in the western United States, where large counties hide complex population and settlement patterns. Furthermore, our site visits indicated that county-level data, such as unemployment rates and primary industries, may not accurately reflect the populations of interest for welfare and social assistance policies.

Further, Whitener et al. (2001, pp. 9-10) find that:

...rural areas in Appalachia, the Mississippi Delta, and the Rio Grande Valley have suffered from persistently high levels of poverty and unemployment. Recipients in these areas may be more likely to “hit the time limits” and be economically dependent on informal work that is not recognized by welfare reform mandates. Greater flexibility on time limits and work requirements as well as increased efforts to create additional job opportunities in persistently poor rural areas could greatly ease the welfare-to-work transition of rural welfare recipients.

2. A “champion” for a comprehensive rural economic development strategy needs to be created; and the best federal advocate is through the White House. Toward that end, the Executive branch needs to create an Office of Rural Policy that has linkages to key federal departments such as HRSA for HHS. This federal Office of Rural Policy, in turn, would address the following four goals.

a. Education: Where possible and appropriate, federally-funded health workforce development programs that are culturally and linguistically competent and that have the stated goal of encouraging marginalized populations into health careers should be expanded and receive greater resources. Such health care careers will provide incomes that will enable many rural residents to move out of poverty. Specific examples of rural-based organizations most capable of offering health care-related education and training include Area Health Education Centers (AHEC), HCOP (both Title VII), and Nursing Workforce Diversity (Title VIII), the National Health Service Corps.

b. Public Infrastructure: Given the unique challenge of covering vast distances to access available jobs and social services such as child care, education, and job training programs, rural communities need to develop viable and cost effective transportation services and information technologies (IT) that will enable rural residents to work remotely. These critical public transportation and IT infrastructures need to be managed and operated by local stakeholders.

c. Social Infrastructure: Develop and support culturally and linguistically competent health care and social service programs—especially child care—in rural communities through competitive grants. These grants can also focus on social entrepreneurship and job creation among multicultural and multiracial populations. The identification and replication of successful examples of social entrepreneurship could include community health centers, child care centers, rural health clinics, federally qualified health centers, migrant health clinics, and tribal health services. Other social services needed in rural communities include mental health and behavioral health services through residential programs, case management, and violence prevention services. Furthermore, job training opportunities must incorporate successful principles of cultural and linguistic competency, health literacy, and adult learning.

d. Entrepreneurship: Synergies that already exist between health facilities, their financial partners, and other community entities can be tapped to promote and support entrepreneurship among rural multicultural and multiracial communities. Funding opportunities should be targeted to build on the health services sector's local capacity and leveraged for the development of new services that can generate livable wages among rural entrepreneurs.

3. In addition, the federal government should support well-designed research studies to document linkages between welfare policy, rural health, and rural economic development among multicultural and multiracial communities. The Office of Rural Health Policy at HRSA would be an appropriate location for these research initiatives.

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Resources:

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