Between March 1994 and July 2001, welfare rolls fell an amazing 59 percent from their historic high of 5.1 million families. How much of this decline was the result of welfare reform and how much was the result of other factors, such as the strong economy? What were the effects of the decline on low-income families? About a quarter billion dollars is being spent on studies and surveys designed to answer these and other questions. Unfortunately, we are unlikely to get more than a modest amount of the information sought.

This special issue of Gender Issues, one of a three-part series, examines the welfare reform measures initiated a decade ago and their consequences for children. The issue covers a broad range of topics: child health, fatherhood, child abuse, teenage pregnancy, and juvenile delinquency.

Douglas J. Besharov is the Joseph J. and Violet Jacobs Scholar in Social Welfare Studies at the American Enterprise Institute and a professor at the University of Maryland School of Public Affairs, where he directs its Welfare Reform Academy. Earlier, he was director of the U.S. National Center on Child Abuse and Neglect. Among his publications are Rethinking WIC: An Evaluation of the Women, Infants, and Children Program (with Peter Germanis, 2001); America's Disconnected Youth (1999); Enhancing Early Childhood Programs: Burdens and Opportunities (1996); and Recognizing Child Abuse: A Guide for the Concerned (1990).

Peter Germanis is assistant director of the University of Maryland Welfare Reform Academy. Before joining the Academy, he was director of the Division of Program Evaluation, Office of Family Assistance, U.S. Department of Health and Human Services. He also served in the White House under the Reagan and Bush administrations. Among his publications are Rethinking WIC: An Evaluation of the Women, Infants, and Children Program (with Douglas J. Besharov, 2001) and Evaluating Welfare Reform: A Guide for Scholars and Practitioners (with Peter H. Rossi and Douglas J. Besharov, 1997).
Child Health

Welfare reform could affect the health of low-income children either positively or negatively. Employment that leads to higher incomes or better functioning families could result in better health by improving nutrition, housing, child care, and health-related behaviors. But lower incomes, greater stress on parents, or the loss of health insurance could be detrimental to children.

In “Child Health,” Lorraine V. Klerman, a professor at Brandeis University’s Heller School for Social Policy and Management, describes the difficulty of measuring welfare reform’s impact on children’s physical and mental health by using existing data sources and suggests additional approaches to consider. She relies on the following data sources: the Behavior and Risk Factor Surveillance System (BRFSS); the Current Population Survey (CPS); the Medical Expenditure Panel Survey (MEPS); the National Health Interview Survey (NHIS); the National Health and Nutritional Examination Survey (NHANES); the National Hospital Discharge Survey (NHDS); the National Household Survey of Drug Abuse (NHSDA); the National Immunization Survey; the State and Local Area Integrated Telephone Survey (SLAITS); the VSCP; and the Youth Risk Behavior Surveillance System (YRBSS).

Klerman believes that using current federal data sources to measure the impact of welfare reform on children’s health will be difficult for several reasons. First, most children are relatively healthy, even though the health of low-income children is worse by almost every indicator than is the health of more well-to-do children. Thus, changes in health status, if they occur, will be difficult to detect, especially in the short term. On the other hand, changes in health insurance status, which can affect health care utilization and status, should be easier to detect.

Second, according to Klerman, each of the data sources she lists has deficiencies that make them of limited use in assessing the impact of welfare reform on child health. “[N]one are totally adequate to the task of assessing the impact of welfare reform” because, she explains, most do not have information on welfare status and some do not even have an indicator of economic status more generally. Moreover, most have relatively small samples of the population of interest—that is, low-income families—and suffer from low response rates (particularly among those most likely to have been affected by welfare reform). Also, state-level data are not usually available, but they are needed for any analysis, given the differences in implementation of welfare reform across states.

Measuring the impact of welfare reform on health, according to Klerman, would require data sets with the following characteristics: information on health before the implementation of reform to detect time changes; periodic data collection, again to show changes over time; oversampling of special populations, including the poor