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***The State of Welfare Caseloads  
in America's Cities***

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## ***The State of Welfare Caseloads in America's Cities***

### **ABSTRACT**

*National welfare caseloads have dropped by 30 percent since 1993; in some states, the declines have been more dramatic. The Center on Urban and Metropolitan Policy was interested in examining how caseloads were declining in cities, where poverty is the most concentrated.*

*This study examines welfare caseloads for the years 1986 through 1997 in twenty-three urban areas to determine how they were changing relative to their respective states. The study also analyzes welfare caseloads to determine what portion of the state caseload was contained within the urban jurisdictions, and how this concentration changed over time. The main findings for the urban areas surveyed include:*

- ◆ *Between 1994 and 1997, two-thirds of the jurisdictions had welfare caseloads declining at a slower rate than their states'; in the longer term, the urban caseloads were split almost evenly between those declining faster and those declining slower than their respective states'.*
- ◆ *All of the cities that were slower in reducing their welfare caseloads experienced an increase in their share of the state caseload.*
- ◆ *In 1996, nearly 80 percent of the cities studied had larger shares of the state welfare population than their shares of the state population as a whole.*
- ◆ *Cities with faster rates of caseload decline relative to their states had low percentages of their populations living in distressed neighborhoods.*

**ABOUT THE SERIES**

With funding from the Annie E. Casey and Charles Stewart Mott foundations, the Brookings Institution Center on Urban and Metropolitan Policy has initiated a study of welfare reform from a place-based perspective. This is the first report in a series of research papers on the impact of welfare reform on America's cities and low-income neighborhoods. We start this project with the premise that welfare reform has the potential to link recipients to work, help families move toward self-sufficiency, and precipitate unprecedented collaboration at all levels of government. We also believe that there are serious challenges to cities' success under the new welfare system. This series will attempt to identify these obstacles, the opportunities for reform, and possible policy solutions.

**ABOUT THE AUTHORS**

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## A. BACKGROUND

With the August 1996 passage of the Personal Responsibility and Work Opportunity Reconciliation Act (or PRWORA), the federal welfare program shifted from Aid to Families with Dependent Children (AFDC), an entitlement program, to Temporary Assistance for Needy Families (TANF): a block grant with strict time limits and work requirements enforced by sanctions for non-compliance. TANF's flexibility allows states and counties to experiment more freely than ever with the design and administration of innovative social programs. The booming economy has also created a rare occasion for funding many of these programs with state surpluses and the so-called "welfare windfall" many states received from the federal government.<sup>1</sup> Today's low unemployment rate and tight labor market are creating conditions that, while still not ideal, are promising for unskilled and inexperienced minority job seekers, including welfare recipients.<sup>2</sup> The combination of the auspicious economic environment and the potential for innovative responses has opened a window of opportunity to continue to advance the mission of welfare reform. However, it is essential to constantly re-evaluate the impact of these reforms, and refine them to maximize their effectiveness for government, employers, and, most importantly, for low-income people themselves.

The current temptation to declare welfare reform a success stems largely from the recent and dramatic declines in welfare caseloads: between January 1993 and September 1997, caseloads declined by thirty percent nationally. Approximately 1.4 million families, or 4.3 million individuals left the welfare rolls in that time period.<sup>3</sup> In most states, caseloads have declined further in recent months, typically at faster rates than states anticipated. Caseload reduction has become the focus of welfare reform for two main reasons. First, federal welfare policies provide incentives for rapid and dramatic caseload decline. Federal law requires that states have a certain percentage of families "engaged in work" in any given month. The minimum "work participation rate" in 1997 was 25 percent of families, and will gradually increase to 50 percent by 2002. States may obtain credit toward meeting this requirement to the extent that their previous year's caseload was lower than it was in federal fiscal year 1995.<sup>4</sup> Caseload reductions due to changes in eligibility requirements (like income requirements or time limits) do not count toward the credit. States failing or unable to comply with work participation rates face a reduction in the amount of their federal TANF block grant. But states that reduce their caseloads

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<sup>1</sup> "Federal funding for TANF is about 7 percent higher in real terms in 1997 than funding in 1996 for the programs it replaced. Indeed, state officials were given a strong incentive to accept the new TANF program once Congress based grants on historical spending in years when the economy was less buoyant and the AFDC caseload (by far the largest of the programs replaced by TANF) was significantly higher." Gordon Mermin and C. Eugene Steuerle, *The Impact of TANF on State Budgets*, The Urban Institute, Series A, No. A-18, November 1997, p. 1.

<sup>2</sup> Daniel P. McMurrer, Isabel V. Sawhill, and Robert I. Lerman, "Welfare Reform and Opportunity in the Low-Wage Labor Market," Urban Institute's Opportunity in America Series No.5, July 1997.

<sup>3</sup> Change In Welfare Caseloads (January 1993 to September 1997), from U.S. Department of Health and Human Services, Administration for Children and Families web page (<http://www.acf.dhhs.gov/news/case-fam.htm>).

<sup>4</sup> Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) Sec. 407(b)(3).

maintain their block grant levels and can spend more per capita on the remaining welfare recipients, providing another incentive to focus on caseload declines.

Second, because of the budgetary and political importance of shrinking welfare rolls, the media has been quick to cover the caseload “story.”<sup>5</sup> Caseload decline is currently the political and public definition of welfare reform’s success. While reporting on the dramatic declines in caseloads across the country, reporters have consistently and responsibly pointed to the lack of available information about how former recipients were supporting themselves after they stopped receiving benefits. Coverage of state and national-level data has been plentiful, but accounts of how welfare caseloads in cities and poor neighborhoods are changing--- in terms of sheer numbers of recipients in these areas, the characteristics of the remaining beneficiaries, and the impact of welfare reform on these communities--- have been rare. News stories, of course, must be pegged to hard facts, and so far the hard facts that have been presented about welfare reform have been state and national caseload numbers. However, these caseload numbers have not shed any light on the effect that welfare reform is having on poor people and localities.

All concerned acknowledge that this “story” is substantially more complex than the percentage decline in the welfare rolls. *Caseload reduction is not the brass ring of welfare reform.* In some states, eligibility changes, such as higher asset and income disregards, are allowing families to **stay on** the welfare rolls while they earn more money, providing them with additional stability as they gradually move from welfare dependency to self-sufficiency. Thus, states with slower caseload declines may actually be helping people move out of poverty more effectively than the states experiencing rapid declines. In other states, up-front diversion of new welfare cases may account for some caseload reduction. Individuals and families who have moved off the welfare rolls may not have become self-sufficient at all, but may have shifted into other social programs like Supplemental Security Income (SSI).<sup>6</sup> Finally, studies in New York and Massachusetts suggest that caseload reduction does not

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<sup>5</sup> Rochelle Stanfield, “Cautious Optimism,” *National Journal*, May 2, 1998, p. 990-993; Jason DeParle, “Tougher Welfare Limits Bring Surprising Results,” *New York Times*, December 30, 1997, p. A1; Heather MacDonald, “Welfare Reform Discoveries,” *City Journal*, Winter 1997, p. 15; Terry M. Neal, “In Kansas, Clinton Announces Results and New Rules of Welfare-to-Work Drive,” *Washington Post*, November 18, 1997, p. A7; Jeffrey Katz, “Long Term Challenges Temper Cheers for Welfare Successes,” *Congressional Quarterly*, October 25, 1997, p. 2603; Paul Glastis, “Was Reagan Right?,” *U.S. News and World Report*, October 20, 1997; John Harwood, “Hype and Glory: Rush to Claim Success for Welfare Overhaul Stumbles Over Facts,” *Wall Street Journal*, October 17, 1997 p. A1; Barbara Vobejda, “Strict Rules, Hard Choices in Wisconsin,” *Washington Post*, August 26, 1997, p. A1; Jason DeParle, “Getting Opal Caples To Work,” *New York Times Magazine*, August 24, 1997, p.33; Barbara Vobejda and Jon Jeter, “Though Welfare Rolls Are Down, True Test of Welfare Reform Is Just Starting, Experts Say,” *Washington Post*, August 22, 1997, p. A13; Jason DeParle, “Cutting Welfare Rolls But Raising Questions,” *New York Times*, May 9, 1997, p. A1.

<sup>6</sup> Between December 1995 and September 1996, AFDC caseloads in Milwaukee County declined 15 percent, while non-AFDC Food Stamp cases increased by 37 percent and non-AFDC Medical Assistance increased by 72 percent. John Pawasarat, *Initial Findings on Mobility and Employment of Public Assistance Recipients in Milwaukee County and Factors Relating to Changes in W-2 Regions Over Time*, Employment and Training Institute, University of Wisconsin, April 1997, p. 2.

necessarily mean that people are finding jobs paying livable wages and moving out of poverty.<sup>7</sup> In fact, it doesn't even mean that former recipients are finding jobs at all.

The relative importance of the factors contributing to the caseload decline is also in dispute. A 1997 report by the Council of Economic Advisers (CEA) attributes 44 percent of the caseload decline between 1993 and 1996 to economic growth; 30 percent to state waivers that preceded federal welfare reform, especially when those waivers included more stringent sanctions for refusal to participate in mandatory education, training, or work activities; and the remaining 26 percent to unidentified factors.<sup>8</sup> In a response to the CEA report, James Ziliak's study concluded that the CEA over-estimated the impact of waivers on caseload decline, and that the economy was the driving force behind the caseload declines: "In the 26 states experiencing at least a 20 percent decline in per capita AFDC caseloads between 1993 and 1996, we attribute 78 percent of the decline to business-cycle factors and 6 percent to welfare waivers."<sup>9</sup> Alberto Martini and Michael Wiseman characterized the CEA's analysis as "flawed," and cautioned policy makers against relying on the policy conclusions in the study, most notably that "caseload reduction is the target" of welfare reform.<sup>10</sup>

In the end, federal- and state-level caseload data does not capture the real challenge of welfare reform, which is poverty. The question is: to what extent are caseloads declining where poverty is most concentrated? It is clear that poverty (and the strategies for overcoming it) varies according to where it exists. Because a growing portion of the American poor are living in urban areas,<sup>11</sup> a focus on central cities and urban counties is critical for a complete understanding of how welfare reform affects the poor and the neighborhoods and cities in which they live. Despite the severe limitations of using caseload reduction as a proxy for welfare reform's success, this study examines the spatial breakdown of recent caseload declines by city and county to demonstrate how welfare reform is playing out in these communities.

## B. METHODOLOGY

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<sup>7</sup> The Massachusetts study tracking former welfare recipients found that only 50% found jobs- 10% moved out of the state, 10% had children who "aged out" of the program, and 10% received child support payments which made them ineligible for welfare. John Harris and Judith Havemann, "Welfare Rolls Continue Sharp Decline, Percentage of Assistance is Lowest Since 1970; Many Factors Are Cited," *Washington Post*, August 13, 1997, p. A1. Raymond Hernandez, "Most Dropped From Welfare Don't Get Jobs: Critics of Work Rules Cite New York Study," *The New York Times*, March 23, 1998, p. A1; New York State Office of Temporary and Disability Assistance, "Local District and State Performance Measures Quarterly Report," vol. 6, January 1998.

<sup>8</sup> "Explaining The Decline in Welfare Receipt, 1993-1996," Council of Economic Advisers, May 9, 1997.

<sup>9</sup> James P. Ziliak, et al "Accounting for the Decline in AFDC Caseloads: Welfare Reform or Economic Growth?" draft paper, June 1997.

<sup>10</sup> Alberto Martini and Michael Wiseman, "Explaining the Recent Decline in Welfare Caseloads: Is the Council of Economic Advisers Right?" Urban Institute paper, July 1997, pg. 9.

<sup>11</sup> Paul Jargowsky, *POVERTY AND PLACE*, Russell Sage, 1996, p. 30-31.

We obtained the state, county, and (where available) city AFDC and TANF caseload data for every year between 1986 and 1997 from the state agency in charge of administering the welfare program. Typically, counties have been the administering jurisdictions for AFDC and TANF; most data available is thus at the county level. Some states, however, do disaggregate the caseload data between the central city and the urban county (i.e., Boston and Suffolk County, Chicago and Cook County, Detroit and Wayne County, and Saint Louis and Saint Louis County). We obtained city-level data for three areas, county-level data for twelve areas, and both city- and county-level information for the four disaggregated areas noted above, for total of 23 jurisdictions. Please note that the cities and counties were selected to reflect geographic diversity and city size, but should by no means be considered a representative sampling of all American cities.

Either a fiscal or calendar year average was used (depending on the state agency's data), and the measure is consistent within each state, so the counties and cities can be compared with their respective states. Generally, the caseload figure was a monthly average; otherwise, a specific month was designated as representative and used consistently. The numbers collected represented AFDC and TANF **cases**, not individuals. AFDC-UP, or two parent cases, were not counted, as they represent a small portion of the overall caseload and were not available for all areas.

The annual changes in city, county, and state caseloads were then determined for each year: 1986-1987, 1987-1988, 1988-1989.....1996-1997 (Appendix A). (Please note that 1997 data was unavailable for Detroit and Phoenix/Maricopa County.) With this basic data, we were then able to compare the rate of change in cities and counties with that in the state as a whole. By expressing the city or county caseload change as a percentage of the state caseload change, we were able to convey the degree of difference between the two rates of decline. For instance, if State A's caseload declines by 4 percent and City A's declines by 2 percent, there is a 2 percentage point difference in absolute decline, but City A's *rate of decline* is 50 percent (or 2/4) of the State's. If State B's caseload declines by 40 percent and City B's by 38 percent, there is also a 2 percentage point difference, but City B's rate of decline is 95 percent (or 38/40) of the State's.

Because the previously mentioned method only works when caseloads are moving in the same direction in the state and locality (you can't, for instance, compare a declining state caseload with an increasing city caseload), the full eleven-year period could not be evaluated this way. More recently, however, all cities, counties, and states surveyed experienced declines, and so caseloads from 1994 to 1997 were measured in this fashion (Appendix B). This time period reflects the more recent caseload declines--- caseloads peaked nationally in March of 1994, so declines should be steeper if measured in this shorter period. This period also reflects an uninterrupted period of economic growth, and should be a good indicator of post-recession welfare trends. The 1996 and 1997 state and city/county caseloads were also compared to reflect any very recent changes since the passage of the 1996 welfare reform bill (PRWORA).

Cities and counties were then placed into one of three categories. "Faster" cities were those that, between 1994 and 1997, experienced rates of decline that were at least 105 percent of the state rate. "Slower" cities experienced rates of decline that were 95 percent or less of their respective state's rate, and

“same” cities had rates of decline above 95 percent but below 105 percent of the states’ rates.<sup>12</sup> The “faster,” “slower,” and “same” categorizations are useful for comparing cities’ and counties’ rates of caseload decline to their respective states only; a separate analysis comparing the cities and counties to each other was also done (Appendix C).

The basic data was also used to determine the proportion of the state caseload residing in the locality. For instance, if State A has 80,000 welfare cases and 20,000 of them live in City A, then City A contains 25 percent of the state caseload. The concentration of the caseload was determined for the earliest year for which data was available for the city or county (as early as 1986 or as late as 1990), and then again in 1996, to determine whether caseloads have become more or less concentrated in the urban jurisdictions surveyed (Appendix D). In order to determine whether the city’s proportion of the state’s caseload correlated with the relative speed of the city’s caseload declines, the cities were broken down within the faster/slower/same categories by degree of caseload concentration. The 1996 welfare concentration figures were also compared with 1996 general population figures indicating what proportion of the total state population resides in the city or county (Appendix E).

In order to examine the correlation of caseloads with poverty trends, we looked at two additional indicators: a) the 1989 percentage of persons living below the poverty level for cities and counties;<sup>13</sup> and b) the 1990 percentage of the total **city** population living in “distressed neighborhoods,” defined as census tracts that exhibit disproportionately high levels of poverty, joblessness, female-headed families, and welfare receipt<sup>14</sup> (Appendix F). The distressed neighborhoods factor was not available for counties; so for the areas where only county-level data was available, this figure is for the corresponding central city. For areas where both city- and county-level data was available, the distressed neighborhood figure corresponds with the city. Please also note that the time period used to determine faster/slower/same status (1994-1997) doesn’t match up with the earlier time period of the poverty data (1989 and 1990), and will not incorporate changes in poverty during the past seven years. While not ideal, this side-by-side comparison of the relative rates of caseload decline and the basic and concentrated poverty rates may present a rough picture of how poverty trends impact caseload declines.

## C. FINDINGS

Within this set of cities and counties, there is not one simple or consistent story about urban welfare caseloads. We examined several factors to determine what is happening to welfare caseloads in urban areas in states across the country. Specifically, we looked at: 1) cities’ and

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<sup>12</sup> “Same” cities, between 95 and 105% of the state’s decline, were deemed to be declining at roughly the same rate as the state. This ten percent buffer between “faster” and “slower” cities is an arbitrary category created to best capture those cities that are experiencing rates of decline that nearly mirror their states’.

<sup>13</sup> County and City Data Book, 1994 (Washington, DC: U.S. Bureau of the Census, 1994).

<sup>14</sup> John D. Kasarda, “Inner-City Concentrated Poverty and Neighborhood Distress: 1970-1990,” *Housing Policy Debate* 3 (1993): 290-293; and *Statistical Abstract of the United States, 1992* (Washington, DC: US Bureau of the Census, 1992), Table 38.



states' rates of caseload reductions; 2) the degree of concentration of the states' caseloads within the cities' and counties' borders; 3) the correlation of the localities' rates of caseload decline with their share of the states' caseloads; 4) the localities' shares of the states' caseload compared with their share of the total state population; 5) a comparison of cities' and counties' caseloads to each other; and 6) a comparison of the cities' and counties' rates of caseload decline and the percentage of people living in both poverty and distressed neighborhoods.

### 1. Cities' Average Caseload Reductions Relative to State Reductions

A majority of the cities surveyed are lagging behind their states in terms of the rate of caseload reduction (the "slower" cities). However, some of the cities and counties surveyed are reducing caseloads at a much faster rate than their respective states (the "faster" cities). One is deviating only slightly from the state average (the "same" county). The relative speed was determined by looking at 1994-1997 figures (see Appendix B).

RELATIVE SPEED OF CASELOAD DECLINE IN  
SELECTED CITIES AND COUNTIES, 1994-1997 <sup>15</sup>

<b>SLOWER ( &lt;95% OF STATE )</b>		<b>SAME ( 95-105% OF STATE )</b>		<b>FASTER ( &gt;105% OF STATE )</b>	
<i>Bridgeport</i>	28.0%	<i>Marion Co. (Indianapolis)</i>	103.4%	<i>Denver Co.</i>	108.4%
<i>Philadelphia Co.</i>	48.3%			<i>Allegheny Co. (Pittsburgh)</i>	128.9%
<i>St. Louis</i>	57.2%			<i>Mecklenberg Co. (Charlotte)</i>	142.5%
<i>Cuyahoga Co. (Cleveland)</i>	68.6%			<i>Maricopa Co. (Phoenix)*</i>	144.6%
<i>St. Louis Co.</i>	70.7%			<i>King Co. (Seattle)</i>	176.6%
<i>Milwaukee Co.</i>	72.2%			<i>Hartford</i>	195.1%
<i>Detroit*</i>	73.3%			<i>San Francisco Co.</i>	292.8%

<sup>15</sup> "Relative speed" expresses the rate of city/county caseload decline as a percentage of the rate of state caseload decline.

<b>SLOWER (&lt;95% OF STATE)</b>	<b>SAME (95-105% OF STATE)</b>	<b>FASTER (&gt;105% OF STATE)</b>
<i>Los Angeles Co.</i> 73.9%		
<i>Dade Co. (Miami)</i> 78.3%		
<i>Wayne Co. (Detroit)</i> 81.0%		
<i>Cook Co. (Chicago)</i> 90.2%		
<i>New York City</i> 90.6%		
<i>Chicago</i> 93.2%		
<i>Boston</i> 94.0		
<i>Suffolk Co. (Boston)</i> 94.4%		

\* Please note that caseload data for 1997 was unavailable for Maricopa County (Phoenix) and Detroit. However, these two jurisdictions have been included in the analysis using 1994-1996 data.

We also counted the total number of cities and counties with caseloads declining at a faster or slower rate than their respective states. Between 1986 and 1997, there was an even split between: a) cities where caseloads declined faster or increased more slowly than the state (47%); and b) cities whose caseloads declined slower or increased more rapidly than the states (53%). In this decade so far (1990-1997), 48 percent declined faster/increased slower and 52 percent declined slower/increased faster--- again roughly an even split. However, in the shorter term, more cities exhibited a slower relative decline: between 1994 and 1997, **two-thirds** of the cities had slower rates of decline than their states' (see Appendix A).

## **2. Degree of and Change in Caseload Concentration**

We identified the cities and counties where the percentage of the state welfare caseload located within the city or county boundary has increased-- that is, where the state caseload has become increasingly concentrated in the city or county. This was measured by comparing the percentage of the state caseload in the city or county for 1994 and 1997. Overall, fifteen cities and counties experienced an increase in the proportion of the state caseload residing within their jurisdiction, while eight cities and counties saw decreases in the concentration of the state caseload. All of the declines in concentration were very slight--- most under a one percent difference, indicating relative stability rather than a major deconcentration of the caseload throughout the state. For the most part, the concentration increases were more substantial than the declines, ranging from under one percent in Bridgeport to 16.9 percent in Milwaukee. Most increases fell in the one to four point range (see Appendix E).

Of the fifteen "slower" cities, all experienced an increased concentration of the state's caseload within their borders. The correlation of these two trends logically follows: if a large urban county is lagging behind the state in welfare caseload reduction, it stands to reason that as state rolls decline precipitously, the county will contain a greater proportion of the remainder. Indianapolis/ Marion

County, the only “same” county, experienced a proportionate loss of the state caseload. Between 1994 and 1997, all seven of the “faster” cities and counties experienced some loss of concentration in the state’s caseload (see Appendix E).

### **3. Correlation of Rate of Caseload Decline with Proportion of the Caseload in Jurisdiction**

The concentrations of state caseloads in the cities surveyed range from a low of 1.3 percent in San Francisco to 69.5 percent in New York City. The main observation that can be made about the correlation between the rate of caseload decline and the concentration of the state caseload is that the cities and counties whose caseloads are declining more rapidly than their states tend to have a smaller portion of the state caseload than those with mixed results or slower declines. Of the seven “faster” cities and counties, six contained less than 25 percent of the state welfare caseload within its jurisdiction. Of the “faster” cities and counties, Phoenix/Maricopa County was the exception with 51.3 percent of Arizona’s caseload. The “slower” cities do not exhibit such a clear trend and are represented through the range of concentrations. The “slower” cities’ concentration rates ranged from a high of 69.4 percent in New York City to a low of 11.9 percent in Bridgeport in 1996. Indianapolis/Marion County, the only “same” city, contained 21.2 percent of the state caseload (see Appendix D).

### **4. Percent of State Caseload versus Percent of State Population**

In order to better gauge the extent of the cities’ welfare burden in the states, we compared the cities’ share of the welfare population with their share of the general state population. In 1996, only five cities/counties surveyed had a smaller share of the state welfare caseload than their share of the total state population (see Appendix E). These are: Charlotte/ Mecklenberg County; San Francisco County; Phoenix/ Maricopa County; Saint Louis County; and Seattle/King County. The remaining eighteen cities and counties had smaller proportions of the general population than the welfare population; in some places, the percent of the state caseload in the area was more than double the percent of total state population. For instance, Milwaukee County contained more than half of Wisconsin’s welfare caseload, but less than 18 percent of the general state population. Philadelphia contained 40 percent of the state caseload, but only 12 percent of Pennsylvania’s population.

With the exception of Saint Louis County, **all** of the fifteen “slower” cities and counties contained a greater share of the states’ welfare population than the overall state population. Of the seven “faster” cities and counties, three had smaller percentages of the state’s welfare population than the state’s general population: Charlotte/Mecklenberg County, San Francisco, and Seattle/King County. Pittsburgh/Allegheny County, another “faster” county, had welfare and general population percentages that were almost the same: 10.8 percent of the general population and 11.2 percent of the welfare caseload. Denver County and Hartford were the only “faster” areas with a **significantly** greater proportion of welfare caseloads than general population. Indianapolis/Marion County, the “same” city, contained 14.0 percent of Indiana’s total population but 21.2 percent of Indiana’s welfare caseload.

Eighteen of twenty-three cities surveyed, or 78 percent, had a higher proportion of their state’s welfare population than the state population overall. Of this eighteen, only three cities were “faster” cities relative to their respective states (Denver County, Hartford, and Pittsburgh/Allegheny County). These results should not be surprising given the distinctly urban phenomenon of concentrated poverty, but this presents one of the most troubling aspects of this research.

## 5. City and County Comparison

While the previous sections have compared cities and counties to their respective states, this section compares cities' and counties' rates of decline to each other, without referencing the states' performance (see Appendix C). City performance was measured over four time periods: 1986-1997, 1990-1997, 1994-1997, and 1996-1997. Phoenix/Maricopa County and Detroit were not included because 1997 data was unavailable. While there was no clear pattern of representation for the "faster" and "slower" cities, it is interesting to note that Milwaukee, which was "slower" relative to Wisconsin and saw a significant increase in its concentration of the state caseload, actually had the fastest caseload decline relative to the other cities and counties surveyed. Several other "slower" cities had faster declines than the "faster" cities. In the longer time periods (1986-1997 and 1990-1997), many cities and counties saw significant increases in caseloads, while declines were most dramatic for the group as a whole in the 1994-1997 period.

## 6. Correlation of Caseload Decline with Poverty Trends

It appears that the rate of a city's caseload decline is linked to the extent of poverty in the city (see Appendix F). For instance, "faster" cities had low percentages of the city population residing in "distressed neighborhoods." As noted above, a "distressed neighborhood" is a "census tract that exhibits disproportionately high levels of poverty, joblessness, female-headed families, and welfare receipt."<sup>16</sup> In the "faster" cities, the percentage of city residents living in distressed neighborhoods ranged from 1.6 percent in San Francisco to 14.4 percent in Pittsburgh, with an average of 4.5 percent overall. In the "slower" cities, it ranged from 5.9 percent in Los Angeles to a high of 47.2 percent in Detroit, with an average of 20.2 percent.

Basic poverty rates did not show such a clear trend, although the "slower" cities had somewhat higher rates of poverty. The range of poverty rates for both "faster" and "slower" cities was very similar. "Faster" cities ranged from a high of 27.5 percent of city residents in poverty in Hartford to a low of 8.0 percent in King County/Seattle, with an average of 14.1 percent; "slower" cities had a range from 32.4 percent in Detroit to a low of 5.6 in Saint Louis County, with an average of 19.1 percent.

## D. POSSIBLE EXPLANATIONS

In attempting to determine what trends, if any, were at work in these cities, we examined several factors--- market/social and governance--- some of which may help explain why some areas may be experiencing greater difficulty in reducing welfare caseloads than others.

### 1. MARKET & SOCIAL FACTORS

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<sup>16</sup> John D. Kasarda, "Inner-City Concentrated Poverty and Neighborhood Distress: 1970-1990," *Housing Policy Debate* 3 (1993): 290-293; and *Statistical Abstract of the United States, 1992* (Washington, DC: US Bureau of the Census, 1992), Table 38.

### **a. Poverty Rate and Concentration**

Poverty rates are typically higher in urban areas than in surrounding suburban jurisdictions, and this phenomenon is compounded by the concentration of poverty. While poverty obviously correlates to TANF receipt, it also contributes to more direct social consequences, including higher incidence of school drop-outs, out-of-wedlock births, substance abuse, and low attachment to the labor force.<sup>17</sup> Within the population of welfare recipients, cities and urban counties may contain more long-term and hard-to-serve welfare recipients than their suburban counterparts.<sup>18</sup> Federal and state policies that don't recognize the additional challenges associated with the concentrated poverty and social isolation in urban areas may only magnify the problem of poverty and further undermine efforts to help low-income families achieve self-sufficiency.

### **b. Regional Trends**

While having a limited sample makes any speculation about regional effects difficult, a few possible trends do emerge from the research. Almost all of the Midwestern cities had "slower" rates of decline than their respective states, including: Chicago, Cook County, Cuyahoga County/Cleveland, Detroit, Milwaukee County, Saint Louis, Saint Louis County, and Wayne County. The only exception to the Midwestern trend is Indianapolis/Marion County, the only "same" county. An Eastern trend for "slower" cities is also possible, as six Eastern cities had slower declines than their states, and only three (Pittsburgh/Allegheny County, Charlotte/Mecklenburg County, and Hartford) were faster than their states.

A Western regional pattern emerges from the "faster" cities. With the exception of Los Angeles, all Western cities sampled experienced faster rates of caseload decline than their respective states: Phoenix/Maricopa County, Denver County, San Francisco County, and Seattle/King County. It is difficult to make accurate observations since our sample was heavily East- and Midwest-oriented. In order to get a better picture of possible regional trends, a more complete array of cities should be examined. The size of these cities may also play a role in their ability to reduce caseloads.

### **c. Unemployment Rates**

Linking poor, inner-city residents to jobs is the key to welfare reform's success in urban areas. Yet even in today's booming economy, unemployment rates in cities are high relative to astonishingly low suburban rates, and higher still for the segments of the population most affected by welfare reform.<sup>19</sup> The primary obstacles to successfully moving people to work include:

- ◆ a lack of *supportive services* to assist residents in making the transition from welfare to work, like child care for night shift workers and reliable transportation;

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<sup>17</sup> William Julius Wilson, *THE TRULY DISADVANTAGED: THE INNER-CITY, THE UNDERCLASS, AND PUBLIC POLICY*, (1987), p. 58.

<sup>18</sup> Vartinian finds that exits from welfare are significantly related to concentrated poverty, a distinctly "urban" phenomenon. Thomas Vartinian, "Neighborhood Effects on AFDC Spells: Examining the Social Isolation, Relative Deprivation, and Epidemic Theories," unpublished manuscript, Department of Economics, Bryn Mawr College, 1995.

<sup>19</sup> Jared Bernstein, *Low Wage Labor Market Indicators by City and State: The Constraints Facing Welfare Reform*, Economic Policy Institute Working Paper No. 118, October 1997.

- ◆ inadequate *social networks* in these inner-city neighborhoods, which do not connect residents of poor inner-city neighborhoods with regional, high quality job opportunities.

The cities' and counties' ability to move people off of welfare and into jobs depends largely on the ability of the local labor market to absorb the additional low-skill, low-wage labor. In cities with relatively high unemployment rates relative to suburban jurisdictions, this poses a significant challenge. Jared Bernstein of the Economic Policy Institute has released a report which breaks down unemployment figures in twenty cities by race, gender, age, and educational level. Bernstein states that, "Among women that have been on welfare for some time, about half have less than a high school degree...More than one-fifth of African-American women with less than a high school degree were unemployed in 1994-96. Over one-third (35.6%) were underemployed." Relatively high un- and under-employment rates for the urban populations most affected by welfare programs suggest the scarcity of jobs for people time-limited or sanctioned off of welfare.<sup>20</sup>

#### **d. Population Characteristics**

Major demographic trends could also affect the urban caseloads. The large influx of immigrants to "slower" cities like New York, Miami, or Los Angeles may affect the availability of low-wage jobs or account for an increase in "child-only" cases for the American-born children of immigrant parents. The different characteristics of welfare recipients may also affect the ability of cities and counties to reduce caseloads relatively quickly. For instance, in a city like Buffalo, the welfare population may contain mainly dislocated workers who receive benefits only briefly; New York City's population may have more long-term, multi-generational recipients with little work experience; and Philadelphia's population may be a combination of both. The geographic location of the poor population poses different challenges: for instance, North Carolina may be less urbanized overall and have a more rural poverty population--- and therefore a more dispersed poverty population--- than the other states surveyed, potentially explaining why Mecklenburg County is one of the few jurisdictions where its proportion of the state general population (8.2%) is larger than its proportion of the state welfare population (7.7%).

It is also possible that those recipients that remain on the rolls after statewide reductions in caseloads will be the hardest to serve, and will live--- disproportionately--- in the cities.<sup>21</sup> The most work-ready people are being placed in the available jobs, while the least work-ready remain on the rolls or in workfare jobs with little promise as the welfare clocks continue to tick. Unless they improve their skills and overcoming their other barriers to work during the limited time they have on welfare, these individuals will leave welfare with little chance of self-sufficiency. As jurisdictions scramble to define what will replace the federal entitlement to welfare, many of the administrative and financial burdens

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<sup>20</sup> In Milwaukee County, AFDC cases have shown "little responsiveness to improvements in the county unemployment rate." John Pawasarat and Lois Guinn, *Demographics of Milwaukee County Populations Expected to Work Under Proposed Welfare Initiatives*, Employment and Training Institute, University of Wisconsin, November 1995, p. 7. John Weicher of the Hudson Institute also notes that while the Wisconsin caseload overall was generally sensitive to economic conditions, "the Milwaukee County caseload was much less sensitive to the economic cycle; it has been rising since 1989." John Weicher, *The Labor Market for Welfare Recipients in the Milwaukee Metropolitan Area*, The Hudson Institute, June 1995.

<sup>21</sup> John Pawasarat, *Financial Impact of W-2 and Related Welfare Reform Initiatives on Milwaukee County AFDC Cases*, Employment and Training Institute, University of Wisconsin, April 1996, p. 17.

for creating the new safety net seem to fall on the states, even though the consequences of NOT creating that safety net will fall squarely on the cities.

## **2. GOVERNMENT**

### **a. Federal and State Program Administration**

Linking welfare recipients to jobs is also complicated by the way in which governments administer programs that serve the poor. The universalist approach of the new “One Stop” job centers that many states have created to serve the entire range of job seekers in a given area (from skilled displaced workers to welfare recipients moving into a first job) may be insufficient to address the complex problems of many urban welfare recipients who have multiple barriers to employment. The distinct “administrative geographies” of the welfare and workforce systems don’t adequately connect to neighborhoods of high poverty, nor do they connect to each other despite the fact that they serve essentially the same population. This fragmentation creates jurisdictional barriers which inhibit efforts to connect people to jobs in the metropolitan labor market.<sup>22</sup>

Similarly, federal law typically doesn’t require states to focus on high poverty neighborhoods or distressed cities. Welfare programs have always focused on individuals and families, rather than targeting assistance to the **places** in which these people live. Many city leaders don’t perceive welfare as “their problem” because in most cities, welfare is not usually administered at the city level but at the county level. In addition, some states exempted large urban areas from coverage under pre-TANF waiver plans, or used them as “control groups,” effectively excluding them from the early innovation that took place in other parts of the state.

### **b. Degree of Devolution**

With the passage of welfare reform, the federal-state relationship has changed significantly. As the burden for administering federal programs shifts to the states, the nature of the state-county relationship has changed as well. The degree of devolution from state to county varies dramatically between states. In those states that have devolved the most flexibility and responsibility to counties (like North Carolina, Colorado, and California), state policy may have different kinds of effects than it does in states that do not devolve much responsibility to localities. Of the areas surveyed for this research, we examined two cities from each of three states-- Hartford and Bridgeport, CT; Los Angeles and San Francisco, CA; and Philadelphia and Allegheny County, PA. No clear intra-state effect emerged in any of these states: rates of caseload decline in Philadelphia, Los Angeles, and Bridgeport lagged behind the states’ while Pittsburgh, San Francisco, and Hartford surged ahead.

### **c. Access to Metropolitan Opportunities**

Caseload reduction may hinge on inner-city residents’ access to jobs and affordable housing opportunities in the larger metropolitan area. For instance, welfare recipients will be more likely to gain employment if there are: convenient and affordable public transportation with routes to suburban job centers; regional housing mobility allowing poor inner-city residents to live closer to suburban job

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<sup>22</sup> Mark Alan Hughes, *The Administrative Geography of Devolving Social Welfare Programs*, Joint Occasional Paper 97-1 of the Brookings Institution Center for Public Management and Center on Urban and Metropolitan Policy, p. 3.

opportunities; or even inner-city One Stop job centers that identify and inform residents of job prospects outside of the city limits. Affordable housing in suburban jurisdictions may account for the caseload reduction in cities like Hartford; or, on the flip side, expensive housing in the central city can push out the poor, as is most likely the case in San Francisco. Older suburban areas--- like Saint Louis County, Missouri, or Dearborn, Michigan, near Detroit--- which are deteriorating and absorbing significant numbers of poor people, may take some of the strain off of the central city, while not representing a net reduction of poverty for the region. Yet if inner-city residents remain trapped within the city's boundaries and are unable to access the resources and opportunities in suburban areas, urban caseloads may continue to decline as time limits reduce the rolls, but the problem of urban poverty will only intensify.

## **E. POLICY AND RESEARCH IMPLICATIONS**

Even with a booming economy, nearly 70 percent of the cities examined are not matching their states' declines, suggesting that there is cause for concern at present and potential cause for alarm in the future if we experience a downturn in the economy. At the very least, this research functions as a cautionary note for states that are boasting a bit too loudly about the dramatic declines in caseloads they have experienced in the past several years. The unique position of cities and urban counties will require a closer examination of the policies that impact their ability to deal with the effects of welfare reform. To what degree are federal and state policies sensitive to concentrated poverty and the special challenges of urban economies?

Policymakers need to evaluate current strategies and craft a course of action to compensate for the additional welfare burden shouldered by cities.

Despite the fact that urban counties' and cities' experiences with welfare reform has been varied, several disturbing trends have emerged that warrant further investigation. The largest cities in the Northeast and Midwest, containing relatively high concentrations of the state caseload (e.g. Milwaukee, Philadelphia), seem to be experiencing the greatest difficulty keeping pace with their states' caseload reductions. The vast majority of cities and urban counties contain a disproportionate share of the welfare populations in their states, relative to their percentage of the general population. And recently, a majority of the cities and counties surveyed have begun to reduce their welfare caseloads more slowly than their respective states. If the areas declining slowly relative to state performance foreshadow or represent a broader trend--- which is by no means clear at this early stage--- then it is important to examine how state and federal policies affect this trend.

Many crucial questions about the relationship between welfare reform and place remain unanswered. This lack of information is a severe handicap for the development of sound policy responses to the challenges of welfare reform. Policymakers, as well as researchers, should consider the following:

### ***Significance of Place***

- How do caseload declines in suburban and rural counties compare to urban counties?
- Are there--- or should there be--- place-specific welfare strategies? How should these strategies differ for rural poverty, suburban poverty, and urban poverty?



- How can welfare policies be better tailored to the needs of neighborhoods of concentrated poverty?

### ***Governance***

- To what extent are county welfare administrations sensitive to the needs of cities? How does this differ in jurisdictions where the county and the city are co-extensive? Where the county extends beyond the city boundaries? Where the city is completely separate from the county?
- Do cities that administer their own programs fare better than county-run systems?

### ***Metropolitanism***

- To what extent does the fragmented administration of welfare programs impede the ability of low-income residents of central cities to access jobs and affordable housing in the larger metropolitan area?
- To what extent are welfare recipients being linked to regional job growth? To growing industries?
- To what extent do welfare caseload declines and other measures of welfare reform's success correlate with regional economic performance?

### ***Intra-state Trends***

- What accounts for the divergent experiences of cities within the same state (e.g. Bridgeport and Hartford, CT)? How can government policy help more vulnerable cities implement welfare reform?

### ***State Policies***

- To what extent do state policies take into account the special nature of concentrated poverty? To what extent do allocation formulas, reward and penalty systems, and other aspects of welfare reform policies recognize the unique challenges of cities?

## **F. CONCLUSION**

Based on this research, there is no uniform explanation of the cause of some cities' rapid caseload declines and others' slower pace. The number of cities and counties surveyed was limited, restricting our ability to speculate about regional trends. Other relevant information--- such as unemployment and poverty rates--- has not yet been fully explored. The context of welfare reform has not yet fully unfolded: the full impact of work requirements and time-limits has not yet been felt in most places. For these reasons, the full implications of these results are somewhat unclear. It is unclear where people are going after they leave the welfare rolls and which state or local efforts are driving the reductions--- sanctions, diversion, or job placement efforts. The answers to these questions--- which are the logical "next steps" for this research and contain the early lessons of welfare reform--- lie in the individual cities and counties themselves.

Cities will make or break welfare reform. The country's success in implementing welfare reform will be contingent upon the ability of our urban areas to help low-income individuals find and maintain jobs and ultimately become self-sufficient. State and federal policies must recognize and address the

unique challenges present in cities. There has long been a dearth of information about the role of cities in welfare reform; now the need to fill this void is urgent. As welfare becomes an increasingly urban issue, the focus must shift, at least in part, from people to place.

APPENDIX A:  
CITY, COUNTY, AND STATE ANNUAL CASELOAD CHANGE, 1986-1997

<i>City/State</i>	<i>% Annual Caseload Change</i>											<i>% Caseload Change Over Time</i>		
	86-87	87-88	88-89	89-90	90-91	91-92	92-93	93-94	94-95	95-96	96-97	86-97	90-97	94-97
<b>Boston</b>			-0.7	1.9	9.8	3.5	3.9	-4.2	-11.5	-10.1	-12.0		-20.8	-29.9
<b>Suffolk County</b>			3.2	2.4	10.1	2.9	4.0	-3.9	-11.7	-9.7	-12.2		-20.8	-30.1
<b>Massachusetts</b>	1.4	0.2	6.9	4.7	11.5	3.5	3.6	-5.6	-13.0	-11.1	-11.8	-12.5	-23.1	-31.8
<b>Bridgeport</b>	-6.5	-9.6	1.1	6.8	15.5	4.2	2.8	-0.3	3.5	-1.0	-4.4	10.3	20.9	-2.1
<b>Hartford</b>	0.2	-1.0	5.5	2.6	12.5	4.3	1.0	-0.3	0.7	-5.6	-10.1	8.4	1.0	-14.6
<b>Connecticut</b>	-3.9	-3.9	1.0	12.0	18.9	6.0	3.6	3.1	4.2	-2.6	-8.8	30.2	24.6	-7.5
<b>Charlotte/ Mecklenburg County</b>			6.7	5.2	25.8	37.2	4.2	8.1	-8.7	-13.1	-12.4		35.2	-30.4
<b>North Carolina</b>	1.9	2.1	10.1	9.9	19.9	18.4	9.1	2.0	-2.9	-9.1	-10.9	56.4	24.2	-21.4
<b>Chicago</b>	-2.1	-6.4	-6.3	0.7	4.2	0.5	2.3	3.3	-2.5	-3.7	-13.2	-22.1	-9.9	-18.6
<b>Cook County</b>	-2.1	-6.6	-6.0	0.9	5.0	1.8	3.1	4.4	-2.3	-3.0	-13.5	-18.1	-5.6	-18.0
<b>Illinois</b>	-1.2	-6.5	-5.7	2.2	6.4	1.9	2.8	4.2	-3.0	-4.4	-13.7	-17.1	-7.0	-19.9
<b>Cleveland/ Cuyahoga County</b>					3.6	8.1	0.2	-1.4	-6.6	-6.0	-8.7	-12.2	-11.2	-19.7
<b>Ohio</b>	-0.5	-0.6	-1.3	2.6	8.4	5.4	-1.5	-3.9	-10.1	-8.4	-13.5	-22.9	-22.9	-28.8
<b>Denver</b>					9.2	14.4	5.3	0.2	-6.1	-9.2	-13.3	9.4	-2.6	-26.1
<b>Colorado</b>					8.4	9.5	2.9	-1.0	-6.0	-8.3	-11.9	17.3	-8.3	-24.1

City/State	% Annual Caseload Change											% Caseload Change Over Time		
	86-87	87-88	88-89	89-90	90-91	91-92	92-93	93-94	94-95	95-96	96-97	86-97	90-97	94-97
<b>Detroit</b>	2.0	-2.0	0.0	5.6	-1.2	0.3	1.9	-1.3	-6.7	-9.0				
<b>Wayne County</b>	2.9	-1.9	0.0	2.1	3.3	0.5	2.3	-1.0	-6.6	-10.0	-12.2	-20.1	-22.4	-26.2
<b>Michigan</b>	13.5	-0.6	-0.8	3.2	4.3	-0.9	1.8	-2.5	-10.0	-11.8	-14.8	-19.8	-30.6	-32.3
<b>Indianapolis/ Marion County</b>	-8.4	0.0	0.0	10.2	14.8	16.9	2.1	4.2	-4.2	-23.8	-12.8	-8.3	-9.1	-36.3
<b>Indiana</b>	-5.2	-0.7	-2.3	2.3	9.8	11.9	4.9	3.7	-6.0	-19.7	-14.0	-18.4	-13.3	-35.1
<b>Los Angeles County</b>	1.8	-4.7	-4.2	5.5	13.8	14.7	7.9	6.8	2.2	-1.5	-5.2	40.7	43.5	-4.6
<b>San Francisco County</b>	-2.6	-3.3	-2.1	3.2	5.8	2.5	2.5	2.4	-2.3	-5.1	-11.7	-11.3	-6.8	-18.2
<b>California</b>	3.7	0.7	2.3	6.3	11.0	11.9	6.8	6.4	2.5	-2.0	-6.7	50.3	32.4	-6.2
<b>Miami/ Dade County</b>					16.7	30.4	13.3	0.5	-5.4	-8.2	-17.1		24.7	-28.0
<b>Florida</b>	7.7	5.6	9.0	15.4	25.1	33.6	8.1	-3.9	-7.7	-9.5	-23.1	59.3	11.4	-35.8
<b>Milwaukee/ Milwaukee County</b>	-0.7	-3.5	-3.6	0.2	3.5	1.8	-0.1	-1.0	-2.5	-14.0	-28.5	-42.2	-37.6	-40.1
<b>Wisconsin</b>	-3.5	-8.0	-7.5	-1.8	2.3	0.3	-2.1	-4.2	-7.4	-22.2	-38.4	-65.6	-57.3	-55.6
<b>New York City</b>	-3.3	-3.3	-1.7	1.9	7.1	6.4	11.3	6.2	0.0	-6.1	-11.9	4.3	11.4	-17.2
<b>New York</b>	-4.0	-3.5	-0.5	3.8	8.4	6.1	9.3	4.2	-1.6	-6.4	-12.0	1.6	6.2	-19.0
<b>Philadelphia/ Philadelphia County</b>		-3.7	-2.6	0.4	6.6	5.9	4.3	3.6	2.1	-3.9	-6.7		11.6	-8.5
<b>Pittsburgh/ Allegheny County</b>		-3.1	-2.6	-2.2	2.2	2.4	0.8	0.5	-2.0	-9.8	-12.6		-18.2	-22.8

City/State	% Annual Caseload Change											% Caseload Change Over Time		
	86-87	87-88	88-89	89-90	90-91	91-92	92-93	93-94	94-95	95-96	96-97	86-97	90-97	94-97
<b>Pennsylvania</b>		-4.0	-2.9	0.1	6.4	6.4	2.8	2.3	-0.6	-6.8	-11.2		-2.0	-17.7
<b>Phoenix/ Maricopa County</b>		10.9	15.8	21.4	22.9	23.9	15.1	5.4	-2.6	-12.3				
<b>Arizona</b>		9.1	11.8	17.3	20.6	21.2	12.6	4.6	-1.2	-9.0				
<b>Saint Louis</b>	-1.2	-0.3	-0.3	1.2	4.3	7.0	1.1	2.3	-0.5	-3.3	-7.0	2.4	3.2	-10.6
<b>Saint Louis County</b>	-1.9	4.4	3.7	5.4	11.1	18.6	11.0	8.2	-1.1	-5.0	-7.5	53.9	37.4	-13.1
<b>Missouri</b>	1.2	0.7	0.5	3.1	6.4	12.6	5.7	4.0	-3.0	-5.7	-10.9	13.3	7.3	-18.6
<b>Seattle/King County</b>	5.1	1.1	4.3	6.0	7.1	11.5	8.6	5.7	0.8	-3.6	-7.5	44.7	23.1	-10.2
<b>Washington</b>	8.4	0.5	2.8	4.0	6.8	16.3	0.4	2.4	-0.1	-3.2	-2.6	40.1	20.3	-5.8

**APPENDIX B:**  
CITY AND COUNTY CASELOAD DECLINES EXPRESSED AS PERCENTAGE OF STATE DECLINE

CITY/COUNTY	CITY OR COUNTY DECLINE AS A PERCENTAGE OF STATE DECLINE	
	1994-1997	1996-1997
<b>Boston</b>	94.0%	101.2%
<b>Suffolk County (Boston)</b>	94.4%	103.3%
<b>Bridgeport</b>	28.0%	50.3%
<b>Hartford</b>	195.1%	115.0%
<b>Charlotte/Mecklenberg County</b>	142.5%	113.5%
<b>Chicago</b>	93.2%	96.3%
<b>Cook County (Chicago)</b>	90.2%	97.9%
<b>Cleveland/Cuyahoga County</b>	68.6%	64.0%
<b>Denver County</b>	108.4%	112.1%
<b>Detroit</b>	n/a	n/a
<b>Wayne County (Detroit)</b>	81.0%	82.5%
<b>Indianapolis/Marion County</b>	103.4%	91.3%
<b>Los Angeles County</b>	73.9%	77.6%
<b>San Francisco County</b>	292.8%	176.2%
<b>Miami/Dade County</b>	78.3%	73.8%
<b>Milwaukee County</b>	72.2%	74.3%
<b>New York City</b>	90.6%	99.2%
<b>Philadelphia County</b>	48.3%	60.2%
<b>Pittsburgh/Allegheny County</b>	128.9%	113.0%
<b>Phoenix/Maricopa County</b>	n/a	n/a
<b>Saint Louis</b>	57.2%	64.3%
<b>Saint Louis County</b>	70.7%	69.1%
<b>Seattle/King County</b>	176.6%	293.7%

**APPENDIX C:**  
**COMPARISON OF PERCENTAGE CASELOAD CHANGE AMONG CITIES AND COUNTIES OVER**  
**TIME (INCREASES AND DECLINES)**

<b>1986-1997</b>		<b>1990-1997</b>		<b>1994-1997</b>		<b>1996-1997</b>	
<i>Saint Louis Co.</i>	53.9	<i>Los Angeles Co.</i>	43.5	<i>Bridgeport</i>	-2.1	<i>Bridgeport</i>	-4.4
<i>Seattle/King Co.</i>	44.7	<i>Saint Louis Co.</i>	37.4	<i>Los Angeles Co.</i>	-4.6	<i>Los Angeles Co.</i>	-5.2
<i>Los Angeles Co.</i>	40.7	<i>Charlotte/Mecklenberg Co.</i>	35.2	<i>Philadelphia Co.</i>	-8.5	<i>Philadelphia Co.</i>	-6.7
<i>Bridgeport</i>	10.3	<i>Miami/Dade Co.</i>	24.7	<i>Seattle/King Co.</i>	-10.2	<i>Saint Louis</i>	-7.0
<i>Denver Co.</i>	9.4	<i>Seattle/King Co.</i>	23.1	<i>Saint Louis</i>	-10.6	<i>Saint Louis Co.</i>	-7.5
<i>Hartford</i>	8.4	<i>Bridgeport</i>	20.9	<i>Saint Louis Co.</i>	-13.1	<i>Seattle/King Co.</i>	-7.5
<i>New York City</i>	4.3	<i>Philadelphia Co.</i>	11.6	<i>Hartford</i>	-14.6	<i>Cleveland/Cuyahoga Co.</i>	-8.7
<i>Saint Louis</i>	2.4	<i>New York City</i>	11.4	<i>New York City</i>	-17.2	<i>Hartford</i>	-10.1
<i>Indianapolis Marion Co.</i>	-8.3	<i>Saint Louis</i>	3.2	<i>Cook Co.</i>	-18.0	<i>San Francisco Co.</i>	-11.7
<i>San Francisco Co.</i>	-11.3	<i>Hartford</i>	1.0	<i>San Francisco Co.</i>	-18.2	<i>New York City</i>	-11.9
<i>Cleveland/Cuyahoga Co.</i>	-12.2	<i>Denver</i>	-2.6	<i>Chicago</i>	-18.6	<i>Boston</i>	-12.0
<i>Cook Co.</i>	-18.1	<i>Cook Co.</i>	-5.6	<i>Cleveland/Cuyahoga Co.</i>	-19.7	<i>Suffolk Co.</i>	-12.2
<i>Wayne Co.</i>	-20.1	<i>San Francisco Co.</i>	-6.8	<i>Pittsburgh/Allegheny Co.</i>	-22.8	<i>Wayne Co.</i>	-12.2
<i>Chicago</i>	-22.1	<i>Indianapolis/Marion Co.</i>	-9.1	<i>Denver Co.</i>	-26.1	<i>Charlotte/Mecklenberg Co.</i>	-12.4
<i>Milwaukee Co.</i>	-42.2	<i>Chicago</i>	-9.9	<i>Wayne Co.</i>	-26.2	<i>Pittsburgh/Allegheny Co.</i>	-12.6

<b>1986-1997</b>		<b>1990-1997</b>		<b>1994-1997</b>		<b>1996-1997</b>	
		<i>Cleveland/ Cuyahoga Co.</i>	-11.2	<i>Miami/Dade Co.</i>	-28.0	<i>Indianapolis/ Marion Co.</i>	-12.8
		<i>Pittsburgh/ Allegheny Co.</i>	-18.2	<i>Boston</i>	-29.9	<i>Chicago</i>	-13.2
		<i>Boston</i>	-20.8	<i>Suffolk Co.</i>	-29.9	<i>Denver Co.</i>	-13.3
		<i>Suffolk Co.</i>	-20.8	<i>Charlotte/ Mecklenberg Co.</i>	-30.4	<i>Cook Co.</i>	-13.5
		<i>Wayne Co.</i>	-22.4	<i>Indianapolis/ Marion Co.</i>	-36.3	<i>Miami/Dade Co.</i>	-17.1
		<i>Milwaukee Co.</i>	-37.6	<i>Milwaukee Co.</i>	-40.1	<i>Milwaukee Co.</i>	-28.5



APPENDIX D:  
 “SLOW,” “SAME,” AND “FAST” CITIES AND COUNTIES BROKEN DOWN BY CONCENTRATION OF  
 STATE WELFARE CASELOAD

% STATE CASELOAD IN CITY OR COUNTY (1996)	CITY OR COUNTY CASELOAD DECLINE COMPARED TO STATE CASELOAD DECLINE (1994-1997)		
	SLOWER DECLINE THAN STATE	SAME AS STATE	FASTER DECLINE THAN STATE
60%-75%	<i>Cook Co. New York</i>		
45%-60%	<i>Chicago Milwaukee Co.</i>		<i>Maricopa Co. (Phoenix)</i>
30%-45%	<i>Detroit Los Angeles Co. Philadelphia Co. Wayne Co.</i>		
15%-30%	<i>Boston Suffolk Co. Cuyahoga Co. (Cleveland) Dade Co. (Miami) St. Louis</i>	<i>Marion Co. (Indianapolis)</i>	<i>Denver Co. Hartford King Co. (Seattle)</i>
0-15%	<i>Bridgeport St. Louis Co.</i>		<i>Mecklenburg Co. (Charlotte) Allegheny Co. (Pittsburgh) San Francisco Co.</i>

APPENDIX E:  
 PERCENTAGE OF STATE WELFARE POPULATION IN CITY/COUNTY COMPARED TO PERCENTAGE  
 OF TOTAL STATE POPULATION IN CITY/COUNTY

<i>City/State</i>	<i>% General Population Concentration</i>	<i>% AFDC/TANF Caseload Concentration</i>		
		<b>1994</b>	<b>1996</b>	<b>1997</b>
<b>Boston</b>	9.2	18.4	19.0	18.9
<b>Suffolk Co.</b>	10.6	21.5	22.2	22.1
<b>Bridgeport</b>	4.2	11.8	11.9	12.5
<b>Hartford</b>	4.1	20.5	19.2	18.9
<b>Charlotte/ Mecklenburg Co.</b>	8.2	8.6	7.7	7.6
<b>Chicago</b>	23.0	54.3	54.9	55.3
<b>Cook Co.</b>	43.0	64.0	65.4	65.6
<b>Cleveland/ Cuyahoga Co.</b>	12.5	19.2	20.5	21.7
<b>Denver</b>	13.0	27.4	27.1	26.6
<b>Detroit</b>	10.4	31.3	33.4	
<b>Wayne Co.</b>	21.3	42.4	44.9	46.3
<b>Indianapolis/ Marion Co.</b>	14.0	21.9	21.2	21.5
<b>Los Angeles Co.</b>	28.6	34.4	34.4	35.0
<b>San Francisco Co.</b>	2.3	1.5	1.3	1.3
<b>Miami/ Dade Co.</b>	14.4	22.6	23.5	25.3
<b>Milwaukee/ Milwaukee Co.</b>	17.9	48.7	56.6	65.6
<b>New York City</b>	40.6	68.0	69.4	69.5
<b>Philadelphia/ Philadelphia Co.</b>	12.3	38.5	40.7	42.7
<b>Pittsburgh/ Allegheny Co.</b>	10.8	11.7	11.2	11.0
<b>Phoenix/ Maricopa Co.</b>	59.0	54.0	51.3	

<b>City/State</b>	<b>% General Population Concentration</b>	<b>% AFDC/TANF Caseload Concentration</b>		
		<b>1994</b>	<b>1996</b>	<b>1997</b>
<b>Saint Louis</b>	6.6	22.2	23.4	24.4
<b>Saint Louis Co.</b>	18.7	12.6	12.9	13.4
<b>Seattle/King Co.</b>	29.3	23.8	23.9	22.7

1. Source: U.S. Census Bureau.

**APPENDIX F:**  
**POVERTY RATES AND CONCENTRATED POVERTY RATES BY RELATIVE SPEED OF DECLINE**

	<b>CITY OR COUNTY</b>	<b>% OF STATE RATE<sup>1</sup></b>	<b>POV %<sup>2</sup></b>	<b>CON POV %<sup>3</sup></b>
<b>FASTER</b>	<i>San Francisco Co.</i>	292.8%	12.7	<b>1.6**</b>
	<i>Hartford</i>	195.1%	27.5	
	<i>King Co. (Seattle)</i>	176.6%	8.0	<b>2.3**</b>
	<i>Maricopa County (Phoenix)</i>	144.6%*	12.3	<b>1.8**</b>
	<i>Mecklenburg Co. (Charlotte)</i>	142.5%	9.6	<b>2.0**</b>
	<i>Allegheny Co. (Pittsburgh)</i>	128.9%	11.5	<b>14.4**</b>
	<i>Denver Co.</i>	1084%	17.1	<b>5.0**</b>
<b>SAME</b>	<i>Marion Co. (Indianapolis)</i>	103. %	12.1	<b>3.4**</b>
<b>SLOWER</b>	<i>Suffolk Co.</i>	94.4%	18.1	<b>N/A</b>
	<i>Boston</i>	94.0%	18.7	<b>6.0</b>
	<i>Chicago</i>	93.2%	21.6	<b>17.0</b>
	<i>New York City</i>	90.6%	19.3	<b>16.0</b>
	<i>Cook Co.</i>	90.2%	14.2%	<b>N/A</b>
	<i>Wayne Co.</i>	81.0%	20.1	<b>N/A</b>
	<i>Dade Co. (Miami)</i>	78.3%	17.9	<b>16.3**</b>
	<i>Los Angeles Co.</i>	73.9%	15.1	<b>5.9**</b>
	<i>Detroit</i>	73.3%*	32.4	<b>47.2</b>
	<i>Milwaukee Co.</i>	72.2%	22.2	<b>21.7**</b>
	<i>Saint Louis Co.</i>	70.7%	5.6	<b>N/A</b>
	<i>Cuyahoga Co. (Cleveland)</i>	68.6%	13.8	<b>31.0**</b>
	<i>St. Louis</i>	57.2%	24.6	<b>25.4</b>
	<i>Philadelphia Co.</i>	48.3%	20.3	<b>15.7</b>
	<i>Bridgeport</i>	28.0%	17.1	<b>N/A</b>

1. City/county rate of caseload decline expressed as a percentage of the state rate of decline, 1994-1997.

2. 1989 percent of persons below poverty level by city and county

3. 1990 percent of total **city** population living in "distressed neighborhoods," defined as a "census tract that exhibits disproportionately high levels of poverty, joblessness, female-headed families, and welfare receipt." by John D. Kasarda, "Inner-City Concentrated Poverty and Neighborhood Distress: 1970-1990," Housing Policy Debate 3 (1993): 290-293. \*\* Please note that "Con Pov" figure is for central cities where only county-level data was available for the other indicators.