Separate and Unequal:
The Dimensions and Consequences of Safety Net Decentralization in the U.S. 1994-2014

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Abstract

In this paper, we examine the dimensions and consequences of decentralized social safety net policies. We consider the adequacy of benefits and inclusiveness of receipt for eleven federal-state programs that constitute the core of safety net provision for working age adults and families: cash assistance, food assistance, health insurance, child support, child care, preschool/early education, unemployment insurance, state income taxes, cash assistance work assistance, disability assistance, and housing assistance. In the first part of the paper we examine the extent of cross-state inequality in social provision. We find substantial variation across states; variation that is consistent with policy design differences in state discretion; and at levels equal to or greater than variation across the European countries that have been recognized as having different welfare regimes. In the second section, we turn to an analysis of change over time (1994 to 2014) examining four dimensions of convergence: degree, location of change, direction of change, and scope. We find both decreases (retrenchment) and increases (expansions) of provision, a handful of cases of convergence (decreasing inequality) and divergence (increasing inequality), and a great deal of synchronous change and persistence in the magnitude of cross-state inequalities.

Keywords: safety net; state welfare policies; inequality

The American welfare state offers few truly national or universal benefits. While aged and some disabled individuals enjoy centralized, national sources of social protection, working age adults and their children – those disproportionately affected by changing labor market conditions and economic downturns, especially younger, poorer, less skilled adults located in more distressed areas – rely primarily on limited and localized threads of the "safety net." In fact, the majority of the safety-net programs for these populations are administered and financed, at least in part, by state governments. The extent, impact, and implications of this decentralized structure is one of the most under-appreciated features of the U.S. welfare state.

The decentralization of the safety net is rooted in the federalist structure and history of U.S. social policy and reflects a trade-off between *uniformity* through nation provision reflective of *equality* in social rights, and *variability* through state or local provision reflective of *inequality* in social rights (Obinger, Castles, and Leibfried 2005). This decentralized structure creates fertile ground for unequal responses to citizen needs and has, in fact, produced substantial inequalities in provisions across states and within states across populations (Meyers, Gornick, and Peck 2001; Allard 2008; Lobao and Kraybill 2009; Soss, Fording, and Schram 2011; Moffitt 2015). The social programs available to economically-vulnerable families are determined in large part by the state they happen to reside in – so much so that the saying "pick your parents well" can now be expanded to "and hope they live in a state with a robust safety net." Rather than expanding to meet need during economic recessions, or countering persistent and emerging geographic inequalities in economic opportunities and outcomes, variation in the decentralized social safety net layers on new forms and dimensions of inequality. This unevenness—across states, programs, and citizens – has important but largely overlooked distributional consequences for economically-vulnerable families.

In this paper, we examine the dimensions and consequences of decentralized social safety net policies and interstate policy variation. We consider the eleven federal-state programs that constitute the core of safety net provision for working age adults and families: cash assistance, food assistance, health insurance, child support, child care, preschool/early education, unemployment insurance, state income taxes, cash assistance work assistance, disability assistance, and housing assistance. For each of these programs, we measure the *adequacy of the benefit* received and the *inclusiveness of receipt* for each of the 50 states. We examine the level of inequality in social provision across the states as measured by what a similarly situated family would receive in states at different points in the distribution of adequacy and inclusion. We find substantial variation across states, at levels equal to or greater than variation across the European countries that have been recognized as having different welfare regimes.

Twenty years after the historic welfare reform of the mid-1990s, social safety net provision remains structured by a variety of negotiated settlements between local, state, and federal governments as to levels of policymaking authority, administration, and financial responsibility across programs. In the second section, we turn to an analysis of change over time (1994 to 2014), asking whether states have pulled closer together or drifted further apart in the inclusiveness and adequacy of each program. Examining four dimensions of convergence – degree or magnitude, location of change, direction of change, and scope – we find a surprising variability in program trajectories with examples of diverging and converging magnitudes of variation, a great deal of synchronous change, and both increases and decreases in levels of provision over the period.

The U.S. Safety Net: Patterns of Decentralization, Variation, and Change over Time

Social provision in the U.S. is unequal by design, providing tiered and categorically-based assistance that varies—across jurisdictions and citizens – in both quantity and quality. Programs in the top tier are standardized or uniform in terms of their benefits and broad in terms of their coverage; programs in the bottom tier – the focus of our analysis – are narrowly targeted, means-tested, and are more variable in terms of their benefits and receipt by potentially eligible populations. All welfare states use these mechanisms to some degree, but the high degree of decentralization in the bottom tier programs is unique to the U.S. While U.S. social programs in the top tier are financed and administered at the federal level, the majority of the programs in the bottom tier have some degree of devolved authority or discretion allowed for lower levels of government. Social safety net provision for economically needy, nondisabled working-age adults and their dependents is a patchwork of income transfers, in-kind assistance and services, all of which are funded with a combination of Federal, state and local tax revenues, and managed either jointly by Federal and state governments or wholly at the state or local levels. The only national program that supports the economic security of these individuals is the Earned Income Tax Credit (EITC) which while immensely important to those who receive it (Halpern-Meekin, Edin, Tach, and Sykes 2015), is restricted to individuals who have worked in the previous year. Even the social insurance program of most relevance to this population, Unemployment Insurance, is federally-mandated but state-designed and delivered. Unlike centralized social insurance pension and health programs for retired and disabled workers, which operate with uniform rules and procedures throughout the country, the policies, administrative procedures and a portion of the financing for decentralized safety net programs are controlled through state and local political processes that produce substantial variation across states and often across

jurisdictions within states as well (Soss, Fording, and Schram 2008; Lobao, Jeanty, Partridge, and Kraybill 2012).

Many of the programs that comprise the social safety net were developed during the New Deal Era of the 1930s and War on Poverty and Great Society of the 1960s. Individual programs have evolved over time as a function of their original policy design, the negotiated settlements of federalism, and state-specific factors. This evolution has not altered the most fundamental structural feature of the safety net, however, which is decentralization of authority to state and local governments. In recent decades, federal policy makers shifted even greater policy authority downward and outward to private actors. Basic provisions shifted from direct government provision of cash assistance to in-kind and service provision that relies to a growing extent on private entities and subject to market principles (Peck 2002; Somers and Block 2005; Bitler and Hoynes 2010; Allard 2008; Ziliak 2015). Entitlements for assistance were eliminated and eligibility for and access to benefits became more conditional, restricted, and dependent on the actions and judgment of local agencies and staff (Mead 1997; Weaver 2000; Heinrich and Scholz 2009; Wacquant 2009; Soss et al. 2011).

This "devolution revolution" was framed, rhetorically, as an increase in the authority of state and local officials to formulate locally-responsive social policy representing Justice Brandeis' "laboratories of democracy" (Pierson 1995; Volden 2006). Others have described it as a form of "load shifting" through which federal authorities increased the responsibility of state and local governments while retaining authority to determine the metrics for against which policy outcomes are measured (Peck 2002; Obinger et al. 2005; Holzinger and Knill 2005; Terman 2015).

Research Questions

Federalism, as Aaron Wildavsky (1985) famously noted, "means inequality." The empirical question is to what extent? We leverage the decentralization of U.S. safety net provision to explore a set of related empirical questions concerning the degree of variation in provision across states.

Research Question 1: What is the extent of interstate state variation in the adequacy of benefits and inclusiveness of receipt in social safety net provision?

Given the programmatic patchwork described above, we expect to find cross-state variation in each of the social safety programs. We identify three policy design features of decentralization that motivate those expectations: (1) partial/joint funding or financial discretion, (2) policy authority to make rules regarding eligibility, benefits, and other aspects of the program, and (3) administrative flexibility in implementing these rules. Based on their current program structures, we categorized each of the safety net programs along a continuum of state discretion from low-to-high for financing, policymaking and administrative authority (see Table 1). We draw on these categorizations of the degree of state discretion to formulate three general expectations. First, we expect less variation in the adequacy of benefits in programs that are primarily federally funded and correspondingly greater variation in programs for which states provide substantial funding and exercise discretion in setting benefit levels. Second, we expect more variation in the inclusiveness of receipt than in the adequacy of the benefit in most programs. The adequacy of benefits in many programs is a function of both government actions and market processes that determine the cost of service provision, e.g. for health care, and/or the duration of economic need, e.g., weeks of unemployment. The inclusion of potentially needy recipients, in contrast, is more directly determined by policy choices that vary at the state level. Following this, our third expectation is that state variation in inclusiveness will be highest in

programs for which states exercise high levels of policy authority and have administrative

flexibility – the primary tools through which program access is controlled.

Research Question 2: How does U.S. state policy variation compare to that of national welfare

states in similar countries?

In one of the most influential accounts of welfare states, Gosta Esping Anderson (1990)

posited that there were three types of welfare states – liberal/residual, conservative/corporatist,

and social democratic – characterized by their levels of decommodification and stratification.

The empirical evidence justifying the conceptualization of the "three worlds of welfare

capitalism" was the substantial variation in welfare provisions across the three welfare regimes

using measures of spending, generosity, replacement rates, and coverage rates. These differences

were seen not just as a collection of different policies but, in broader terms, as representing more

fundamental differences between countries – distinct logics of welfare state design or 'three

radically different principles of risk management' (Esping-Andersen 1999: 35). To interpret—

and fully appreciate – the magnitude of inequality in social provision across the U.S. states, it is

useful therefore to compare it to the magnitude of inequality found across countries that

represent these three distinct welfare regimes.

Research Question 3: Have states converged or diverged in social safety net policy provision

over the past 20 years?

The past twenty years have seen numerous economic, social, political, and policy

changes that may have affected the degree of variation in social safety net provision across the

states. Whether these continuing shifts in federal-state relations will lead to increasing variation

in social provision across the states, a convergence as states learn and respond to similar

economic conditions, or the persistence of initial state differences over time is an outstanding

empirical question. As Lieberman and Shaw (2000: 220) note, "The political logic of [the recent turn toward] devolution depends on the assumption that states will take up the slack in providing public goods such as welfare when the federal government cedes the field." Following up on this insight, scholars have explored whether devolution leads to interstate competition that results in a "race to the bottom" (Schram and Soss 1998; Volden 2002; Berry, Fording, and Hanson 2003), and how decentralization affects retrenchment (Pierson 1994; Peck 2002; Beland and Chantel 2004; Obinger et al. 2005).

Drawing on the extant literature on policy change, federalism, and policy design, there are several competing expectations regarding the trends in the degree of variation in social provision (Starke, Obinger, and Castles 2008). Institutionalists focus on the robustness of political institutions and policy designs (i.e. path dependence, policy feedback and feed-forward effects) and have a general expectation of persistence of initial differences (i.e. synchronous change), although some posit that jurisdictions that are institutionally-similar are more likely to converge over time (Lenschow, Liefferink, and Veenman 2005). Scholars who posit a central role for political ideology or local economic conditions do not have a clear expectation for convergence among states over time. On the one hand, consistent differences in local preferences and economic needs could influence state policy choices and outcomes that result in no convergence or divergence. On the other hand, ideational and economic factors may drive convergence as states with similar ideological or economic conditions make similar policy choices (Schneider 2012).

Data and Measures

The empirical anchor for these analyses is an original dataset with unique advantages for the task at hand: the State Safety Net Policy dataset (SSNP). The SSNP is a unique dataset that

has been assembled from publicly-accessible state and federal administrative records, original

population estimates calculated using the Annual Social and Economic Supplement of the

Current Population Survey, as well as several secondary sources of these records. The SSNP

measures the *adequacy of benefits* and *inclusiveness of receipt* for eleven critical components of

the safety net (each of which feature some degree of state or local financing, policymaking

authority, and/or administration) for economically vulnerable families: cash assistance, food

assistance, health insurance, child support, child care, preschool/early education, unemployment

insurance, state income taxes, cash assistance-based employment services, housing assistance,

and child disability assistance. Adequacy of benefits and inclusiveness of receipt are calculated

for each type of assistance for all fifty states for 1994 to 2014.[1]

For each type of assistance, *adequacy* is calculated by dividing total benefit spending

(federal and/or state, as appropriate) by a state's average or total caseload. The adequacy

measures are adjusted to constant dollars ($2012) using the Bureau of Labor Statistics Consumer

Price Index Research Series (CPI-U-RS). *Inclusion* is calculated by dividing the number of

actual program recipients in a state by the number of "potentially needy" individuals or families

in the state. For means-tested programs, the estimate of the "potentially needy" is the number of

individuals or families who (a) fall into categorically eligible groups and (b) have market (or pre-

transfer and tax) incomes below the federal poverty threshold (estimated using three-year

moving averages from the Annual Social and Economic Supplement of the Current Population

Survey).[2] The final adequacy and inclusion policy indicators are smoothed using three year

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[1] Child care indicators are available starting in 1998; housing assistance indicators are available beginning in 1996. The most recent year of data for the health insurance indicators is 2012, and is 2013 for targeted work assistance.
[2] For more details on the construction of the policy indicators including specific data sources for each policy indicator, see Table A1 in Online Appendix.

moving averages to reduce the year-to-year fluctuations, and top and bottom coded at two standard deviations above and below the 50 state mean.

Two data sources are used for the cross-national comparative analyses: the Comparative Welfare Entitlements Dataset (CWED) and the Organization for Economic Cooperation and Development Social Expenditure Database (SOCX). CWED contains information about the structure and generosity of social insurance benefits in 33 countries around the world (Scruggs, Jahn, and Kuitto 2014).[3] Three types of measures are used from the CWED to compare the SSNP policy indicators: (1) measures of generosity overall, and for unemployment, sickness, and pensions; (2) replacement rates for unemployment, sickness, and public pensions; and (3) and coverage rates for unemployment, sickness, and pensions. Aggregate spending measures (as a percent of GDP) are used from the SOCX for old age, survivors, disability, and family cash benefits (Adema, Fron, and Ladaique 2011).[4] While none of these measures are perfect matches for the SSNP policy indicators, they are the most commonly used in comparative welfare state scholarship and therefore useful for comparing the magnitude of variation in social provision across these two comparative cases. The comparative analyses with the CWED and SOCX data are conducted with the eighteen countries used in Esping Anderson's classic welfare regimes typology (1990): Denmark, Finland, Netherlands, Norway, Sweden, Austria, Belgium, France, Germany, Italy, Australia, Canada, Japan, Switzerland, Ireland, New Zealand, United States, and United Kingdom.

Analytical Methods

The extent of variation in social safety net provision across the U.S. states is assessed using the absolute values observed at different points in the distribution of states (90th and 10th

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[3] See Online Appendix for more information about CWED measures. CWED data can be found (http://cwed2.org/).
[4] SOCX data available at: http://www.oecd.org/social/expenditure.htm.

percentiles), the absolute and percentage of difference between these values, and the Coefficient

of Variation (COV). We use the COV to compare the magnitude of variation observed between

the U.S. states with the SSNP data and between European countries using social policy data

taken from two of the major comparative European data sources (CWED and SOCX).[5]

The analysis of change over time examines four aspects of convergence: the *degree* or

magnitude of change, observed as change in variation; the *location* of change, observed by

examining change at different points in the distribution; the *direction* of change, observed as

change in mean levels of provision; and the *scope* of change, observed by examining the degree

to which states move in the same direction and maintain similar relative rankings (Holzinger and

Knill 2005; Heichel, Pape, and Sommerer 2005). The *degree* of convergence is assessed by

comparing changes in the COV using five year increments (i.e. 1994, 1999, 2004, 2009, and

2014). To determine when we should interpret the changes in the degree of variation as

substantively meaningful, we test the difference in COVs. Although there is no standard

statistical test for differences in measures of variation such as the COV, we use a bootstrap

method that generates a sample of COVs for each yearly comparison, and estimate the

probability that the observed difference is random. [6] The second criteria we use to determine

convergence is the absolute size of the change in COVs. Although there is no standard metric for

determining substantively meaningful differences in COVs, for the purpose of these analyses we

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[5] The COV is the preferred measure of variation because of its scale invariance.

[6] In the bootstrapping process, we resample pairs of observations by state (as opposed to resampling based on year values). This leads to much lower variation in the bootstrap estimates because state values are highly correlated over years. To determine when a change in COV is significant statistically, we rely on a bootstapping estimation procedure that tests the difference in COVs across two years using a cutoff of $p < 0.05$. We also conducted Levene tests of equal variances to assess whether the observed differences in the policy indicators represent significant differences in variation. The Levene test assesses the hypothesis that two population variances are equal (also referred to as homogeneity of variances or homoscedasticity). Results are available from the authors. However, we do not rely on this as primary evidence given that the variance changes with changes in mean values, and so we rely on a test using the COV which is scale invariant (Allison 1978). A bootstrapping method similar to what we employ here was used by Kenworthy (1999).

treat changes in the COV less than 0.1 as too small to indicate a substantively meaningful change in between state variation. We interpret changes in the COV that are statistically significantly different, and are greater than 0.1 as indicative of convergence or divergence in social provision across the states. The *location* of convergence is assessed by comparing the values at the 10th, 50th, and 90th percentiles which allows us to identify whether there is evidence of states at low levels of provision "catching up" or of states at high levels of provision reducing their levels of provision more than other states.

Substantively, the *direction* and magnitude of change is important to assess along with other aspects of convergence given that regardless of changes in variation, mean levels of social provision may change quite dramatically (Holzinger and Knill 2005; Schneider 2012). The direction of change is measured by the absolute and percentage change from 1994 to 2014 at the median. The *scope* of convergence is estimated using a measure of synchronicity (the number of states changing in the same direction), and the Kendall Coefficient of Rank Concordance (W).[7]

Results

Extent of cross-state variation by program

There is substantial cross-state variation in social safety net provision across all eleven programs. However, the programs differ in the extent of variation and whether states vary in adequacy, inclusion or both. Table 2 displays the COV and absolute and percentage difference between the 10th and 90th percentiles for each program.

As expected, we observe greater variation in the adequacy of benefits in those programs for which states have greater financing responsibility and control. The COV measures are largest

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[7] The Kendall Coefficient (W) is a measure of association or agreement among ranks, ranges from zero (no association between ranks) to one (perfect concordance of ranks), and is used to measure the degree of mobility of states relative to each other over time (Holzinger and Knill 2005).

– ranging between 0.18 and 0.87 - in six programs that have "medium" or "high" levels of state

control over funding. For example, state income taxes (COV=0.71) are financed entirely at the

state level and reflect state policy choices regarding refundable tax credits for low-income

families (e.g. state EITC) and minimum thresholds for tax liability.[8] Preschool/early education

programs (COV=0.26) are funded in part through the federal Head Start program, but

substantially augmented by state-funded Pre-K programs in some but not all states. Three of the

other programs with substantial cross-state variation – targeted work assistance (COV =0.87),

cash assistance (COV=0.40), and child care (COV=0.27) – are funded with the federal TANF

block grant and state matching funds, which gives states substantial discretion over the level and

allocation of funds for various activities.[9] In contrast, two programs with the least cross-state

variation are largely or entirely federally funded, leaving states with limited discretion for

determining total spending or individual benefit levels: food assistance (COV=0.10) and

Supplemental Security Income (COV=0.03).[10]

Our second expectation was that, in most programs, variation would be greater in the

inclusiveness of receipt than for the adequacy of the benefit. Figure 1 shows this to be the case in

8 of the 11 programs. The extent of cross state variation by program also conforms to our third

expectation, that variation would be greatest in programs over which states exercise discretion in

policy making and administration. Four of the eleven programs are characterized by high levels

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[8] Average tax liabilities at the poverty line are reverse coded to capture state tax benefits. States with no income tax – that rely on more regressive sales taxes – are not included in these measures.

[9] The child care measure is a composite of spending on child care with TANF and CCDGB funds. For example, a recent analysis of state spending found that 10 states spend less than 10 percent of the TANF block grant on basic assistance whereas 11 states spend more than 30 percent (Schott, Pavetti, and Floyd 2015).

[10] States can supplement the SSI benefits, but currently 18 states do not supplement the federal benefit for children, 4 states only supplement benefits for specific types of disabilities, the supplement that the remaining states do give are relatively small (Social Security Administration 2016). Albritton (1989) also found less variation in programs with more federal financing in several programs including SSI for the aged, blind and disabled, and cash and food assistance from the late 1960s to the mid-1980s.

of both policy authority and administrative flexibility; these programs are also among the most variable across states: cash assistance (COV=0.63), preschool/early education (COV=0.58); child care (COV=0.49), and targeted work assistance (COV=0.37). High levels of state variation in the TANF-related programs is not surprising given the explicit devolution of authority to set eligibility criteria and rules in the TANF block grant (Schott, Pavetti, and Floyd 2015). The variation in inclusiveness of preschool/early education programs reflects the combination of Head Start, a federally administered program, and state initiated and managed pre-K programs, which vary dramatically across states (Barnett et al. 2015). In contrast, the programs with the least variation in the inclusiveness of receipt – food assistance (COV=0.15) and health insurance (COV=0.15) – are both subject to standard federal eligibility criteria and require states to seek waivers for significant deviations from these criteria.[11] Variation in the children's SSI program is also substantial (COV=0.34), suggesting that factors such as outreach and the local administration of intake and eligibility determination may be highly influential.[12]

Taken together, these findings suggest that federal funding and uniform eligibility criteria result in less geographic inequalities in state provision. Even in programs with consistent federal rules, however, state administrative actions appear to introduce variation in treatment, particularly in access to benefits. The weaker the federal role, the further apart the states in the share of the needy they help and the level of assistance they provide.

The magnitude cross-state inequalities

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[11]The eligibility for children in Medicaid/CHIP vary greatly in terms of the income eligibility levels. The federal government mandates coverage of children under 100% of the federal poverty line, and all states have chosen to expand coverage to children above this minimum. The vast majority of states have eligibility levels between 200-300% of the poverty line, and only 3 states fall below this threshold (Kaiser Family Foundation 2016).

[12] In the SSI program, states have varied in the degree to which they have increased participation, variation which has been associated with the aggressiveness of TANF reforms (Schmidt and Sevak 2004), state revenue and expenditure changes (Kubik 2003), and has a distinct regional patterning (ASPE 2015).

Although useful for comparisons across programs and geographic units, the COV does not provide an easily interpreted, substantively meaningful measure of difference. For this we examine absolute differences as of 2014 in the value of benefits and share of the potentially needy served in higher- and lower-provision states (Table 2).

We find substantively large geographic differences in the adequacy of benefit. For example, a poor family receiving cash assistance in a state near the 10th percentile receives an average benefit of $1,957; a similarly poor family in a state near the 90th percentile receives an average benefit of $5,811 – a $3,854 or 66 percent difference. In states with an income tax, to take another example, a one parent family of three with poverty-level income would receive a $1,019 tax refund in the state around the 90th percentile, due to a progressive tax schedule and targeted benefits; a similar taxpayer would face a $131 liability in the state at the 10th percentile.[13] In fact, in 9 of the 11 programs the difference in average benefits between low and high provision states is more than $1,000, which is nearly 10% of the federal poverty threshold for a single person household.

Inequalities between states are even more pronounced in the inclusiveness of social safety net programs. The inclusion measures control for level of need within each state by calculating recipients as a share of the relevant poor (or unemployed) population. Although targeted on the neediest, most programs serve only a fraction of those at risk. In 9 of the 11 programs, the average rate of inclusion is less than half, and even states at the 90th percentile of inclusiveness serve fewer than two-thirds of those in need. Only two programs – food assistance and children's

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[13] One concern might be that these differences in the adequacy of benefits are due to cost-of-living differences across states. To assess this possibility we adjust the adequacy measures using the state-specific all-items Regional Price Parity measures from the Bureau of Economic Analysis. In the case of cash assistance using the adjusted measure results in the 10th percentile increasing to $2,111 and the 90th percentile decreasing to $5,748 – a $3,637 or a 63 percent difference. As this example demonstrates, there are not large differences between the adjusted and unadjusted measures either in the range of values or the magnitude of variation for any of the programs. See the Online Appendix for a fuller analysis and description of these differences.

health insurance – effectively reach not only those in poverty but a share of those over the federal poverty line.[14] With the exception of these two, relatively expansive programs, levels of inclusion are generally low and vary by 50 percent or more between the more- and less-inclusive states. In cash assistance, for example, the average inclusion is just under 20 percent – or 2 out of 10 poor families with children – across all states. But states near the 90th percentile reach about one in three such families (respectively), whereas those near the 10th percentile reach fewer than one in ten. The primary alternative form of cash assistance, UI, reaches only about one out of every three unemployed adults nationwide, due to restrictive coverage and eligibility rules. In states near the 90th percentile, however, the rate is as high as one out of two and in states near the 10th percentile it is as low as one out of four.

This state level analysis reveals an important, additional dimension of weakness – substantively large cross-state differences in adequacy and inclusiveness. These differences create geographic inequalities in the treatment of similar claimants and, by allowing some states to provide very low benefits to a very small fraction of the needy, exacerbates the weakness of the safety net as a whole.

A second way interpret the substantive meaning of cross-state variation is to compare it to the magnitude of cross-national variation in comparable social welfare programs. We find that the levels of variation across jurisdictions are similar or, in most instances starker, across the U.S. states (Figure 1).

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[14] Households with children are generally eligible for food assistance (SNAP) with gross incomes up to 130 percent of the federal poverty line (FPL) as long as they meet other resource and asset tests, therefore the denominator for the food assistance inclusion measure is 130 percent of the FPL. States can get federal CHIP matching funds for child coverage up to 300 percent of the FPL, therefore the denominator for the child health insurance inclusion measure is 300 percent of the FPL. Fully 46 percent of states cover children above 200 percent of the FPL (CMS 2016).

For the adequacy of benefits, the most similar measures in the cross-national data are the CWED generosity and replacement rate measures and the SOCX spending measures. The magnitude of variation in the CWED generosity measures (0.18 to 0.40) is very similar to the magnitude of variation in the adequacy of benefits in the SSNP data (0.03 to 0.87).[15] Comparing the only specific program is represented in both the cross-state and cross-national data – unemployment insurance – reveals comparable variation: the COV for the adequacy of benefits across the U.S. states is 0.24 versus 0.27 for cross-national generosity and 0.18 for cross-national replacement rates.[16]

Regarding the inclusiveness of receipt, the most similar cross-national measures are the CWED coverage measures. In this case, the magnitude of variation is much greater across the U.S. states inclusion measures (COV=0.15 to 0.63) than the corresponding range for the cross-national coverage measures (COV=0.11 to 0.13). Again, the most direct program comparison can be made across unemployment insurance programs, and again, the magnitude of variation is larger in the cross-state inclusiveness of receipt (COV=0.29) than in the cross-national coverage rate (COV=0.13).[17]

Some variation in social provision across states may be an expected outcome of the highly decentralized structure of the U.S. safety net. Given that most of the U.S. programs are subject to some degree of Federal oversight, however, it is surprising to observe variation equal to or greater than that observed across the countries of Western Europe. Cross-national variation

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[15] Two of the programs have adequacy of benefit variation much higher than 0.40 (targeted work assistance 0.91, and state income tax 0.68). Excluding these two programs show the range of variation to be even more similar to the CWED generosity measures (0.08 to 0.35).

[16] Comparing the magnitude of variation across the U.S. states to a set of 24 OECD countries using a measure of government transfers as a percentage of GDP (a measure similar to the SOCX measures), Kenworthy (1999) found that there was greater variation across the U.S. states than cross-nationally.

[17] Measurement differences may account for some, but not all, of the differences between the U.S. and European cases. The SSNP measure of inclusion reflects both the coverage rate, based on job classification in the U.S., and the eligibility rate within the covered population.

has motivated a substantial comparative scholarship examining the causes and consequences of alternative welfare state regime types. Scholarship has been far more limited on the possibility that the exercise of financing, policy and administrative discretion by U.S. states has produced not one but multiple social safety net approaches, or regime types, that vary substantially in treatment of similar individuals and their families.

Assessing change over time: direction and location of change

To discern the patterns of state-level policy change we begin by examining the 50 state median values from 1994 to 2014, and the absolute and percentage change, alongside the values at the 10th and 90th percentiles of the distribution of all states during that time period (Table 3). The largest reduction is observed in cash assistance – the target of federal welfare reforms of the 1990s that were designed specifically to reduce program use. The adequacy of cash assistance benefits declined by about one-third, and declines of similar proportion are seen in both lower- and higher provision states (albeit with correspondingly smaller and larger dollar reductions). Inclusiveness declined more dramatically, by about 40 percentage points at the median and high- and low-ends of the distribution. Depending on the starting point, this translated into as much as an 85 percent in the share of poor families assisted in the state. In the case of child support, we also see a substantial reduction in the average amount collected per case in child support, but this was accompanied – and partially caused – by increases in the share of single families on which collections were made, particularly from lower income absent parents. In contrast, the adequacy of several programs providing direct services (such as targeted work assistance) or purchasing services (such as child health insurance and child care), the average value of benefits per recipient increased substantially.

The inclusiveness of safety net programs declined substantially in only two programs: cash assistance and child care subsidies, which are funded in part by the same TANF block grant. The percentage point reduction in child care assistance was modest, but given the low starting levels, a substantial relative reduction of 16 percent at the median. Other safety net programs became more inclusive during this period, although this varied with states' starting levels of effort and, in some programs, by time period (Figure 2). The inclusion of needy families in food assistance declined slightly early in the observation period but rebounded to end at a higher level, with substantially more expansion, in both absolute terms and proportionately across the board. In fact, in several programs we see relatively similar absolute growth at different points in the distribution: targeted work assistance, UI, SSI, child care, and child health insurance. Inclusion also grew substantially, on average, in preschool/early education, child support, and housing assistance, but with greater absolute growth at the top end of the distribution.

Assessing change over time: change in the degree of variation

To examine changes in cross-state variation in safety net provisions we examine changes in the COV (see Table 4). Overall, we find limited evidence of convergence, and several examples of states pulling further apart. At the beginning and end of the period, states were relatively tightly clustered in measures of adequacy with COV values for most programs in the 0.12 to 0.35 range. The COV changed significantly in only two programs over the total period: states pulled much further apart in spending per participant in targeted work assistance for TANF recipients, and states pulled somewhat closer together in the value of SSI.[18]

State provisions were more diverse, and changes in the COV more marked, in the inclusiveness of their provisions. COV values ranged between 0.13 and 0.39 in 1994 and

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[18]However, the magnitude of the change in variation in SSI was only 0.02, much lower than the criteria for determining substantively meaningful change (0.10).

between 0.15 and 0.59 by 2014. During this period, states diverged to a significant degree in the inclusiveness of three programs: cash assistance, preschool/early education, and child care. They pulled closer together in only one, child support collections.[19]

It is notable that three of the programs in which we observe substantive divergence in the magnitude of cross state variation – cash assistance, targeted work assistance and child care – were directly affected by the PRWORA welfare reforms of the 1990s which granted states greater flexibility. As noted above, however, the location of change within the total distribution of state efforts varied. States pulled further apart on the adequacy of targeted employment assistance due to very large increases spending in a few states. The divergence in the inclusiveness of cash assistance and child care, in contrast, was driven largely by especially steep reductions in states that began the period with low levels of provision. Divergence in preschool/early education resulted from nearly the opposite change, with low provision states contracting slightly while those near the 90th percentile nearly doubled the share of poor preschool children served.

It is equally notable that the single program for which we observe significant convergence across the states – child support inclusion – was also addressed in the PRWORA legislation. In this case, rather than increasing state flexibility Federal lawmakers increased expectations for state performance, along with administrative funds for meeting new standards. In this case, also, we see evidence of some "catching up" through increased effort by states around the 10th percentile of the distribution of all states, but an even greater increase in efforts by states near the top of the distribution.

Assessing change over time: the scope of change

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[19] The change in COV in the inclusiveness of child health insurance was also significant, however it was small in magnitude (-0.06) which does not meet the substantively meaningful criteria of 0.10.

Our examination of the magnitude and location of change in state variation suggests that, rather than changing course to experiment with new approaches, states continued in their original trajectories – high provision states expanded social benefits and lower provision states contracted the adequacy or inclusiveness of assistance. Further confirmation is provided by analysis of the synchronicity of state change and the continuity measured by rank concordance from 1994 to 2014 (see Table 5).

Overall, the measures of synchronicity and rank concordance indicate that, in the vast majority of social safety net programs, states moved up or down together and maintained their rankings relative to each other. The synchronicity of change in both the adequacy of benefits and inclusiveness of receipt are remarkable with at least 30 of the 50 states changing in the same direction. The measures of rank concordance also indicate substantial consistency in the rank ordering of states over time with two-thirds of all measures indicating a rank concordance of at least 0.80.

The extent of synchronicity is demonstrated even more clearly using the case example of period to period changes in the SNAP food assistance program (Figure 3). States are ordered top to bottom according to the average food assistance benefit received by a poor family in each state in 1994. Each panel of the figure displays the change in benefit for a five year period where a blue bar represents an increase and the left edge of the bar is the starting value, and red bar represents a decrease and the right edge of the bar is the starting value. In the early period of welfare reform in the mid-1990s, the average food assistance received by families declined in all but one state. This decline is in large part an indirect consequence of welfare reform which led to a dramatic decrease in participation in cash assistance in the late 1990s which also impacted

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participation in Food Stamps.[20] From 1999 to 2009 the average food assistance received increased substantially in all states reflecting the increased outreach and simplified application and recertification process which increased the length of time households receive assistance, and a temporary increase in benefits in the 2009 American Recovery and Reinvestment Act (ARRA). The last period from 2009 to 2014 show a reversal of this increase in benefit adequacy with all 50 states showing a reduction in benefits received reflecting the ending of the temporary ARRA increases in benefits.

Conclusion

The decentralized structure of the safety net is one of most crucial yet least carefully studied structural design features of the U.S. welfare state, and it has dramatic consequences in terms of inequalities in social provision across the states. Using state-level measures to examine geographic variation in safety net programs, we shed new light on the consequences of the decentralized structure of assistance for working-aged adults and families.

The most striking finding of our analysis is the extent and persistence of geographic variation. Scholars have long observed that inequality is an inevitable outcomes of a federalist system especially in the absence of fiscal redistribution. But the extent of inequality in the U.S. safety net has rarely been assessed across the numerous, weakly coordinated system of separate programs. When we do so with state-level measures we find variation equal to or even greater than that seen across countries with structurally different welfare states.

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[20] Benefit levels are set federally and are uniform across the continental U.S. states (Alaska and Hawaii have higher benefit levels), therefore differences in average amounts received in a year by participating families is a function of the length of time they participate and differences in average incomes of participating families which are each affected by state policy (e.g. recertification process rules and the use of more generous broad-based categorical eligibility for recipients of TANF, SSI, DI or GA, respectively).

We find that the magnitude of inequality corresponds closely to the level of state and local authority for financing, policy and administration. The highest levels of inequality are observed in those programs for which states have the highest level of financial responsibility and policy and administrative autonomy.

The consequences of devolution can also be seen over time. Most notably, the devolution of authority under PRWORA-increased state discretion in several programs related to cash assistance; in all three of the programs funded in part by this block grant (cash assistance, targeted work assistance, and child care) there was subsequent divergence in either the adequacy of benefits or inclusiveness of receipt. Not all federal action during this period involved devolution of authority, however. The PRWORA also imposed new and more stringent requirements for states to collect child support on behalf of poor single mothers. In this program we see change in the opposite direction, with states converging in inclusiveness of their efforts.

On the one hand, we find there is little evidence to support the optimistic prediction that states would use their greater authority to launch a variety of innovative approaches to improving safety net programs that have been the target of criticism by liberals and conservatives alike. We observe some evidence of more generous states pulling further ahead of the pack in programs over which they have substantial discretion. However, just as frequently we see examples of states in the bottom tier of assistance, as of 1994, making the largest reductions in the adequacy and inclusiveness of assistance by 2014.

Consistent with earlier work, we find neither a wholesale retrenchment during the 1990s, nor counter-cyclic expansions in the wake of the financial crisis, although trends in UI and SNAP show the greatest responsiveness to economic downturns. While early accounts of the welfare reforms predicted that the reversal of program entitlements and devolution of authority

would produce dramatically different policy approaches across the states, we find that they did

not fuel the race-to-the-bottom competition between states and overall reduction in social welfare

provisions (Schram and Soss 1998; Volden 2002; Berry, Fording, and Hanson 2003). Instead we

find a handful of cases of divergence, one of convergence, and on most measures, we see

remarkable synchronicity: the direction of change was the same in all states and the magnitude

fairly compressed. These findings highlight that although decentralization can be a retrenchment

strategy (Pierson 1994), there is considerable variation in program trajectories which reflect

substantial differences in policy design both in terms of the financing responsibility, which

emphasizes interstate competition and cross-state inequalities in fiscal capacity, and

administrative and policymaking authority, which can affect the level at which states provide

benefits as well their reach into the economically vulnerable population (Campbell 2015).

The lack of more substantial convergence or divergence in safety net provisions during

this period is best understood as reflecting a number of factors. First, there was already

substantial cross-state variation in these programs at the beginning of our observation period

(Kenworthy 1999). [21] Numerous historical accounts have highlighted how target-group

differences related to gender, race, ethnicity, nativity and other social characteristics have shaped

initial policy designs including their degree of decentralization (Gordon 1994; Quadagno 1994;

Mettler 1998; Lieberman 2001; Glenn 2004; Fox 2012). Second, a large research literature has

demonstrated that the current dynamics of political conflict play a key role in shaping the social

safety net for lower-income families. Even after controlling for liberal-conservative ideological

differences across states, patterns of program development can be traced systematically to state

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[21] Kenworthy analyzed cross-state variation across a number of policy areas including cash assistance, tax, labor market, and economic development, from 1970 to the early 1990s found convergence only in the realm of economic development policies.

differences in political factors such as partisan control of elected offices, levels of party competition, class biases in electoral turnout, and levels of political organization and mobilization by business and labor interests (Brown 1995; Bailey and Rom 2004; Avery and Peffley 2005). Research has also shown that state adoptions of 'tougher' welfare reforms in the 1990s had a strong positive relationship to the prevalence of black aid recipients and Latino immigrants, even after controlling for a host of relevant state factors (Fellowes and Rowe 2004; Hero and Preuhs 2007; Soss, Fording, and Schram 2011; Brown 2013).

Even with expansion in some programs, the safety net remained far short of providing adequate benefits or inclusive receipt. The value of cash assistance benefits fell far short of the poverty line. Poor families might also be eligible to receive various near-cash benefits and subsidized services that offset the out-of-pocket costs of meeting their essential needs and many of these programs were expanded in recent year. With the exception of subsidized child health insurance and SNAP food assistance, these various forms of social provision were still received as of 2014 by only a fraction of those potentially in need. This continued inadequacy of provision suggests that the policy designs of these programs are susceptible to policy drift (Hacker 2004), and are not changing to support the changing needs of economically vulnerable populations. These findings also point to the importance of considering the politics of social provision as not strictly a politics of retrenchment but instead of centrally concerned with the politics of policy maintenance (Mettler 2016).

Given the inadequate levels and limited receipt of assistance, and the stability of cross-state inequalities in provision, even the most optimistic observers of post-civil rights era federalism concede that state discretion—in the absence of high federal standards, policy floors, and serious benchmarking of outcomes—is likely to do more damage than good (Rogers and

Freeman 2007). Indeed, local discretion in the absence of such standards has always invited

egregious cases of discrimination, betrayed an unwillingness to assist those in need, and elevated

ideological orientations (such as limiting the role of government) over policy goals (Beland and

Chantal 2004; Volden 2006). For these reasons, even some champions of the 1996 reforms have

beaten a retreat—expressing surprise or dismay at the ability and willingness of states (especially

in the case of cash assistance) to eviscerate rather than innovate (Haskins 2016).

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Figure 1. Cross-National Comparison of Variation: U.S. SSNP, CWED and SOCX Measures

US SSNP Measures

Measure	Coefficient of Variation
Cash Assistance (Adequacy)	0.40
Cash Assistance (Inclusion)	0.63
Child Support (Adequacy)	0.18
Child Support (Inclusion)	0.29
Food Assistance (Adequacy)	0.10
Food Assistance (Inclusion)	0.15
Unemployment Insurance (Adequacy)	0.24
Unemployment Insurance (Inclusion)	0.29
Supplemental Security Income (Adequacy)	0.03
Supplemental Security Income (Inclusion)	0.34
State Income Tax (Adequacy)	0.71
State Income Tax (Inclusion)	0.24
Preschool and Early Education (Adequacy)	0.26
Preschool and Early Education (Inclusion)	0.58
Targeted Work Assistance (Adequacy)	0.87
Targeted Work Assistance (Inclusion)	0.37
Child Health Insurance (Adequacy)	0.24
Child Health Insurance (Inclusion)	0.15
Child Care (Adequacy)	0.27
Child Care (Inclusion)	0.49
Housing Assistance (Adequacy)	0.27
Housing Assistance (Inclusion)	0.39

CWED Measures

Measure	Coefficient of Variation
Total Generosity	0.22
Unemployment Insurance Coverage	0.13
Unemployment Insurance Replacement Rate…	0.18
Unemployment Generosity	0.27
Sickness Insurance Coverage	0.12
Sickness Insurance Replacement Rate (Family)	0.40
Sickness Generosity	0.40
Standard Public Pension Coverage	0.11
Standard Public Pension Replacement Rate…	0.18
Pension Generosity	0.18

SOCX Measures

Measure	Coefficient of Variation
Spending on Family (% of GDP)	0.47
Spending on Disability (% of GDP)	0.50
Spending on Old Age (% of GDP)	0.40
Spending on Survivors (% of GDP)	0.92

Coefficient of Variation

Note: CWED measures are for 2010; SOCX measures are for 2011; SSNP measures are for 2014 except for targeted work assistance (2013) and health insurance (2012).

Figure 2. Social Safety Net Provision Annual Average Percent Change 1994-2014
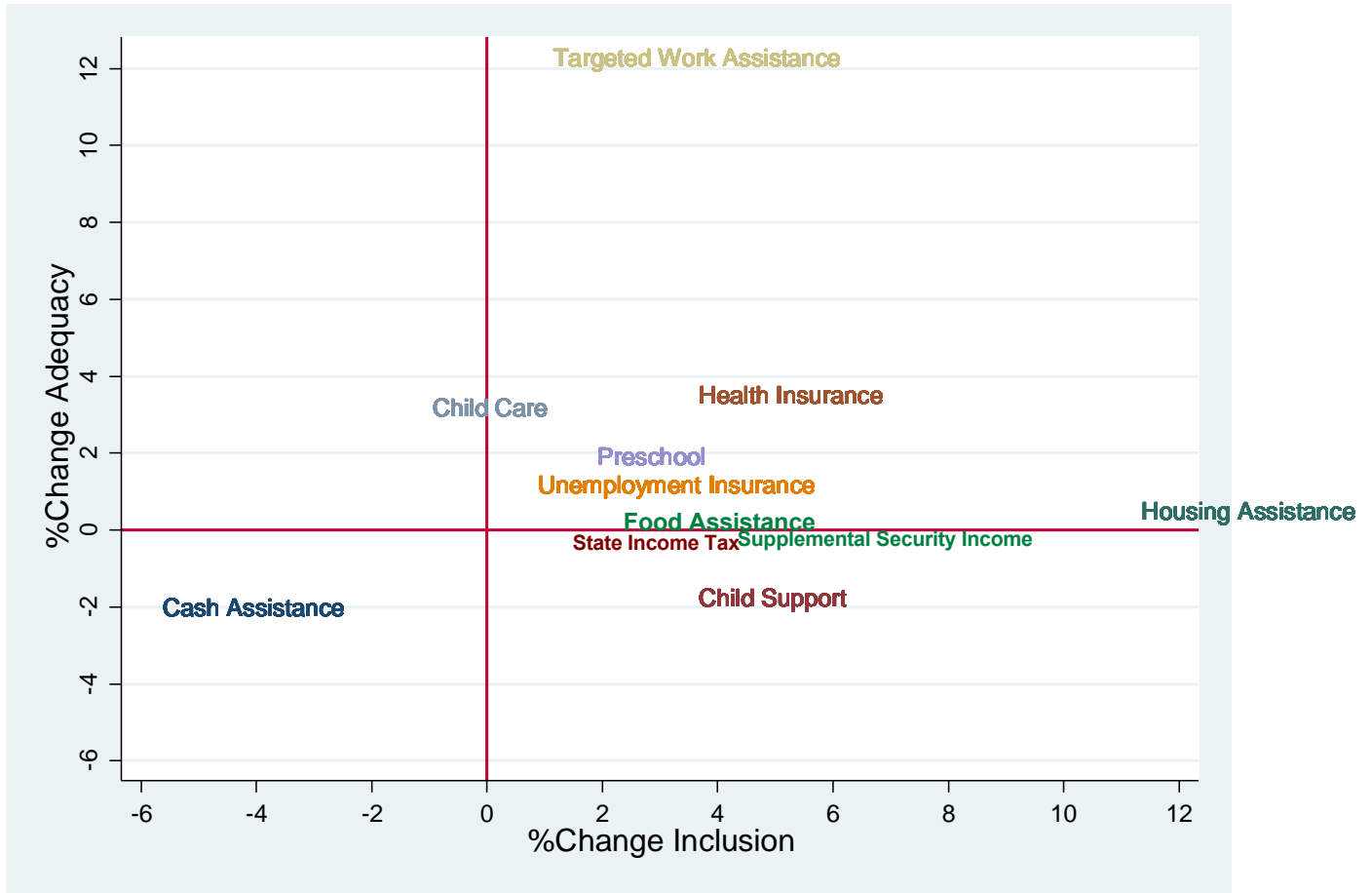
Note: The large annual percent change for housing assistance inclusion is in large part a function of the very small (low) inclusion rate in 1994 (0.05 at the median) which increased substantially by 2014 (0.25 at the median). The large annual percent change for targeted work assistance adequacy reflects a substantial increase in spending per work activities participant from 1994 to 2014: from $2,010 at the median in 1994 to $8,813 at the median by 2014.

Figure 3. Changes in Food Assistance Adequacy 1994-2014
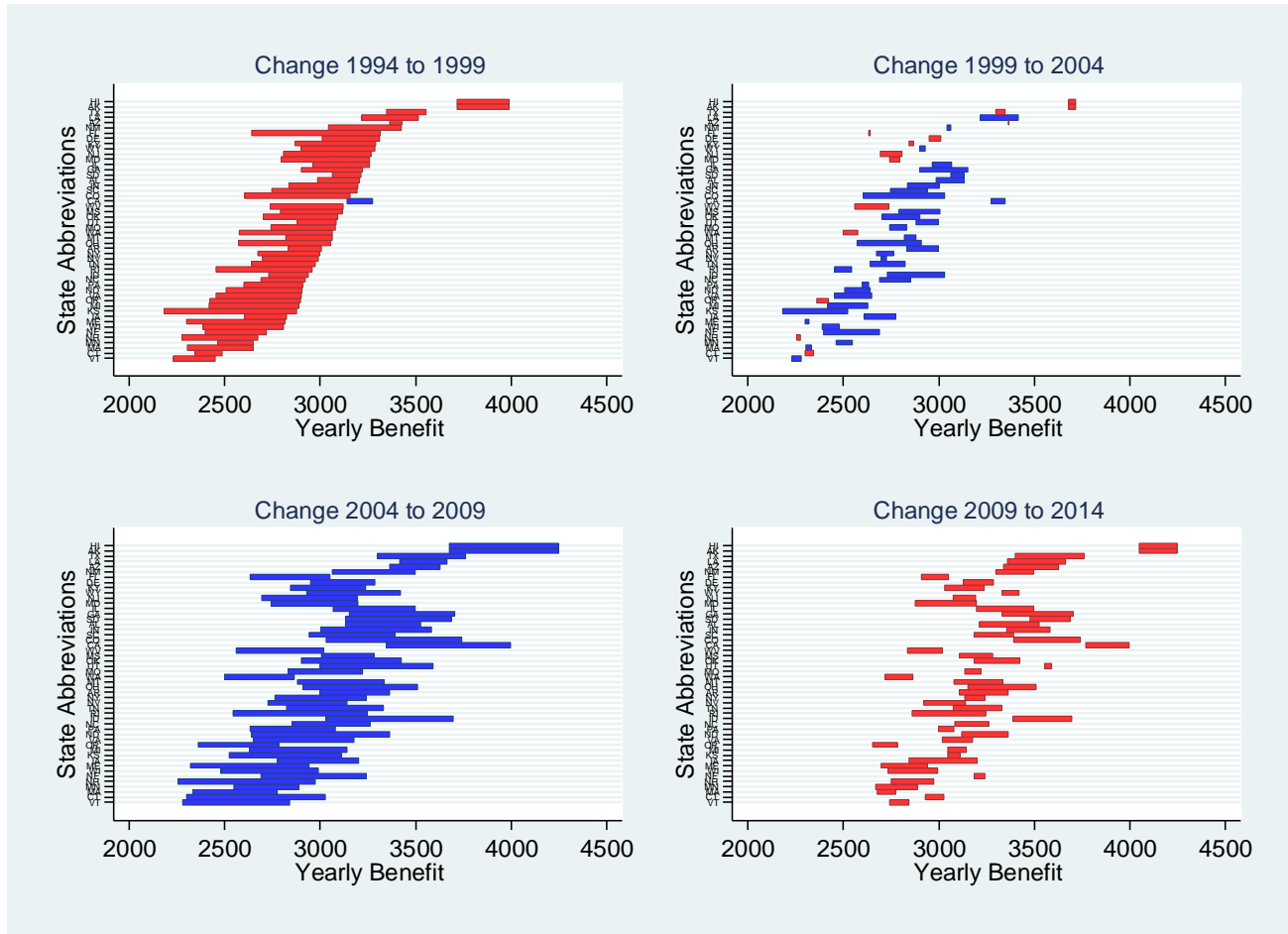
Note: States are ordered by the 1994 benefit level. Red indicates a negative change, blue indicates a positive change.

Table 1. Categorization of State Discretion

	Financing	*Policy*	*Administration*
Cash Assistance	Medium	High	High
Targeted Work Assistance	Medium	High	High
Food Assistance	Low	Medium	Medium
Unemployment Insurance	Low	Medium/High	High
Supplemental Security Income	Low	Low	Medium
State Income Tax	High	High	High
Preschool/Early Education	Medium/High	Medium/High	High
Child Care	Medium	High	High
Child Support	Low/Medium	Medium	High
Child Health Insurance	Medium	Medium	Medium
Housing Assistance	Low	Low	Medium

Note: Low=limited state discretion and high=a great deal of state discretion. Categorizations are based on current program design features related to federal and state responsibilities.

Table 2. U.S. Social Safety Net Policy Indicators: Distribution Statistics, 2014

	Mean	Standard Deviation (SD)	Coefficient of Variation (COV)	10th Percentile	90th Percentile	Absolute Difference 90th-10th	Percentage Difference 90th-10th
Adequacy							
Cash Assistance	$3,933	1,581	0.40	$1,957	$5,811	$3,854	66%
Targeted Work Assistance [b]	$11,365	10,496	0.87	$1,318	$28,953	$27,635	95%
Food Assistance	$3,124	314	0.10	$2,727	$3,438	$711	21%
Unemployment Insurance	$4,782	1136	0.24	$3,266	$6,247	$2,981	48%
Supplemental Security Income	$7,260	221	0.03	$6,929	$7,462	$533	7%
State Income Taxes [a]	$241	487	0.71	-$131	$1,019	$1,150	*
Preschool/Early Education	$6,583	1738	0.26	$4,254	$8,897	$4,643	52%
Child Care	$5,881	1575	0.27	$4,026	$8,026	$4,000	50%
Child Support	$2,861	517	0.18	$2,251	$3,677	$1,426	39%
Child Health Insurance [b]	$2,278	554	0.24	$1,631	$3,055	$1,424	47%
Housing Assistance	$6,617	1785	0.27	$4,766	$9,663	$4,897	51%
Inclusion							
Cash Assistance	0.19	0.12	0.63	0.06	0.37	0.31	84%
Targeted Work Assistance [b]	0.19	0.08	0.37	0.09	0.29	0.20	69%
Food Assistance	0.93	0.14	0.15	0.74	1.11	0.37	33%
Unemployment Insurance	0.35	0.10	0.29	0.23	0.49	0.26	53%
Supplemental Security Income	0.04	0.01	0.34	0.02	0.05	0.03	60%
State Income Taxes [a]	0.46	0.12	0.24	0.29	0.59	0.30	51%
Preschool/Early Education	0.23	0.13	0.58	0.07	0.43	0.36	84%
Child Care	0.17	0.08	0.49	0.08	0.28	0.20	71%
Child Support	0.85	0.25	0.29	0.57	1.21	0.64	53%
Child Health Insurance [b]	0.85	0.13	0.15	0.68	1.00	0.32	32%
Housing Assistance	0.27	0.11	0.39	0.17	0.44	0.27	61%

Note: Values are reported in 2012 constant dollars.

[a] State income tax values are calculated only for the 41 states that have state income taxes.

[b] Last year of data is 2013 for targeted work assistance; 2012 for health insurance.

* Value not estimated due to negative or zero numbers.

Table 3. U.S. Social Safety Net Policy Indicators 1994-2014: 10th, 50th, and 90th Percentiles

	Percentile	1994	1999	2004	2009	2014	Absolute Δ 1994-2014	Percent Δ 1994-2014
Adequacy								
Cash Assistance	10th	$3,130	$3,001	$2,621	$2,468	$1,957	-$1,173	-37%
	50th	$5,657	$5,318	$4,968	$4,316	$3,644	-$2,013	-36%
	90th	$9,315	$9,328	$8,130	$6,631	$5,811	-$3,504	-38%
Targeted Work Assistance [b]	10th	$1,021	$1,742	$1,714	$2,337	$1,318	$297	29%
	50th	$2,010	$5,335	$9,721	$10,718	$8,813	$6,803	338%
	90th	$3,533	$17,993	$29,485	$31,172	$28,953	$25,420	720%
Food Assistance	10th	$2,696	$2,324	$2,347	$2,915	$2,727	$31	<1%
	50th	$3,071	$2,716	$2,838	$3,272	$3,107	$36	<1%
	90th	$3,426	$3,246	$3,324	$3,723	$3,438	$12	<1%
Unemployment Insurance	10th	$2,511	$2,807	$3,487	$3,791	$3,266	$755	30%
	50th	$3,646	$3,664	$4,417	$5,099	$4,826	$1,180	32%
	90th	$5,611	$5,546	$6,254	$6,896	$6,247	$636	11%
Supplemental Security Income	10th	$7,141	$6,584	$6,678	$6,937	$6,929	-$212	-3%
	50th	$7,436	$6,879	$7,027	$7,276	$7,299	-$137	-2%
	90th	$8,078	$7,395	$7,449	$7,583	$7,462	-$616	-8%
State Income Taxes [a]	10th	-$410	-$303	-$217	-$153	-$131	$279	68%
	50th	-$31	$0	$0	$0	$0	$32	*
	90th	$13	$435	$743	$1,043	$1,019	$1,006	7,738%
Preschool/Early Education	10th	$3,145	$3,912	$5,810	$5,446	$4,254	$1,109	35%
	50th	$4,295	$5,489	$7,642	$7,748	$6,690	$2,395	56%
	90th	$6,141	$7,407	$9,819	$10,739	$8,897	$2,756	45%
Child Care [b]	10th	$2,426	$2,650	$3,436	$3,725	$4,026	$1,600	66%
	50th	$3,344	$3,490	$4,441	$5,095	$5,720	$2,376	71%
	90th	$5,209	$5,602	$7,425	$7,654	$8,026	$2,817	54%
Child Support	10th	$2,935	$2,703	$2,456	$2,465	$2,251	-$684	-23%
	50th	$4,281	$3,435	$3,014	$2,885	$2,707	-$1,574	-37%
	90th	$5,363	$4,447	$3,950	$3,661	$3,677	$1,686	-31%
Child Health Insurance [b]	10th	$844	$882	$1,302	$1,620	$1,631	$787	93%
	50th	$1,225	$1,222	$1,616	$2,106	$2,199	$974	80%
	90th	$1,716	$1,605	$2,410	$2,959	$3,055	$1,339	78%
Housing Assistance [b]	10th	$4,405	$4,393	$4,957	$4,812	$4,766	$361	8%
	50th	$5,807	$5,772	$6,270	$6,301	$6,163	$356	6%
	90th	$8,192	$7,853	$8,890	$9,810	$9,663	$1,471	18%
Inclusion								
Cash Assistance	10th	0.38	0.19	0.13	0.07	0.06	-0.32	-84%
	50th	0.58	0.34	0.27	0.19	0.17	-0.41	-71%

	90th	0.78	0.67	0.45	0.34	0.37	-0.41	-53%
Targeted Work Assistance [b]	10th	0.08	0.10	0.10	0.09	0.09	0.01	13%
	50th	0.14	0.18	0.15	0.15	0.18	0.04	29%
	90th	0.27	0.32	0.26	0.23	0.29	0.02	7%
Food Assistance	10th	0.50	0.36	0.47	0.54	0.74	0.24	48%
	50th	0.64	0.52	0.58	0.73	0.93	0.29	45%
	90th	0.76	0.63	0.74	0.87	1.11	0.35	46%
Unemployment Insurance	10th	0.22	0.24	0.26	0.45	0.23	0.01	5%
	50th	0.34	0.37	0.36	0.60	0.34	0.00	0%
	90th	0.51	0.55	0.52	0.76	0.49	-0.02	-4%
Supplemental Security Income	10th	0.02	0.02	0.02	0.02	0.02	0.00	0%
	50th	0.03	0.03	0.03	0.03	0.04	0.01	33%
	90th	0.04	0.04	0.05	0.05	0.05	0.01	25%
State Income Taxes [a]	10th	0.23	0.23	0.27	0.35	0.29	0.06	26%
	50th	0.38	0.38	0.38	0.47	0.45	0.07	18%
	90th	0.58	0.52	0.58	0.61	0.59	0.01	2%
Preschool/Early Education	10th	0.08	0.10	0.08	0.07	0.07	-0.01	-13%
	50th	0.14	0.18	0.15	0.18	0.21	0.07	50%
	90th	0.23	0.30	0.30	0.35	0.43	0.20	87%
Child Care [b]	10th	0.10	0.11	0.14	0.10	0.08	-0.02	-20%
	50th	0.19	0.20	0.22	0.18	0.16	-0.03	-16%
	90th	0.29	0.31	0.38	0.33	0.28	-0.01	-3%
Child Support	10th	0.24	0.42	0.52	0.56	0.57	0.33	138%
	50th	0.42	0.65	0.80	0.84	0.83	0.41	98%
	90th	0.72	1.01	1.20	1.26	1.21	0.49	68%
Child Health Insurance [b]	10th	0.34	0.34	0.55	0.61	0.68	0.34	100%
	50th	0.48	0.52	0.73	0.79	0.85	0.37	77%
	90th	0.58	0.67	0.89	0.96	1.00	0.42	72%
Housing Assistance [b]	10th	0.03	0.07	0.17	0.16	0.17	0.14	466%
	50th	0.05	0.10	0.25	0.24	0.25	0.20	400%
	90th	0.09	0.18	0.51	0.44	0.44	0.35	389%

* Value not estimated due to zero value for one of the numbers.

[a] State income tax values are calculated only for the 41 states that have state income taxes.

[b] Last year of data is 2013 for targeted work assistance; 2012 for health insurance. First year of data for child care is 1998 and for housing assistance is 1996.

Table 4. U.S. Social Safety Net Policy Indicators 1994-2014: Coefficient of Variation

	1994	1999	2004	2009	2014	Absolute Δ 1994-2014
Adequacy						
Cash Assistance	0.37	0.37	0.36	0.38	0.40	0.03
Targeted Work Assistance [b]	0.46[c]	0.82	0.83	0.83	0.87[c]	0.41
Food Assistance	0.10	0.13	0.12	0.10	0.10	0.00
Unemployment Insurance	0.30	0.26	0.23	0.22	0.24	-0.06
Supplemental Security Income	0.05[c]	0.05	0.04	0.04	0.03[c]	-0.02
State Income Taxes [a]	0.53	0.57	0.59	0.73	0.71	0.18
Preschool/Early Education	0.25	0.25	0.21	0.25	0.26	0.01
Child Care [b]	0.32	0.31	0.32	0.31	0.27	-0.05
Child Support	0.21	0.18	0.18	0.16	0.18	-0.03
Child Health Insurance [b]	0.27	0.23	0.24	0.22	0.24	0.03
Housing Assistance [b]	0.24	0.22	0.24	0.27	0.27	0.03
Inclusion						
Cash Assistance	0.28[c]	0.47	0.46	0.51	0.63[c]	0.35
Targeted Work Assistance [b]	0.47	0.40	0.40	0.34	0.37	-0.10
Food Assistance	0.15	0.21	0.16	0.16	0.15	0.00
Unemployment Insurance	0.30	0.32	0.26	0.21	0.29	-0.01
Supplemental Security Income	0.36	0.37	0.35	0.34	0.34	-0.02
State Income Taxes [a]	0.34	0.32	0.29	0.23	0.24	-0.10
Preschool/Early Education	0.38[c]	0.39	0.46	0.52	0.58[c]	0.20
Child Care [b]	0.36[c]	0.35	0.38	0.43	0.49[c]	0.13
Child Support	0.39[c]	0.31	0.31	0.28	0.29[c]	-0.10
Child Health Insurance [b]	0.21[c]	0.23	0.19	0.17	0.15[c]	-0.06
Housing Assistance [b]	0.38	0.38	0.40	0.40	0.39	0.01

[a] State income tax values are calculated only for the 41 states that have state income taxes.

[b] Last year of data is 2013 for targeted work assistance; 2012 for health insurance. First year of data for child care is 1998 and for housing assistance is 1996.

[c] Bootstrapping of COV difference indicates significant difference in variances (p < 0.05) comparing 1994 (or first year of data) to 2014 (or last year of data).

Table 5. U.S. Social Safety Net Policy Indicators 1994-2014: Synchronicity and Kendall Coefficient of Rank Concordance

	Synchronicity	Kendall Coefficient of Rank Concordance (W)
Adequacy		
Cash Assistance	46 Negative Δ	0.87
Targeted Work Assistance [b]	42 Positive Δ	0.45
Food Assistance	31 Positive Δ	0.82
Unemployment Insurance	47 Positive Δ	0.91
Supplemental Security Income	44 Negative Δ	0.87
State Income Taxes [a]	33 Positive Δ	0.88
Preschool/Early Education	46 Positive Δ	0.69
Child Care [b]	48 Positive Δ	0.70
Child Support	49 Negative Δ	0.74
Child Health Insurance [b]	49 Positive Δ	0.66
Housing Assistance [b]	41 Positive Δ	0.95
Inclusion		
Cash Assistance	49 Negative Δ	0.80
Targeted Work Assistance [b]	30 Positive Δ	0.58
Food Assistance	50 Positive Δ	0.70
Unemployment Insurance	29 Positive Δ	0.89
Supplemental Security Income	45 Positive Δ	0.90
State Income Taxes [a]	28 Positive Δ	0.88
Preschool/Early Education	36 Positive Δ	0.81
Child Care [b]	36 Negative Δ	0.80
Child Support	49 Positive Δ	0.75
Child Health Insurance [b]	50 Positive Δ	0.76
Housing Assistance [b]	50 Positive Δ	0.86

Note: The measure of synchronicity is the number of states changing in the same direction. The Kendall Coefficient of Rank Concordance (W) ranges from zero indicating no association between ranks to one which indicates perfect concordance.

[a] State income tax values are calculated only for the 41 states that have state income taxes.

[b] Last year of data is 2013 for targeted work assistance; 2012 for health insurance. First year of data for child care is 1998 and for housing assistance is 1996.

Separate and Unequal Data and Measure Appendix

Contents

Pre-tax and transfer "market" income

Pre-tax and transfer or "market" income uses the following income components: wage and salary; self-employment; farm; interest; dividends; rents, royalties, estate, and trust income; alimony; private and occupationally-based retirement, survivors, and disability pensions (not including Social Security, Veteran's Affairs benefits, or Workers Compensation); financial assistance from friend/family; and income reported in the "other income" category that were one of the previous types of income. Pre-tax and transfer poverty (market income) is used as the income measure for determining potential need for assistance in order to capture the income resources available prior to any direct transfers or taxes. This differs from the official poverty measure which includes cash transfers. It also differs from the poverty or income eligibility guidelines used by many government programs to determine eligibility which are based on the official poverty thresholds but differ in a number of ways including income level, the way assets are counted, and the time period considered (see http://aspe.hhs.gov/poverty/12poverty.shtml). Counts of the number of families or children falling below the poverty threshold in a given year are weighted to the state level using the person weight assigned to the family or household head. Counts of families or children falling below the poverty threshold are estimated for each year before creating three-year moving averages which are used in the final inclusion measure construction.

Population denominator estimates

The population denominators are calculated not to precisely estimate the population that would qualify for each program in each state. Instead they provide the most valid basis for comparing the extent to which social supports reach economically needy, program-relevant populations in different states and years. Measures of the categorically eligible population with income below the poverty threshold as opposed to estimating the more narrow potentially eligible population based on specific program eligibility rules in order to assess how deep the receipt is into the economically needy population. We are not testing whether states are meeting their own eligibility criteria because they could set very low eligibility thresholds or very restrictive eligibility criteria and serve all those families, but that would not be an accurate measure of serving families in need. The Urban Institute TRIM program can be used along with CPS data to more accurately estimate potentially eligible populations for various programs based on state-specific eligibility rules. We do not use this approach because we are interested in the potentially needy population and what proportion of this group is assisted. This approach allows for better comparability over time within programs such that even as the program eligibility rules change, the measure of the potentially needy stays the same.

CWED Measure Descriptions

Generosity measures are based on Esping Andersen's decommodification index and are based on several characteristics including benefit replacement rates, duration, qualifying conditions and program coverage.

Replacement rates are calculated for a fictive average production worker in manufacturing sector who is 40 years old, has been working for the 20 years preceding the loss of income or the

benefit period. We use the "Family" household type which is defined as: 100% earnings, cohabiting with a dependent spouse with no earnings, two children aged 7 and 12. Replacement rates are calculated by annualizing the benefit for an initial six month spell of unemployment, illness or pension beneficiary (i.e., calculating the benefit for the first 26 weeks and multiplying this by 2).

Coverage is defined as the percentage of the labor force insured for unemployment risk (unemployment insurance); the percentage of the labor force with sickpay insurance (sickness insurance); and the portion of those above official retirement age who are in receipt of a public pension.

Table A1. U.S. Social Safety Net Policy (SSNP) Measure Descriptions and Data Sources

PROGRAM	DIMENSION	MEASURE CALCULATION
Cash Assistance	Adequacy	average yearly cash benefit (TANF/AFDC) per recipient family[1]
	Inclusion	# families on cash assistance caseload / # pre-tax and transfer poor families with children (100% FPL)[2]
Child Support	Adequacy	child support distributions per child support case in which a child support collection was made on an obligation[3]
	Inclusion	families for which a collection was made on an obligation / single parent families with children[3]
Food Assistance	Adequacy	average yearly food stamp/SNAP benefit per participating household[4]
	Inclusion	# of households with children participating / # of pre-tax and transfer poor families with children (130% FPL)[4]
Unemployment Insurance	Adequacy	average unemployment benefit received per spell of receipt[5]
	Inclusion	# of recipients / # of unemployed[5]
Supplemental Security Income	Adequacy	average yearly child disability benefit received[6]
	Inclusion	# children < 18 receiving SSI / # pre-tax and transfer poor children < 18 (200% FPL)[6]
State Income Tax	Adequacy	state income tax that a single-parent family of three pays when their income is at the poverty line[7]
	Inclusion	proportion of poor single parent families of 3 (100% FPL) under state income tax threshold for single parent family of 3[7]
Preschool and Early Education	Adequacy	federal and state expenditures on Head Start and state pre-K per child enrolled in Head Start or state pre-K[8]
	Inclusion	children enrolled in state pre-K and Head Start divided by # of children 3-4 years old[9]
Targeted Work Assistance	Adequacy	expenditures per person in training or work activities including transportation expenditures[10]

	Inclusion	JOBS or TANF work activity participants divided by AFDC/TANF cases[11]
Child Health Insurance	Adequacy	federal and state expenditures on Medicaid child eligibles (94-98) beneficiaries (99-12) and SCHIP enrollees divided by the number of Medicaid child eligibles (94-98) beneficiaries (99-12) and SCHIP enrolled children[12]
	Inclusion	Medicaid eligibles (94-98) beneficiaries (99-12) and SCHIP enrolled children divided by the under 18 pre-tax and transfer poor population (300% FPL) [12]
Child Care	Adequacy	total spending (CCDF and TANF) per child served by TANF and CCDF[13]
	Inclusion	children served by TANF and CCDF divided by # of pre-tax and transfer poor children under 13 (100% FPL)[14]
Housing Assistance	Adequacy	average Section 8 voucher cost per recipient[15]
	Inclusion	number of Section 8 voucher recipients/ # of pre-tax and transfer poor families (100% FPL)[15]

[1] Green Book 1994-96; ACF TANF Financial Data 1997-2014.

[2] Green Book 1994-96; OFA Caseload Data 1997-2014.

[3] OCSE Annual Report to Congress 1994-2014.

[4] USDA Food and Nutrition Service Food Stamp Program Data 1994-2014.

[5] Department of Labor Employment and Training Administration Unemployment Insurance Data Summaries 1994-2014.

[6] Social Security Administration SSI Annual Statistical Reports 1994-2014.

[7] Center on Budget and Policy Priorities 1994-2011; National Center for Children in Poverty 2013-2014.

[8] Children's Defense Fund 1994 and 1999; National Institute for Early Education Research State of Preschool 2002-2014; ACF Head Start Fact Sheets 1994-2009.

[9] Department of Education Digest of Education Statistics 1994-2001; National Institute for Early Education Research State of Preschool 2002-2014.

[10] Green Book 1994-96; ACF TANF Financial Data 1997-2014.

[11] Green Book 1994-96; HHS ACF TANF Work Participation Rates Data 1997-2013.

[12] DHHS Centers for Medicare and Medicaid Services, Medicaid Statistical Information Services National MSIS Tables 1994-2012; Kaiser Family Foundation State Health Facts 1998-2009; Centers for Medicare and Medicaid Services CMS-21 CHIP Expenditure Reports 2010-14.

[13] Congressional Research Service Report (Gish Report) 1992-2000; Green Book 1992-2001; ACF CCDF State Expenditure Data 2003-2014; ACF TANF Financial Data 1997-2014.

[14] ACF CCDF Data Tables 1998-2014.

[15] HUD VMS Data.

Cost of living adjustment check

To assess the extent to which the adequacy measures are associated with the cost-of-living differences across states, we use the state-level all items Regional Price Parity (RPP) index created by the Bureau of Economic Analysis (Aten, Figueroa, and Martin 2012). Specifically, we apply the RPP to the final adequacy measure for years 2008-2014.

There are not large differences in means or range of values from the 90th to 10th percentiles for any of the programs.
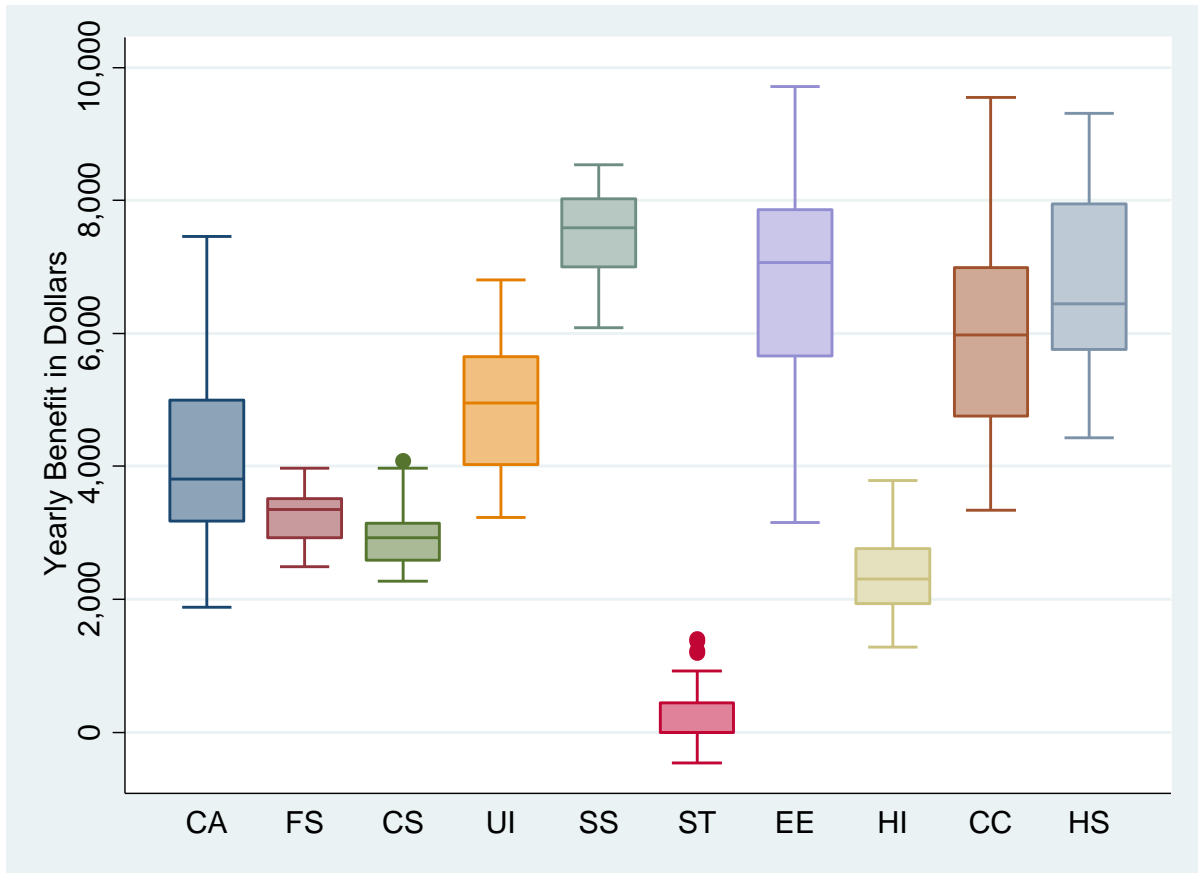
Using adjusted measures actually increases the cross-state variation in three programs: food assistance (COV=0.15), SSI (COV=0.08), and targeted work assistance (COV=0.91). Adjusted measures results in slightly lower levels of cross-state variation in cash assistance (COV=0.34), UI (COV=0.20), state income tax (COV=0.67), preschool and early education (COV=0.25), child support (COV=0.15), and housing assistance (COV=0.20). None of the reductions in the magnitude of variation are 0.10 or greater (the criteria we use to establish a meaningful difference in COVs). In fact there are only two changes that are above 0.05 (cash and housing assistance). There is no change in the magnitude of variation in child health insurance.

Figure A1. Unadjusted Adequacy of Social Provision
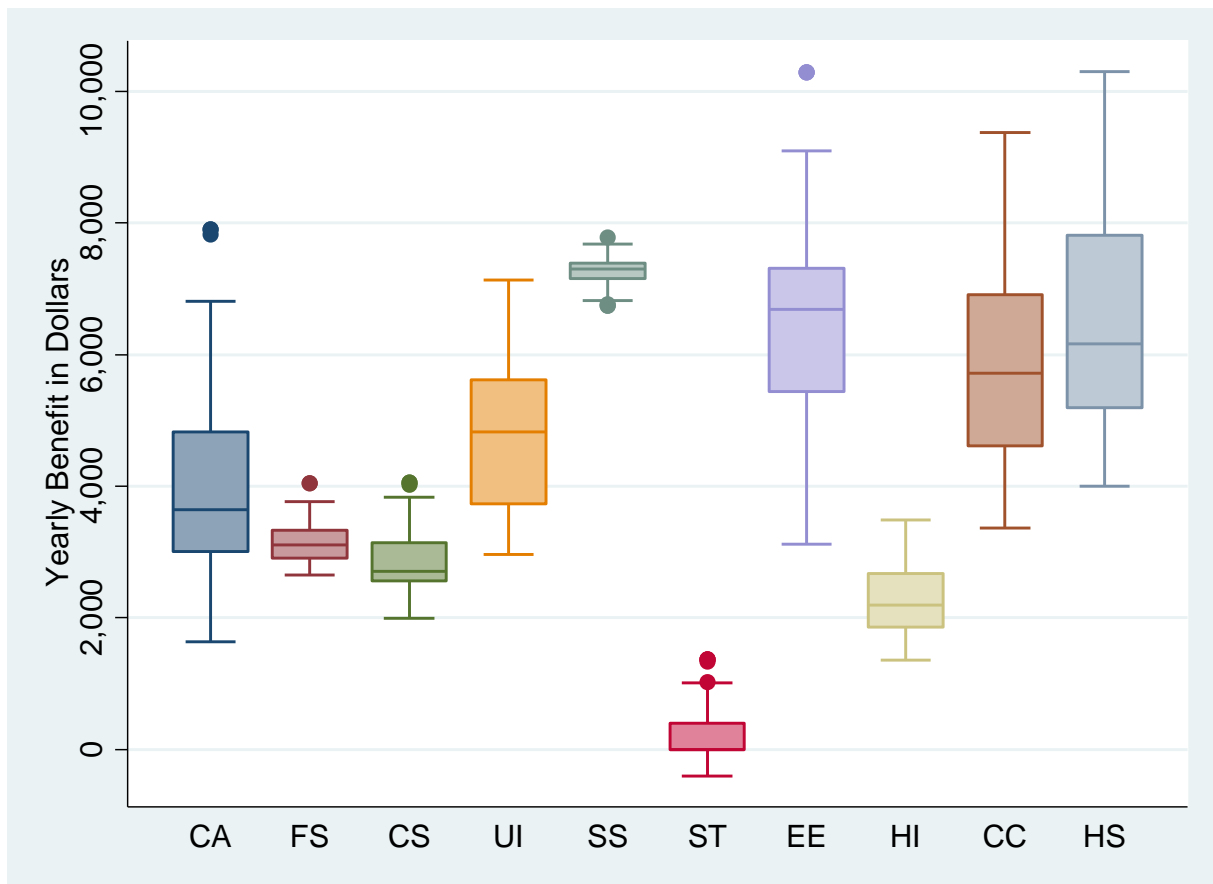
Note: CA=cash assistance; FS=food assistance; CS=child support; UI=unemployment insurance; SS=supplemental security; ST=state income taxes; EE=preschool and early education; HI=health insurance; CC=child care; HS=housing assistance. Colored box indicates the inter-quartile range (25th & 75th percentiles), with the median highlighted; the length of the whiskers are at 1.5 times the IQR; values outside of that range are represented by dots. Cash-assistance based work training is not represented on the graph due to the extreme scale difference.

Figure A2. Adjusted Adequacy of Social Provision

Note: CA=cash assistance; FS=food assistance; CS=child support; UI=unemployment insurance; SS=supplemental security; ST=state income taxes; EE=preschool and early education; HI=health insurance; CC=child care; HS=housing assistance. Colored box indicates the inter-quartile range (25th & 75th percentiles), with the median highlighted; the length of the whiskers are at 1.5 times the IQR; values outside of that range are represented by dots. Cash-assistance based work training is not represented on the graph due to the extreme scale difference.