



The Journal of Sociology & Social Welfare

Volume 35

Issue 3 *September - Special Issue: Beyond the Numbers: How the Lived Experiences of Women Challenge the "Success" of Welfare Reform*

Article 9

2008

Lost in Appalachia: The Unexpected Impact of Welfare Reform on Older Women in Rural Communities

Debra A. Henderson
Ohio University

Ann R. Tickamyer
Ohio University

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>

 Part of the Gerontology Commons, Social Welfare Commons, and the Social Work Commons

Recommended Citation

Henderson, Debra A. and Tickamyer, Ann R. (2008) "Lost in Appalachia: The Unexpected Impact of Welfare Reform on Older Women in Rural Communities," *The Journal of Sociology & Social Welfare*: Vol. 35 : Iss. 3 , Article 9.

Available at: <https://scholarworks.wmich.edu/jssw/vol35/iss3/9>

This Article is brought to you for free and open access by the Social Work at ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.



Lost in Appalachia: The Unexpected Impact of Welfare Reform on Older Women in Rural Communities

DEBRA A. HENDERSON

ANN R. TICKAMYER

Ohio University
Department of Sociology and Anthropology

A primary goal of welfare reform was to overcome welfare dependency through the promotion of work and the setting of lifetime limits. While at first blush this goal may have appeared reasonable for young recipients, it does not address the needs of older recipients, particularly women. Based on in-depth interviews with welfare recipients in four impoverished rural Appalachian counties over a four year time span (1999-2001; 2004), this paper evaluates the experiences of older women as they confront the changes brought on by welfare reform legislation. Findings suggest that impoverished older women in isolated rural communities experience multiple crises as they attempt to negotiate the "new" welfare system. As a result of spatial inequality, limited social capital, and the effects of ageism, they have tremendous difficulty meeting even their most basic needs.

Key words: *poverty, welfare reform, rural, older women, elderly*

The enactment *The Personal Responsibility and Work Opportunity Reconciliation Act* (PRWORA) in the later part of the 1990s caused a major shift in the implementation of social welfare policy. As a result, the key cash assistance program, Aid to Families with Dependent Children (AFDC) was

Journal of Sociology & Social Welfare, September 2008, Volume XXXV, Number 3

eliminated and replaced with the block grant Temporary Assistance to Needy Families (TANF). To address the perception that AFDC fostered long term dependency on government programs (Murray, 1996; Sawhill, 1995), TANF was predicated on a number of mandates, including the promotion of work and the establishment of lifetime limits. In addition, the link between welfare and Medicaid eligibility was detached and stricter eligibility standards for food stamp benefits were enacted.

With the reauthorization of PRWORA in 2006, the social and political debate that arose in the 1990s continues to question whether welfare reform has in fact been a success or a failure: How should we, as a society, define "success" with regard to this policy? Has welfare reform resulted in better lives for those who were once recipients, or has it increased human suffering? These questions are particularly poignant in isolated, resource poor, rural communities where it is often difficult to meet the welfare reform mandate to successfully transition into the labor market.

To encapsulate the debate, many proponents of the early welfare reform policy, and its subsequent reauthorization, claim that only positive changes resulted from the revamping of the social welfare system. Citing decreased participation in food stamp programs, a significant decline in welfare caseloads, and higher levels of labor market participation among former welfare recipients, supporters argued that welfare reform had been a resounding success (Cherry, 2006; Haskins, 2006; Jencks, 2002). As stated by Haskins (2006), "welfare reform has been a triumph for the federal government and the states." Additionally, noting the decline of caseloads by 50% since the implementation of welfare reform, President Bush declared this legislation a "remarkable achievement" and "a true success story" (Bush, 2002). Overall, proponents of welfare reform policy assumed that dependency was fundamental to the "welfare problem" and that by promoting work and self sufficiency, the problem would be resolved (Christopher, 2004; O'Connor, 2001).

However, opponents of welfare reform legislation assert that statistical trends suggesting success at the broader level are not always a good measure of human success (Beaulieu,

2000). Based on a quantitative analysis of national data, the “welfare problem” centers on individual behavior rather than the broader constraints individuals face as a result of structural inequality (O’Connor, 2001). That is, decreased caseloads and declining participation in food stamp programs do not necessarily correlate with increased physical and mental well-being (Christopher, 2004; Gennetian, Redcross, & Miller, 2002; McConnell & Ohls, 2002) nor does increased employment always translate into “good” jobs with benefits, stability and a living wage (Danziger, 2002; Ehrenreich, 2001). Furthermore, as caseloads dropped and employment numbers rose, one time recipients faced a tenuous situation in that stable employment was both limited and unreliable, and as a result, the majority of families did not move beyond poverty (Greenberg, 2006).

To date, much of the welfare reform debate has focused on issues and experiences in urban settings and reported trends often represent urban locales without consideration of rural communities. Research suggests, however, that there are clear distinctions between the rural and the urban experience (Rural Policy Research Institute, 1999). Throughout history, isolated rural areas have dealt with high levels of unemployment and persistent poverty that is equal to, and often more severe than, that in urban areas (Rural Sociological Society Task Force on Persistent Rural Poverty, 1993; Lichter & Jensen, 2002). While welfare recipients in both locales may confront similar problems when fulfilling work requirements and gaining economic independence, welfare reform legislation did not address the issues that are prevalent throughout rural communities. (Tickamyer, White, Tadlock, & Henderson, 2007; Zimmerman & Hirschi, 2003).

In rural regions it is difficult to transition from public assistance into the labor market because of a lack of employment opportunities and social/human capital to facilitate this transition (Parisi, McLaughlin, Grice, Taquino, & Gill, 2003; Tickamyer, et. al., 2007; Weber, Duncan, & Whitener, 2002). Furthermore, in contrast to their urban counterparts, those attempting to meet welfare reform mandates and make ends meet in isolated rural locations often experience an absolute lack of necessary resources such as economic means, childcare, transportation, health care, and housing to successfully achieve

their goals (Henderson, Tickamyer, White, & Tadlock, 2002; Rural Policy Research Institute, 1999; Zimmerman & Hirschi, 2003). Overall, welfare recipients in rural locales experience different constraints than do urban recipients (USDHHS, 2002) and as a result, impoverished rural women are often worse off than their urban counterparts (Brown & Lichter, 2004; Snyder & McLaughlin, 2004).

As stated by Gennetian, Redcross, and Miller (2002, p. 287), "unlike patterns in urban areas, caseload declines in rural areas have not run parallel with increases in employment or reductions in poverty." Individuals living in poor rural communities often face unique challenges in their attempts to make-ends-meet, to secure reliable transportation, procure health care, find quality childcare, and obtain employment (Gennetian, et. al., 2002; Henderson & Tickamyer, 2007; Tickamyer, Henderson, White, & Tadlock, 2007).

Regardless of whether the precedent-setting legislation or welfare reform is deemed an overall success or not, it had many unanticipated and unintended consequences for female recipients in isolated rural areas. While much of the legislation was developed with urban locations in mind, there was also the broader assumption that those targeted by the new welfare reform mandates would be young, able-bodied recipients. This assumption, however, does not take into account those who do not fit the broad-based definition of the "average" welfare recipient that underlies this legislation. That is, the mandates did not address the serious challenges that could occur for those who are older, especially older women.

Over the past 40 years, data indicates that, in general, women are more likely than men to experience poverty (U.S. Bureau of the Census, 2006). Not surprisingly, this trend holds true, often intensifying among the elderly population where older women are twice as likely as older men to live in poverty (Choudhury & Leonesio, 1997; Vartanian & McNamara, 2002). For older women in small rural areas, the consequences of poverty are exacerbated when communities do not have the economic and social resources to provide for the necessities of an older population. Older adults are at a disadvantage in that they are on average poorer than those in urban areas, experience more functional impairment, and are less likely to have

access to needed health care (Scott, 2001).

With this in mind, this current study explores the intersections of age, gender and geographic location to better understand the perceptions and concerns of former welfare recipients in the isolated rural communities of southeastern Appalachian Ohio, one of the poorest regions in the United States (Billings & Blee, 2000; *The State of Poverty in Ohio*, 2004). The data we obtained from in-depth, face-to-face interviews, conducted with impoverished, older women in four rural Appalachian counties in 1999, 2000, 2001, and 2004, allowed us to better understand the "success" of welfare reform by examining this legislation from a bottom-up rather than a top down perspective. Rather than focusing on the proclamations of politicians and administrators, we evaluated the lived experiences of older women and gave voice to some of those who have been most impacted by this legislation.

Research Design

The data reported in this research are part of a larger study of the impacts of welfare reform and devolution in four poor rural counties of Appalachian Ohio, selected for their high levels of poverty and varying capacities to implement welfare reform. Using a combination of existing statistics, administrative records and primary data collection from focus groups, surveys, and in-depth interviews, the larger study examined three populations most closely affected by welfare reform: program participants, human service agencies, and local employers. The overall research was designed to provide extensive qualitative data from each of the participating groups to discover the subjective meaning of the changes brought about by welfare reform from a bottom up perspective, rather than imposing meaning from the top down (Reinharz, 1992; Schram, 1995). By using a longitudinal, inductive approach to understanding welfare reform, we were able to ultimately derive a broader perspective of the impacts and outcomes of this policy on rural families and communities.

One facet of the larger project was to follow a selected group of recipients for three consecutive years (1999-2001) as they made the transition from welfare to work, with follow-up

interviews three years later in 2004. During the first year of the study a general sample of recipients volunteered to participate in face-to-face interviews. The interview participants were selected for participation in one of two ways: they either requested an interview by placing their names and contact information on a prior survey given to 400 recipients at the Department of Job and Family Services (DJFS) in the four counties or entered via a snowball sampling procedure. Face-to-face, semi-structured interviews were completed with 48 recipients (12 in each of the showcase counties) from the larger study, all of whom were living at or below the poverty line and were receiving public assistance at the point of first contact. In addition to the interviews, a short survey was given in order to collect demographic data.

These interviews took place at a location selected by the recipient that they believed would foster optimal privacy and comfort. Thus, some were in the participants' homes while others occurred at public locations such as fast food restaurants or on the premises of the Adult Basic Learning and Education program. All of the interviews were performed without participation or coercion from the Department of Job and Family Services. Applying the same interview format, the recipients were interviewed again in 2000, 2001 and 2004. The current study is based on information gathered throughout the course of these interviews.

Using the guidelines set for by the American Association of Retired Persons for defining elderly, all female recipients who were over the age of 50 who had been interviewed were selected for the current study. Thus, interviews were completed with 7 older women, 14.5% of the general sample of 48 recipients, who were welfare recipients at the beginning of the broader study and had transitioned off of assistance by the final interview year. While this group clearly does not constitute a random sample of older women receiving assistance, the percentage of our sample living in poverty is somewhat higher than that reported by recent census data showing that 7.5% of the elderly in our society currently live in poverty (2000). Additionally, the variation between counties, as well as among the recipients themselves, allows for an inductive, bottom-up examination of the experiences, concerns, and perceptions of

older women dealing with the changes imparted by welfare reform.

Sample Characteristics

Based on an analysis of the survey data, demographic characteristics were compiled for the sample in this study. Given that the broader study was implemented in rural Appalachian Ohio, it was not surprising that all of those interviewed were Caucasian. The average age for the sample was 57.33 with a range from 50-64 years of age.

Although much of the current research on program participants focuses primarily on those who are single with children, given that the individuals in this study were older women, they were distinctly different in terms of their living arrangements and marital status. Thirty-three percent of those interviewed were widowed and living alone while 17% were living alone because of separation and pending divorce. The remaining 50% were currently married and care-taking an uninsured, non-recipient spouse with health problems. At the time of the first interview, only one of the women had a dependent child living in the household.

The highest level of education achieved by the majority of the participants was very limited by current standards: twenty-nine percent of those interviewed had either no formal education or had attended only some grade school and fourteen percent had completed junior high or middle school. While the majority of the sample had completed high school or earned a GED, only 14% of the women had attended some college but did not receive a degree. Their average yearly household income was less than \$8,000 (including all forms of cash assistance from state and federal programs) with 29% reporting an income below \$5,000 per year. Only 16% of the women were employed, and that was only part-time, while the majority (84%) were unemployed.

Results

While all people experience some form of crisis in their lives at one time or another, many have either the financial resources or social capital that afford them an opportunity to

successfully work through them. Women receiving public assistance generally have extremely limited economic and social resources to assist them in dealing with crises as they attempt to achieve the independence mandated by welfare reform. Our findings suggest, however, that impoverished older women in isolated, rural communities not only lack economic and social resources, but also experience intertwined crises as a result of welfare reform that lead to an inability to successfully meet their most basic everyday needs.

As noted earlier, one of the primary goals of welfare reform was to move able-bodied recipients away from welfare dependency and into the labor market. While a laudable goal in some instances, it resulted in major problems for older women who were trying to successfully negotiate the work requirements. Given the fact that they were not disabled, thus foregoing access to other assistance programs such as Supplemental Security Income (SSI), all of the women were classified as able-bodied and capable of working. To their credit, all of the respondents stated that they would like to find a job and were more than willing to work the hours required by agencies to continue receiving short-term benefits, including cash assistance and food stamps. However, many of the women faced numerous barriers that plummeted them into a spiral of crises.

Prior to welfare reform, the women in our sample depended on some assistance from the Departments of Job and Family Services in the counties where they lived, but were not solely reliant upon public assistance for their support. For these women, welfare assistance was a safety net to help them make ends meet when they were unable to cover the costs of medical care, food, or heat. Most of them prided themselves in being somewhat self-sufficient. Marie, who was in the midst of a divorce and living alone stated:

People like us, we were taught to do for ourselves... be self-reliant. But, there's too many people like me (seniors) that need help...even if they have to swallow their pride. It's not like we want money you know...I want 'em [welfare] to help me with partial, where I could help with partial too.

However, with the implementation of welfare reform, these

women found themselves without that partial assistance and given their age, this loss of assistance often had devastating results.

Though all of the women in the sample had spent most of their lives being homemakers, they had sporadically participated in the labor market, primarily doing service work or manual labor. In urban areas, this type of employment history and experience would probably not have precluded them from participating in the labor market, however, in isolated rural Appalachian communities, where there are limited employment opportunities and negligible economic development, the few jobs that are available are at a premium. Under these conditions, employers often choose to hire younger adults, regardless of their work experience, rather than older individuals. Thus, the women, even those with at least a high school education, often found themselves up against the barrier of ageism in the labor market. Arlene, a married woman whose husband had been seriously injured while working "off the books," was very concerned about her job search. As she stated, "A fear of mine is my age. At 55, they [employers] don't want an older woman." Laura echoed her concerns when she said, "Since I'm over 60, there's nobody out there's gonna hire me when they find out my age."

The concerns expressed by these two women were further supported by another respondent who was the target of what appeared to be blatant ageism in hiring practices. Delores was a widow who had been offered a job at a local grocer and was told to report to work the following day.

When I went back the following day, they wanted to know my birthdate...so I told 'em. The woman looked at me and said 'Oh...I gave you the wrong form' and left the room. She left me waiting 40 minutes. She comes back and says 'I'm sorry, but the manager just called and said he hired someone else.'

And I looked at her and grinned...I knew. I says, 'How old is she?' or really 'How young is she?' And the woman says, 'Oh, we didn't hire a young woman. She's about your age. She's an older woman...she's 36.' (Delores chuckles)...I'm 60.

In a follow-up question, she was asked if she was going to report this to authorities as age discrimination. She replied, "Who would I take it to? Who would believe someone like me?"

In many instances, as agency personnel and caseworkers were trying to assist these women in finding viable employment, many of them were up against societal constraints that deterred them from successfully entering the labor market. In a society that places high value on youth, particularly among women, the women in our sample found that they were too old to be competitive in the job market. However, at the same time, they were too young to qualify for elderly assistance, such as social security retirement benefits.

Although having difficulty finding employment to help support themselves was a major issue for all of the women, they also faced a second barrier that resulted in a crisis situation in their lives as a result of welfare reform. Prior to the implementation of welfare reform, most of the women in our study had received limited food stamp assistance. However, PRWORA had set new guidelines for food stamp benefits which stipulated that "able-bodied adults without dependents were limited to three months of benefits if not working at least 20 hours a week" (Weil & Finegold, 2002, p. 4). Even though they were having extreme difficulty finding employment, the women had been categorized as able-bodied in terms of entering the labor market. Thus, in compliance with the new food stamp eligibility guidelines, as they transitioned off of welfare they lost the few food stamps they had been receiving. This loss of food stamps in conjunction with the lack of employment to help make ends meet resulted in extreme food insecurity for many of the women.

As Alice stated, "I live on \$5.00 a week for food. And people say 'Gee, you're looking good.' That's one good thing I guess... I'm losing weight. But then the other thing is, I'm not eating." Having difficulty getting enough food for herself, 56 year old Marilyn remarked, "I couldn't understand why people would starve to death in this country. And now I know why."

As the older women in our sample faced the barrier of age discrimination in their attempts to enter the labor market and in many instances, extreme food insecurity, they were

also dealing with medical issues such as arthritis, diabetes, and heart ailments. These problems often precluded them from even considering jobs that demanded they be physically sound. Oftentimes the limited jobs available required a modicum of physical exertion that the women were unable to carry out because of medical conditions. For example, if one is arthritic, it is difficult to stand the long hours required of a counter person in a fast food restaurant or a clerk at a discount store.

Prior to welfare reform, many of the older women in our study had depended upon public assistance as well as Medicaid, more commonly known among recipients as the "medical card," to curtail the costs associated with doctor's appointments, medical tests, and medications. However, with the passing of welfare reform and the delinking of Medicaid from welfare, many agencies found it necessary to terminate this type of assistance.

Medical assistance in the form of Medicare does provide subsidized health insurance to basically all individuals once they reach age 65. There is, however, a rapidly growing population in the United States who are classified as "near elderly" (ages 50-64) who, unless they are disabled, are not eligible for full Medicare benefits (Johnson, 2003). While Medicare does offer limited assistance to the near elderly in the form of hospitalization, they are not considered "elderly enough" to receive full Medicare benefits, in spite of the fact that they are much more likely than younger individuals to have serious health problems (Johnson, Davidoff, & Moon, 2002).

Many of the older women in our study indicated that the lack of medical care was a major problem, particularly with regard to access to and affordability of medications that could have alleviated some of their health issues. Clearly this is an issue faced by elderly and near-elderly persons across all socioeconomic levels in our society; however, the problem is intensified for those living below the poverty line—those who have no medical alternatives. One woman echoed the concerns of all the others when she stated:

I need to be doctored up because I'm a swellin' from my arthritis. I cain't hardly walk. But, I cain't get medication for it cause I ain't got the money. It cost

\$100 for a box a pills...I miss out on my medicine I got that welfare used to pay for.

Hazel had a much more serious problem that put her health at great risk. At age 64, she had qualified for Medicare hospitalization insurance to assist her in getting a much needed heart by-pass surgery. However, when she was released from the hospital, she did not have the money or the medical benefits needed to purchase her medication. As she said, "The doctor, he gave me some medicine because I told him 'Doc, I just cain't afford this...that was \$400, almost \$500 a month. I got to have it. But, I just cain't afford it."

Many of the health problems experienced by the women in our sample could have been significantly diminished with the use of medication, but the majority of them were caught between the proverbial rock and hard place in getting the health care that they could afford. They were no longer qualified for Medicaid assistance, but were not yet old enough to receive Medicare.

Overall, the problems that the women faced were very much intertwined, making it difficult to conclude that there was one single barrier that resulted in their inability to successfully negotiate the mandates of welfare reform and continue to make ends meet. For older women living in rural communities, the problems discussed above are often exasperated by isolation and a lack of a strong social support system to assist them in dealing with difficulties. As an example, Patricia lived alone, and echoed the sentiments of others when she said:

You know, I have nothing. When people get desperate... you know people say, 'Well, killing yourself is a hard thing to do.' You know, I couldn't put a gun to my head and pull the trigger. I couldn't do that to myself. But, to be sick and not have anybody around, and not have any food, and no heat, you just lay there and you think Why not? It can't be as bad as all this.

As a result of these multifaceted problems, often intensified by age and isolation, all of the women experienced times of extreme hardship that often resulted in their losing hope

and slipping through a rift in the system. But they were resilient and as Amanda stated, "Sometimes it's rough. But, I do the best I can."

It was evident that the older women in this study were experiencing some of the same hardships that the broader population of welfare recipients confronted as they attempted to gain the economic and occupational independence required of welfare reform (Henderson & Tickamyer, 2007; Tickamyer, et al., 2007). These women, however, were especially at risk in that their hardships were compounded by their lack of social capital and by the structural discrimination they encountered in the form of ageism. As a result, they fell through the cracks and were ultimately "Lost in Appalachia."

Conclusion

In keeping with the bottom-up perspective of understanding the broad implications of welfare reform, it is important to offer those most impacted by the changes the opportunity to define their situations. It was evident from the interviews that all of the women in this study realized that their lives were permanently and harshly changed by the mandates of welfare reform. While none of them was living above the poverty line prior to the changes in welfare policy, with the aid of public assistance they were at least able to meet their most basic needs. Now, however, with the implementation of current welfare policy, they were presented with contradictory messages as they attempted to navigate the requirements of this legislation, which had been developed primarily with single, younger, mothers in mind. While none of the older women in this study fit this profile—they were not single mothers caring for children—they were clearly in need of the public assistance safety net as they attempted to care for disabled spouses, maintain their personal health, or make marital transitions due to divorce or widowhood. Regardless of situation, limitation, or circumstance, they found that their safety net had disappeared: they were denied benefits, required to take "personal responsibility" for their life situations, and deemed capable of achieving economic independence by entering the labor market.

As stated earlier, a clear understanding of the ramifications

of welfare reform legislation can only be achieved by investigating and acknowledging the experiences of the women most impacted by this policy. As we have shown, this was especially crucial in the case of older women in isolated, rural Appalachia where the voices of welfare recipients are rarely heard in the broader policy debates. The importance of recognizing the diversity of women's voices and experiences is made even more powerful when we acknowledge that research is "not only about women, but also for women, informing social and political change on their behalf" (Christopher, 2004, p. 154). With this in mind, we asked the women in our study what the social welfare system could do to help them and what advice they would like to offer those in charge of implementing welfare policies and mandates. Surprisingly, rather than offering recommendations that would impact them personally, all of the suggestions were aimed at broader structural issues that would ultimately assist human service agencies, and the community, in developing programs that would be more amenable to the senior experience.

First, they indicated that many communities lacked senior oriented programs. Given that older people in rural locales are often isolated and without strong social support networks, the women believed that senior support programs, similar to those found in urban areas—senior centers, meals programs—would be worthwhile endeavors to pursue. These types of programs have the potential of giving the women an opportunity to develop stronger support networks while also offering them access to basic necessities such as meals and companionship.

Second, a majority of the women suggested that changes needed to be made in case management protocols by human service agencies. While the women understood that caseworkers had heavy case loads and were required to have a broad array of information in order to effectively assist a diverse clientele, they recommended that each county designate one caseworker, who was well-informed about elderly issues and needs, to work with the older welfare recipients. The majority of the women believed that a designated "elderly" caseworker would be able to assist them in finding additional resources from local, state, and federal agencies as well as from non-profit agencies.

The third recommendation was correlated with the above suggestion in that the women believed it would be beneficial to have more information about alternatives to public assistance. Being denied certain forms of welfare assistance was accepted as a given, however, their recommendation was that agency personnel offer informational sessions regarding other opportunities that might assist older recipients: were there, for example, other forms of public assistance that might aid them in dealing with health issues, food scarcity, and housing issues? Additionally, the women recommended that a designated caseworker be well trained in the welfare reform mandates and broader public assistance options that were earmarked for an elderly population.

And fourth, the women agreed that human service agencies could assist older individuals who were trying to enter the labor market by offering job and educational training that took their advanced age and physical shortcomings into account. For example, through work preparedness programs, recipients often had the opportunity to participate in nurse's aide training. However, this type of skill was not likely to translate into employment for older women who had difficulty with health issues, such as arthritis. The women in our study suggested that perhaps training opportunities, for sit down jobs, such as office work, would be more suitable to their needs.

Although the women offered recommendations that could assist policy makers at all levels in creating a system that would work more effectively for the near elderly, their general consensus about welfare reform was not as positive as that set forth by the proponents of this legislation. Furthermore, any support that might have been garnered for this policy was tempered by the harsh reality of living in rural Appalachia, where even low-wage, service sector jobs are lacking and health care is often unattainable.

While it would be uplifting to state that welfare reform had resulted in positive outcomes for the women in our sample, that was unfortunately not the case. In the final follow-up interviews with the women, we found that none of them had risen above poverty and achieved financial independence and stability through employment. Of the seven, only one had a part-time position in the secondary labor market. Two of the

women were participating in the underground economy where they babysat for a neighbor's child in exchange for other necessary resources. Two women had subsequently qualified for Supplemental Security Income, and one was homeless and living in a shelter. Sadly, the elderly woman who was unable to get her medication after having open heart surgery died within three months of her last interview. Clearly, the broad structural constraints under this new welfare policy resulted in these women not faring at all well.

Importantly, our study offers insight into the debate on the proclaimed success of welfare reform policy by highlighting the importance of an intersectionality analysis when evaluating the broader welfare problem. That is, to truly understand the impact of welfare reform on individual lives, it is imperative to examine "interconnected categories and multiple sources of difference and disadvantage" (Henderson & Tickamyer, forthcoming). As indicated in our findings, even though policy makers often perceive women as an undifferentiated unit of analysis, they in fact represent a complex intersection of variables—in this case, gender, age and geographic location. Additionally, our findings offer support for Alice O'Connor's historical work on poverty (2001) wherein she argues that an evaluation of welfare policy demands that researchers go beyond analyses of individual behavior and examine the role of institutions and social and economic practices that shape public policy (p. 292).

As our study quite vividly reveals, the broader issues of structured inequality are instrumental in the success or failure of women negotiating the new mandates created by welfare reform. Overall, the experiences of the women in our study illustrate the constraints of structural inequality while at the same time suggesting that a broader, humanistic approach to understanding welfare reform is critical. That is to say, numbers alone cannot measure success: individual well-being and human welfare must also be taken into account. In the wake of welfare reform and the recent reauthorization of this legislation, it is imperative that the voices of those most affected by the policy be heard before it is deemed a "remarkable success." Otherwise, while mirroring some of the problems experienced by other poor people across the nation, those

isolated and “Lost in Appalachia” will remain invisible, resulting in their failure to thrive.

Acknowledgement: Support for this research comes from the Joyce Foundation, the National Research Initiative of USDA, and Ohio University.

References

- Beaulieu, L. J. (2000). Cited in Whitener, L. A., B. A. Weber & G. Duncan. 2002. Introduction: As the dust settles: Welfare reform and rural America. In B. A. Weber, G. J. Duncan & L. A. Whitener. (Eds.), *Rural dimensions of welfare reform* (pp. 1-21). Kalamazoo: Upjohn Institute.
- Billings, D. D. & Blee, K. M. (2000). *The road to poverty: The making of wealth and hardship in Appalachia*. Cambridge: Cambridge University Press.
- Brown, J. B. & Lichter, D. (2004). Poverty, welfare, and the livelihood strategies of nonmetropolitan single mothers. *Rural Sociology*, 69(2), 282-301.
- Bush, G. W. (2002). *Policy in Focus: Welfare Reform Speech*. Presented in Charleston, S.C. July 29.
- Cherry, R. (2007). *Welfare transformed: Universalizing family policies that work*. New York: Oxford University Press.
- Choudhury, S. & Leonesio, L. M. (1997). Life-cycle aspects of poverty among older women. *Social Security Bulletin*, 60, 17-36.
- Christopher, K. (2004). Welfare as we [don't] know it: A review and feminist critique of welfare reform research in the United States. *Feminist Economics*, 10(2), 143-171.
- Danziger, S. (2002). Approaching the limit: Early national lessons from welfare reform. In B. A. Weber, G. J. Duncan & L. A. Whitener (Eds.), *Rural dimensions of welfare reform* (pp. 25-50). Kalamazoo: Upjohn Institute.
- Ehrenreich, B. (2001). *Nickel and dimed: On not getting by in America*. New York: Holt.
- Gennetian, L. A., Redcross, C., & Miller, C. (2002). Welfare reform in rural Minnesota. In B. A. Weber, G. J. Duncan & L. A. Whitener (Eds.), *Rural dimensions of welfare reform* (pp. 287-311). Kalamazoo: Upjohn Institute.
- Greenberg, M. (2006). Welfare reform, success or failure? With mixed results. *Policy and Practice*, 64(1), 10-12.

- Haskins, R. (2006). Welfare reform, success or failure? It worked. The Brookings Institute. Retrieved from <http://www.brookings.edu>
- Henderson, D. A. & Tickamyer, A. R. (Forthcoming). The intersections of poverty discourses: Race, class, culture, and gender. Book chapter in Thornton Diss, et al., (Eds.), *Emerging intersections: Race, class, and gender in theory, policy, and practice*. Rutgers University Press.
- Henderson, D. A. & Tickamyer, A. R. (2007). *Poverty and welfare reform: Rural Appalachian women facing hardship*. Presented at the American Sociological Association Annual Meetings, New York, NY.
- Henderson, D. A., Tickamyer, A., Tadlock, B., & White, J. A. (2002). Rural Appalachian families in the wake of welfare reform. *Family Focus: National Conference of Family Relations Report*.
- Jencks, C. (2002). Liberal lessons from welfare reform: Why welfare-to-work turned out better than we expected. *The American Prospect: Special Supplement—Reforming Welfare Reform*. Summer: A9-12.
- Johnson, R. W. (2003). *Changing the age of Medicare eligibility: Implications for older adults, employers and the government*. The Urban Institute. Retrieved from <http://www.urban.org/url.cfm?ID=410902>
- Johnson, R. W., Davidoff, A. J. & Moon, M. (2002). *Insuring the near elderly: The potential role of Medicare buy-in plans*. The Urban Institute. Retrieved from http://www.urban.org/uploaded/PDF/310419_Brief13.pdf
- Lichter, D. & Jensen, L. (2002). Rural America in transition: Poverty and welfare at the turn of the twenty-first century. In B. A. Weber, G. J. Duncan & L. A. Whitener (Eds.), *Rural dimensions of welfare reform* (pp. 77-110). Kalamazoo: Upjohn Institute.
- McConnell, S. & Ohls, J. (2002). Food stamps in rural America: Special issues and common themes. In B. A. Weber, G. J. Duncan & L. A. Whitener (Eds.), *Rural dimensions of welfare reform* (pp. 413-432). Kalamazoo: Upjohn Institute.
- Murray, C. (1996). Keeping priorities straight on welfare reform. *Society*, 33(5), 10-12.
- O'Conner, A. (2001). *Poverty knowledge: Social science, social policy, and the poor in twentieth-century U.S. history*. Princeton: Princeton University Press.
- Parisi, D., McLaughlin, D., Grice, S., Taquino, M. & Gill, D. (2003). TANF participation rates: Do community conditions matter? *Rural Sociology*, 68(4), 491-512.
- Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.
- Rural Policy Research Institute. (1999). *Rural America and welfare reform: An overview assessment*. Retrieved from <http://www.rupri.org/pubs/archive/old/welfare/p99-3/index.html>
- Rural Sociological Society Task Force on Persistent Poverty. (1993). *Poverty in rural America*. Boulder: Westview.

- Sawhill, I. V. (1995). Welfare reform: An analysis of the issues. Urban Institute. Retrieved April 30, 2005 from <http://www.urban.org/url.cmf?ID=306620>
- Schram, S. (1995). *Words of welfare: The poverty of social science and the social science of poverty*. Minneapolis: University of Minnesota Press.
- Snyder, A. & McLaughlin, D. (2004). Female-headed families and poverty in rural America. *Rural Sociology*, 69(1), 127-149.
- The State of Poverty in Ohio*. (2004). Ohio Association of Community Action Agencies, Community Action Partnership. Retrieved April 21, 2005 from www.ceogc.org/research/REP2004i.pdf
- Tickamyer, A., White, J., Tadlock, B., & Henderson, D. (2007). The spatial politics of public policy: Devolution, development, and welfare reform. In L. M. Lobao, G. Hooks, & A. R. Tickamyer (Eds.), *The sociology of spatial inequality* (pp. 113-139). Albany: SUNY Press.
- Tickamyer, A., Henderson, D., White, J., & Tadlock, B. (2007). *A longitudinal study of livelihood practices and hardship of welfare recipients*. Presented at the American Sociological Association Annual Meetings, New York, NY.
- U.S. Bureau of the Census. (2006). *Historical poverty tables*. Current Population Survey, Annual Social and Economic Supplements. Poverty and Health Statistics Branch/HHES Division. Retrieved January 15, 2008 from www.census.gov/hhes/www/poverty/histpov/hstpov7.html
- U.S. Bureau of the Census. (2000). Retrieved October 10, 2007 from www.census.gov
- U.S. Department of Health and Human Services (USDHHS). (2002). *One department serving rural America*. HHS Rural Task Force Report to the Secretary. Retrieved August 19, 2006 from <ftp://ftp.hrsa.gov/ruralhealth/PublicReportJune2002.pdf>
- Vartanian, T. P. & McNamera, J. M. (2004). Older women in poverty: The impact of midlife factors. *Journal of Marriage and Family*, 64(2), 532-548.
- Weber, B. A., Duncan, G. J. & Whitener, L.A. (Eds.). (2002). *Rural dimensions of welfare reform*. Kalamazo: UpJohn Institute.
- Weil, A. & Finegold, K. (2002). *Welfare reform: The next act*. Washington DC: The Urban Institute Press.
- Zimmerman, J. N. & Hirschl, T. A. (2003). Welfare reform in rural areas: A voyage through uncharted waters. In D. L. Brown & L. E. Swanson (Eds.), *Challenges for rural America in the twenty-first century* (pp. 363-374). University Park: Penn State Press.

