

IRP Visiting Scholars, Spring 2004

In 2004, young researchers selected as IRP Visiting Scholars came to UW–Madison for one-week visits during which they gave seminars, worked on their own projects, and conferred with an IRP adviser and other faculty affiliates. Here they give brief reports about the research projects that their seminars presented.

The spatial distribution of neighborhood employment: San Francisco, 1940–1970

Jacqueline Olvera

Our understanding of neighborhood employment patterns has been shaped largely by research on northeastern and midwestern cities in the United States since the 1970s. Influenced by William Julius Wilson's research on joblessness and poverty in Chicago, many researchers documented how deindustrialization and the decentralization of employment contributed to social and economic crises in cities across the nation. Researchers interested in testing and expanding Wilson's arguments centered their attention on those northern and midwestern cities that had emerged over the preceding century as large-scale manufacturing centers.¹ Consequently, urban scholars increasingly concentrated on explaining whether the economic pattern identified by Wilson had an impact on neighborhoods in different types of cities.

More recently, scholars evaluating neighborhood employment trends have refined our understanding of the factors that have led to employment patterns in particular neighborhoods. For example, a significant finding is that joblessness in low-income black neighborhoods has been driven primarily by the decline in urban manufacturing industries. This research has also shown that since 1950 the number of neighborhoods with decreasing employment rates has risen. Moreover, western and southern cities have also experienced slight increases in neighborhood unemployment rates. Such evidence should serve as an incentive for researchers to think more specifically about why cities in the west that have historically been racially and culturally diverse have been able to avoid the consequences of decline.²

I build upon the research into neighborhood employment patterns in several ways. First, I use a macro-organizational approach to understand how the density of different organizational populations³ contributes to the formation of communities of employed residents. By focusing on organizational populations, I suggest that local institutions and organizations are more than mere reactors to neighborhood change—they are social actors with the capacity to structure communities and influence the spatial arrangement of social groups. Because research shows that such organizations were of great importance in the period after World War II, I also examine a historical

period when organizations should have had their greatest impact on aggregate-level outcomes such as employment rates.⁴ Finally, I explicitly acknowledge that location is an important organizing factor in the construction of residential patterns. Guided by these objectives, my research asks three questions: (1) do organizations exert effects on employment levels across neighborhoods; (2) if organizations influence neighborhood employment, does their influence remain over time; and (3) is their relationship to neighborhood employment fixed across geographic space?

Using post-World-War II San Francisco as a case study, I employ detailed data from the San Francisco City Directory and the Bureau of the Census to demonstrate that negative macroeconomic forces can be offset by organizational activity at the neighborhood level. I include a number of organizational types and examine the impact of their densities on employment levels in the city from 1950 to 1970. I find that ethnic organizations in particular positively influence employment patterns over time, though spatial externalities temper their effects. Specifically, I find regional differences in ethnic organizations and in their impact on neighborhood employment. A possible explanation for the varied effect of ethnic organizations on employment levels in this period is the degree of spatial differentiation in postwar San Francisco. It is likely that the pattern of class and ethnic differentiation was significant enough to structure the influence of organizations in some areas of the city.

Although these results are preliminary, they are consistent with the arguments made by researchers who view ethnic organizations as resources for creating social capital. A major question, so far unanswered, is why ethnic organizations are instrumental in some areas but not others. In future research, I will go beyond examining regional differences and explore specific areas of the city that seem to successfully sustain ethnic organizations. Consequently, I will be able to assess employment levels in neighborhoods where there is an absence of ethnic organizations.

Jacqueline Olvera is an Assistant Professor in the Department of Sociology, Connecticut College, New London, CT. She was an IRP Visiting Scholar in Spring 2004.

¹J. Kasarda, "Dual Cities: The New Structure of Urban Poverty," *New Perspectives Quarterly* 4, no. 1 (1987): 8–11; P. Jargowsky, "Take the Money and Run: Economic Segregation in US Metropolitan Areas," *American Sociological Review* 61, no. 6 (1996): 984–98; P. Jargowsky and M. Bane, "Ghetto Poverty: Basic Questions," in *Inner-City Poverty in the United States*, ed. L. Lynn, Jr. and M. McGeary (Washington, DC: National Academy of Sciences Press, 1990), pp. 16–67.

²L. Quillian, "The Decline of Male Employment in Low-Income Black Neighborhoods, 1950–1990," *Social Science Research* 32 (2003): 220–50.

³An organizational population, according to organizational ecologists, is defined as an organization with some unitary characteristic. For example, ethnic newspapers constitute an organizational population because they rely on similar resources (such as an ethnic population) to survive.

⁴R. Putnam, *Bowling Alone: The Collapse and Revival of American Community* (New York: Simon and Schuster, 2000).

Children's chronic illnesses and mothers' health and employment

Diana Romero

Many current proposals for the renewal of the 1996 welfare reform legislation increase work requirements for mothers receiving cash assistance and limit the ability of states to exempt participants from those requirements. Yet there is clear evidence that poor families are disproportionately likely to suffer from serious health problems that may curtail their ability to find and hold jobs. Two major urban studies have documented that women receiving public assistance, and their children, have higher rates of mental and physical health problems than U.S. women in general, and that they experience higher levels of depression and higher rates of domestic violence. These and other studies have shown that families receiving welfare are also more likely to have chronically ill children than other families.¹

Many of these studies have been primarily economic in their focus and somewhat limited in their health content. I am currently a co-investigator in a longitudinal study of low-income mothers of children with chronic illnesses.² This study, the first to link specific, chronic childhood illnesses with parental health and employment outcomes, is of particular importance in light of the work requirements and the time limits imposed on welfare recipients in virtually every state. We have been specifically interested in the extent to which the health problems of poor children and their mothers affect mothers' ability to comply with work and other welfare requirements.

The study includes just over 500 low-income mothers in San Antonio, Texas, who were primary caretakers of children aged 2 to 12 years with one of seven diagnoses, most commonly asthma (which afflicted over three-quarters of the children), but also diabetes, hemophilia, sickle-cell

anemia, cystic fibrosis, seizure disorder, or a serious neurological impairment such as cerebral palsy. Participants were enrolled at eight clinical sites (walk-in clinics, inpatient wards, private pediatric offices, and public hospitals) and two welfare offices, using bilingual recruiters. Our sample of mothers of chronically ill children is drawn from only one urban center. The ability to generalize from them is thus limited, and because the data are cross-sectional, it is not possible to draw conclusions regarding causality (a second round of interviews was, however, completed in 2003). Nevertheless, our findings are consistent with evidence in other reports.³

Almost 60 percent of the population of San Antonio is Hispanic, 32 percent non-Hispanic white, and 7 percent black. Our sample reflected the heavy concentration of Hispanics (see Table 1); nonetheless, nearly 90 percent of the sample were American-born and about the same percentage were native English speakers. Nearly half of the women were single or separated, just over a third were married and living with their husbands, and the remainder were cohabiting, though not married. Their average age was 31, and 35 percent had no high school diploma. More than half reported a monthly income of less than \$1,000 in 2001, for an average household of 4.7 people. Participants reported a variety of hardships—a third had housing difficulties, 40 percent had experienced food insecurity, and a quarter had had their telephones disconnected. It is not surprising, then, that over half had had some previous contact with the welfare system, and about a quarter were former recipients.

Our baseline survey, administered in 2001, specifically aimed to gather information on the health status of mother and child, on health insurance, and on the family's status under Temporary Assistance for Needy Families (TANF). We considered that it was important to determine where the mother stood in relation to the welfare system; thus we asked whether she was a current or former recipient, whether her request was pending, or whether she had been denied assistance. Most studies of welfare do not collect separate information on denied applicants, and the experiences of this group have rarely been explored. We also collected information on other relevant aspects of family life: employment, child care, mental health, domestic violence, and substance abuse (see Table 1).

A high proportion of mothers in our study had chronic health conditions. When interviewers asked about the previous six months, they found that about a third of the mothers and over half of the children had visited an emergency department, and on average the children had missed about 7 days of school or day care. Our survey, like other studies, identified high levels of depression among the mothers. Fewer than half of the mothers had health insurance, compared to 82 percent of children with health insurance. The mother's health insurance status was also a predictor of her current or former TANF sta-

Table 1
Characteristics of Mothers and Their Chronically Ill Children, by Welfare Status
 (percent)

| Characteristics | Total (N=504) | Family Welfare Status | | | | Never Received TANF/AFDC (44.8%) |
|--|------------------|---|--|-------------------|-------------------|---|
| | | Currently Receiving TANF (12.5%) | Formerly Received TANF/AFDC (23.8%) | Denied (10.5%) | Pending (8.3%) | |
| Race/Ethnicity | | | | | | |
| Hispanic | 62.2 | 62.3 | 45.0 | 78.8 | 53.7 | 69.2 |
| Black, non-Hispanic | 22.0 | 23.0 | 39.2 | 17.3 | 29.3 | 12.2 |
| White, non-Hispanic | 10.5 | 4.9 | 7.5 | 3.8 | 12.2 | 14.9 |
| Other | 5.3 | 9.8 | 8.3 | 0.0 | 29.3 | 3.6 |
| Child's Health | | | | | | |
| Limitation in activity | 62.5 | 71.4 | 65.0 | 75.5 | 69.0 | 54.4 |
| Emergency dept. visit in last 6 months | 58.7 | 68.3 | 60.0 | 66.0 | 57.1 | 54.0 |
| High health care use ^a | 21.8 | 31.7 | 27.5 | 17.0 | 19.0 | 17.7 |
| Mother's Health | | | | | | |
| Routinely suffers from any of 9 chronic health conditions | 70.5 | 82.0 | 76.1 | 78.4 | 77.5 | 60.8 |
| Health problems make activities of daily living difficult | 63.6 | 72.0 | 63.7 | 63.4 | 81.3 | 56.3 |
| Routinely suffers from depression | 26.5 | 42.9 | 28.6 | 32.1 | 42.9 | 16.4 |
| Has experienced domestic violence | 23.8 | 31.7 | 29.5 | 28.6 | 40.0 | 16.4 |
| Has health insurance | 45.7 | 85.7 | 34.5 | 47.2 | 45.2 | 40.3 |
| Mother's Employment | | | | | | |
| Currently employed | 42.3 | 17.5 | 47.5 | 52.8 | 19.0 | 48.2 |
| Worked in past 3 years | 63.2 | 51.9 | 81.0 | 68.0 | 76.5 | 53.8 |
| Tried or wanted to work in past 3 years | 40.2 | 52.0 | 58.3 | 50.0 | 25.0 | 31.5 |

Source: From the project Finding Common Ground in the Era of Welfare Reform. For more details of the analysis and levels of significance of these characteristics, see D. Romero, R. Chavkin, P. Wise, L. Smith, and P. Wood, "Welfare to Work? Impact of Maternal Health on Employment," *American Journal of Public Health* 92, no. 9 (2002): 1462–68; L. Smith, D. Romero, P. Wood, N. Wampler, W. Chavkin, and P. Wise, "Employment Barriers among Welfare Recipients and Applicants with Chronically Ill Children," *American Journal of Public Health* 92, no. 9 (2002):1453–57.

^aThree or more emergency department visits or 2 or more hospitalizations in last 6 months.

tus. Women without health insurance for their children were, for example, over twice as likely to apply for welfare as women who had such insurance.

We examined the often conflicting relationship between employment responsibilities and responsibilities for child care and medical appointments for the children. For all welfare groups, obtaining care for a chronically ill child was difficult, but it was most difficult for those whose welfare status was identified as "current," "denied," or "pending" (40, 49, and 40 percent, respectively, versus 33 percent for former recipients and 23 percent for those never on welfare). Denied applicants had the highest rates of child health barriers and work absences, and yet were significantly more likely to miss children's medical appointments than those in any other group (55 percent, versus percent 19 percent for nonrecipients).

Multivariate analyses explored what factors might make it difficult for these mothers to find a job, caused absenteeism, or were the reason they had lost a job. We found that maternal health problems and visits to the emergency room were more likely to be associated with greater diffi-

culty finding work and with greater absenteeism. Depression, maternal health problems, and lack of health insurance were all associated with greater likelihood of job loss. Those in our sample who had not worked in the past 3 years but had wanted or tried to work reported twice as many health and child care barriers to employment as did those currently or previously employed.

It is not surprising that health problems and barriers to work arising from health and child care difficulties were reported more frequently among those not employed, but the higher prevalence of job loss for these reasons is a matter of serious concern. For some families, health appears to hamper the ability to find and maintain employment, and employment appears to hamper the ability adequately to address parents' health needs and those of their children. Families caught in this predicament have limited options. Work absences may lead to lost wages or, if the absences are frequent, a lost job. But when parents miss their children's medical appointments, continuity and quality of care are undermined. Children with asthma who miss a flu shot, for example, are at higher risk. Families that miss the regular care needed to control

chronic illnesses are likely to end up in already overstretched emergency departments that cannot provide the multidisciplinary care needed by the chronically ill.

Diana Romero is an assistant professor in the Department of Population and Family Health, Mailman School of Public Health, Columbia University. In Spring 2004 she was an IRP Visiting Scholar. Her other current research includes a study of the fertility intentions and reproductive behaviors among women in the context of reproductive-related welfare policies.

¹The four-city study, which includes Cleveland, Los Angeles, Miami, and Philadelphia, is discussed in D. Polit, A. London, and J. Martinez, *The Health of Poor Urban Women: Findings from the Project on Devolution and Urban Change*, MDRC, New York, 2001. The three-city study of Boston, Chicago, and San Antonio is reported in R. Moffitt and A. Cherlin, *Disadvantage among Families Remaining on Welfare*, Joint Center for Poverty Research, Northwestern University/University of Chicago, 2000. These findings are substantially corroborated by S. Danziger, M. Corcoran, S. Danziger, C. Heflin, A. Kalil, and colleagues, "Barriers to the Employment of Welfare Recipients," Discussion Paper 1193-99, Institute for Research on Poverty, University of Wisconsin-Madison, 1999.

²Among analyses conducted from this research are D. Romero, R. Chavkin, P. Wise, L. Smith, and P. Wood, "Welfare to Work? Impact of Maternal Health on Employment," *American Journal of Public Health* 92, no. 9 (2002): 1462-68; D. Romero, W. Chavkin, P. Wise, and L. Smith, "Low-Income Mothers' Experience with Poor Health, Hardship, Work, and Violence: Implications for Policy," *Violence Against Women* 9, no. 10 (2003): 1231-44; L. Smith, D. Romero, P. Wood, N. Wampler, W. Chavkin, and P. Wise, "Employment Barriers among Welfare Recipients and Applicants with Chronically Ill Children," *American Journal of Public Health* 92, no. 9 (2002):1453-57

³Because respondents were recruited at both clinical and TANF centers, they differed in that half were seeking care for their children at the time of the interview and half were not, though their children did meet the criteria for chronic illness. This sampling approach, however, minimized sample bias by allowing for the inclusion of a broad group of individuals who might have contact with the welfare system.

IRP Publications Order Form

- Focus** (1 copy free of charge; multiple copies \$3.00 each; formatted text of issues may be downloaded from the IRP Web site).

INDIVIDUAL PUBLICATIONS: (Please fill in number or title and author)

Discussion Papers (may also be downloaded free from the IRP Web site)

(USA & Canada \$3.50; Overseas \$8.50) _____

Reprints

(USA & Canada \$4.00; Overseas \$9.00) _____

Special Reports (prices vary; may be also downloaded free from the IRP Web site) _____

Send to: Publications
Institute for Research on Poverty
1180 Observatory Drive
Madison, WI 53706

Phone: (608) 262-6358
Fax: (608) 265-3119

Name: _____

Address: _____

City

State

Zip

- Please indicate here if this is a change of address.

An Appeal for Support of *Focus*

For over 25 years, the IRP newsletter *Focus* has been used to inform individuals, organizations, libraries, and members of the media about important research into the causes and effects of poverty and about policies to ameliorate it. *Focus* has always been distributed free of charge, and we plan to continue doing so. Each issue is also posted in full on the IRP World Wide Web site.

The increasing costs of producing and mailing the printed copies, in times of straitened funding, and the breadth of public access to the Internet, have led us to consider whether or not to continue to produce printed copies, or to move entirely to electronic production. We encourage those who wish to see *Focus* continue as a printed publication to send contributions to the UW Foundation/IRP Fund, using the form below. We are grateful for your support.

Institute for Research on Poverty

I wish to support the continued printing of the IRP newsletter, *Focus*.

Enclosed is my gift of \$_____.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Please make check payable to UW Foundation/IRP Fund

Address: Institute for Research on Poverty, 1180 Observatory Drive, Madison, WI 53706

Focus

**Institute for Research on Poverty
University of Wisconsin–Madison
1180 Observatory Drive
3412 Social Science Building
Madison, Wisconsin 53706**

**Read *Focus*
on the Web**

<http://www.ssc.wisc.edu/irp/focus>
