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Justice and Impoverished Women: The Ethical Implications of Work-Based Welfare

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Abstract

Current U.S. welfare policy, Temporary Assistance for Needy Families, requires impoverished people to work in order to receive welfare, and it limits cash support to 5 years. Most of the people who have used this program are single-parent women, and a disturbing number have been terminated at 5 years, not having made a successful transition to work. The purpose of this longitudinal study was to explore the barriers to success and the social justice of the program from the perspective of single-parent women who were terminated. In all, 41 women were recruited through community-based purposive sampling, and the primary research methods were a qualitative, narrative interview approach and narrative analysis. Data from the semistructured interview guide are reported here. Findings describe health and socioeconomic burdens, and barriers that lie within the social policy. The study has ethical implications for nursing advocacy, and it informs nursing interventions for impoverished women and their families.

Keywords

ethical issues; women's health; welfare reform; community health nursing; vulnerable populations

Health disparity, poverty, and welfare dependence are formidable challenges to the health and well-being of impoverished families, and this has ethical implications for health and social service providers (Braveman, 2004; Hildebrandt & Stevens, 2009; U.S. Department of Health and Human Services [USDHHS], 2000). Just more than 10 years ago, the welfare program in the United States was replaced. The new plan, Temporary Assistance for Needy Families (TANF), requires adults with dependent children to learn work skills and work in order to receive monthly welfare payments, and it limits people to 5 years of this cash welfare support during their lifetime. Goals of the program are to reduce the number of people using the welfare system and build personal responsibility and self-sufficiency through work (Blank, 2002; Bok, 2004). In shaping this major U.S. policy change, health consequences of welfare reform were not considered to be of critical importance, and the intractable nature of some of the barriers were underestimated (Chavkin & Wise, 2002). Health issues have been and remain a significant barrier to success for both the program and the people using it.

Since its inception, there have been well over 12 million TANF recipients (USDHHS, 2005; USDHHS, 2008), and the majority are single-parent women. A disturbing number of the women have used up their maximum lifetime cash eligibility, still unable to adequately support

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themselves and their families (Farrell, Rich, Turner, Seith, & Bloom, 2008). They are among the poorest in America.

In this longitudinal study, we listened to the voices of women who had been terminated from the TANF program. The purpose of this study was to explore the barriers to success and the social justice of the program from the perspective of single-parent women who were terminated without a cash safety net. We focus on poverty, health, and health disparities.

Background

TANF was initiated with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. This new U.S. work-based welfare program replaced Aid to Families With Dependent Children. Administration of the program was devolved to the states and funded through TANF block grants (Blank, 2002; Personal Responsibility and Work Opportunity Reconciliation Act, 1996).

The TANF program provided job training geared to prepare participants for entry-level jobs from which they were expected to progress to jobs with better pay and benefits. A work-first approach was taken by most states; funding for education was limited to obtaining a General Educational Development (GED) credential. The interests and skills of participants often were not taken into consideration when determining the type of job training they received (Blank, 2002).

The program is structured so that individuals can move off and on TANF as needed until they have used 60 months of support. They are terminated when deemed capable of securing an entry-level job, or at 5 years. Thus, it is reasonable to suppose that those participants remaining on TANF for the full 5 years have been unable to secure or maintain entry-level employment. Currently, about one fourth of U.S. states impose even stricter time limits of less than 5 years.

Significant numbers of marginalized women fail to successfully navigate TANF. The program does not provide a viable alternate plan or link to a plan for women who are unsuccessful at transitioning to self-sustaining employment. By 2005, more than 250,000 cases nationwide had been closed because of state or federal time limits, rather than because recipients had overcome the barriers to holding a job or developing the skills to adequately support themselves and their families. "Many of the families whose TANF cases were closed due to time limits are struggling financially and report being worse off than they were while on welfare" (Farrell et al., 2008, page 3). There is no legislated requirement for states to gather outcome data about people after they are terminated from the program, so little is known about how the women and their families are actually faring. The high poverty rate among welfare recipients places them at significant risk for poor health, depression, food insecurity, and homelessness. The further marginalized group of post-TANF women and their families are too often left with diminished income and decreased access to resources and socioeconomic supports.

Poverty

Poverty is a complex phenomenon with no simple solution and has components that stem from the structuring of society and the amount of poverty a society will tolerate. Critics of the TANF system suggest that the program raises both logical and ethical concerns, given its narrow economic scope (Stevens, 2000). Thus, careful ethical scrutiny must be given to placing so much of the responsibility for their poverty on women who are poor and marginalized.

What we know about women enrolled in TANF is that they are poor. Families with barriers that prevent their members from finding and keeping suitable employment are at great risk for having low earnings and often are unable to increase their wages or earnings significantly over

time (Acs & Loprest, 2007; Blank, 2007; Parrott, Schott, & Sweeney, 2007; Zedlewski, Chaudry, & Simms, 2008). Poverty can be a deadening cycle of trying to survive and living at the margins. Threats to survival come from many directions, and often, there are no good solutions or defenses for dealing with them.

Health Disparity

Impaired health is one of the barriers to economic self-sufficiency, and there is a disproportionately higher burden of disease among economically disadvantaged and under-educated persons than among those with higher incomes and education levels (USDHHS, 2000). Women enrolled in welfare have higher rates of mental and physical health problems that persist over time than do women who have not been on welfare (Corcoran, Danziger, & Tolman, 2004; Hildebrandt, 2006; Loprest, 2002; Romero, Chavkin, Wise, Smith, & Wood, 2002).

Mental health limitations are a particular barrier to employment and economic self-sufficiency (Loprest, Zedlewski, & Schaner, 2007). Burton, Lein, and Kolak (2005) found that a majority of low-income women on TANF reported mental health problems. Half of the women with mental health problems also had physical health problems as well as a child with mental and physical health problems.

For many families receiving welfare benefits, barriers to employment are related to a mother's or her children's chronic illness or disability. Single mothers receiving TANF had nearly 5 times the rate of severe disability compared with higher-income single mothers. Families receiving welfare benefits are twice as likely to have a disabled child than nonwelfare families, and caregivers spend significant amounts of time getting children to and from appointments and services (Lee, Sills, & Oh, 2002; Loprest et al., 2007).

Finally, families facing multiple barriers are even less likely to have income from stable employment. Mothers with multiple barriers are more likely to stay on TANF longer and less likely to progress toward financial independence than those coping with single employment barriers (Skinner, Slattery, Lachicotte, Cherlin, & Burton, 2002). TANF legislation does not require gathering data about women who have used up their 5-year lifetime limit of welfare support, but such data are needed to build better interventions.

Ethical Concerns

Ethics is about making choices; not all choices, but only those having to do with what is moral—the values of “right” and “wrong.” Ethical decision making in health care is based on Kant's ethical framework of deontology that structures duties and obligations guiding human conduct. These include humanistic principles of respect for persons, beneficence, and justice or fairness. Within this framework, these duties and obligations are unconditional commands, morally necessary in all situations.

Biomedical ethics and ethical decision making in U.S. health care reflect this deontological thinking and practice; thus, the nursing profession also espouses this ethical perspective and these values. They are expressed in professional practice when nurses work to ensure human dignity, fairness, and nondiscrimination in care delivery, and encourage legislation and policy consistent with this quality of health care. Social justice has a direct relationship to health disparities and health care (American Association of Colleges of Nursing, 2007). The ethical obligation for justice and fairness is an important perspective from which to assess the TANF program and its impact on the health of economically disadvantaged and otherwise marginalized U.S. families.

Ethical principles drive government assistance for the disenfranchised, but when ethical motivation fails to move a society to attend to the vulnerable, enlightened self-interest often will. Motivation is then the knowledge that poverty will harm all of society because it results in an underskilled workforce with limited education, limited buying power to fuel the economy, and higher levels of violence, crime, and illness (Holzer, Schanzenbach, Duncan, & Ludwig, 2007; Moss, 2000). In the words of Dr. Martin Luther King Jr. (1963), "We are caught in an inescapable network of mutuality tied in a single garment of destiny. Whatever affects one directly affects all indirectly."

In this study, the TANF program was measured against the ethical principle of social justice: the upholding of moral, legal, and humanistic principles. Health and poverty issues were explored from the perspective of women who were terminated from the TANF program.

Method

The primary research methods used for this study were a qualitative, narrative interview approach and narrative analysis. The setting was a large urban county in a Midwestern state. Forty-one women were recruited using community-based purposive sampling. Flyers were placed in community settings where they could be picked up by people interested in participating in the study. Inclusion criteria were being female, English speaking, at least 18 years of age, and having had at least 57 months of TANF cash support. Participants were interviewed in their homes or in community settings of their choice such as local libraries and community agencies where privacy could be assured. Informed consent was obtained from participants prior to interviews, and the women were paid an incentive of \$30 for each interview. A semistructured interview guide and a demographic data form were used to gather the data reported here. Over the course of a year, the women shared their experiences in up to four interviews, each of which was approximately 2 hours in length. The study had Institutional Review Board approval, and data were collected from 2007 to 2009.

Analysis

Through face-to-face interviews done over the course of a year, the research team sought to understand the barriers, strengths, and experiences described by women who had timed out of the TANF program and been dropped from its rolls, often still lacking adequate work-related skills to hold a self-sustaining job. Just three participants did not complete all 4 interviews; 157 interviews were completed out of a possible total of 164.

Interviews were audiorecorded, transcribed verbatim, and entered into NVIVO, a qualitative data management program. A set of 45 codes was identified, and interview data were sorted into these categories. Team members coded the interviews they had conducted. The team members used joint coding exercises to develop common coding conventions for internal consistency. Interviews were analyzed using multistage narrative analysis. Within-case and across-case analysis highlighted commonalities and differences in women's perceptions of the TANF program. Demographic data were entered into SPSS-PC for Windows software to facilitate analysis of participant characteristics.

Results

The data showed that women who stayed on TANF for this 5-year lifetime limit still had multiple barriers that prevented them from acquiring adequate job skills or securing or retaining jobs. Issues of race and ethnicity played a role in this program. In 2007, in the state where the study was conducted, African Americans made up about 65% of the state TANF enrollment but made up 85% of the people who had been on TANF for 57 months or more and were nearing the termination point (Department of Children and Families, 2007). Because people were

terminated as soon as they were considered ready to work, these data suggest that women from minority groups may have higher barriers and fewer resources with which to make a successful transition to work. Some of the barriers can be interpreted to be a result of a lifetime accumulation of racial bias, disenfranchisement, and marginalization, or an uneven distribution of services and resources during the TANF years. From a perspective of social justice, this is very sobering.

The sample of women for this study was 90% (37) African American, one of whom was Hispanic–African American; 5% (2) non-Hispanic Caucasian; and 5% (2) non-Hispanic Native American. At the time of the first interview, the mean age of the women was 38, with the youngest aged 22 and the oldest 57; 41% (17) had completed high school. The median number of children per family was three, and the median number of people per household was four. In all, 29% (12) of the women were working, 71% (29) were not working, and 25% (10) had no formal means of income. The mean annual household income was \$8,520 and ranged from \$0 to \$36,000. Half the households had incomes of less than \$630 per month.

In our sample of 41 women, we found that 97% (40) of the families terminated from TANF were below the poverty level, and 65% (27) were at or below 50% of poverty; that is, they would have needed at least twice as much income as they actually earned to get up to the Federal Guideline for poverty (Department of Health and Human Services, 2009). Being at 50% of poverty is termed “deep poverty,” a level where normative development of children is at risk. These data suggest that many families who were not successful in TANF continue to be extremely poor, putting them at grave social, economic, and health risk.

In what follows, we present stories shared by the study’s participants. They illuminate the women’s perceptions of the injustice or lack of fairness in the TANF program and how the program worked or did not work for them.

Not Enough Education or Training to Make a Self-Sustaining Wage

Lack of education was often a barrier. One goal of the TANF program was to have enrollees obtain their GED if they had not completed high school, yet after 5 years on TANF, just 18% (7) of the women in this study had completed a GED, and 41% had not finished high school or obtained a GED. Women described it this way:

- It’s not that easy to find a good job out here if you don’t have schooling, you don’t have a diploma or a GED or nothing, so it’s not easy at all. When I signed up, they just, it was like, well, um, you’re not going to receive any cash benefits because you are job ready. I get out there and get a job that’s paying me some quarters, I guess because I haven’t finished school.
- I worked at the city public schools. I did that for almost two and a half years. Food service worker, and it was interesting, but it wasn’t enough money and not enough hours. And then they were cutting hours. They also were cutting jobs too.

Some participants entered the TANF program with entry-level job skills or informal income-generating abilities such as hair braiding or cooking but had personal or family barriers that prevented them from being successful at getting or keeping full-time formal employment. TANF training did not give many of them enough income on which to live or teach them adequate self-management skills—with or without their informal incomes. Additional barriers in entry-level positions included few or no benefits such as vacation, sick leave, unaffordable copays for insurance, and little or no opportunity for advancement. One woman said as follows:

If they’re gonna give you some type of training or help you some type of way, it should be long enough. It should be long enough if they’re gonna give you the training that they claim they are.

When asked how she made ends meet, one woman had this to say:

Actually my ends don't meet. There's a big gap in there, I'm just—I'm living, I'm getting by. My son has a little part-time job where he works on the weekends because he does sports and he's still in school and everything, so he'll help do whatever he can, and he only makes about \$60 a week, but it's better than nothing. Every little bit helps. And I don't want him to have to leave school to try to help me, that's like—that's my worst fear.

Health Issues

In the sample population, 100% of the women stated that they or their children had chronic health problems; 93% of the women had one or more chronic health problems, and 83% of children had a health problem. One woman explained her problem this way:

Yeah, my feet. I have pain from my back down to my feet, actually. And they did surgery when I was born to correct my feet because when I was born; what I understand is I had fetal alcohol poisoning ... I had a stroke and ... they had to break my feet and correct them the right way. I went through like 20 surgeries. I ain't supposed to walk, but I started walking when I was about three.

The following comment is from a woman with a disabled child:

If I have a child who is sick I have to work around it, and I just tell them. I can always get another job, but my child, you know, comes first. I had to take off because one of my kids was sick, and I had to run back and forth to the doctor with my son. I mean, hey, my kids come first to me.

Patchwork, Uncoordinated, Inconsistent, Inflexible Resources

Women in poverty have limited options for services and physical resources, and for women who were dropped from TANF, finding reliable resources has been difficult. The women in this study spoke of limited access to reliable, quality child care services and transportation to jobs located outside of bus lines. They were unable to afford housing in neighborhoods where their children could play safely. Their situations made it hard for them to meet family obligations.

- I think if I had a reliable transportation, and child-care, I would have a good job and be able to keep it due to I'd be able to make it there. You know, I wouldn't have to be worried about buses. 'Cause now I don't have transportation.
- We went to the food pantry yesterday and all of them was closed. Or they were saying we wasn't in the region, like this one, we came to this one. Went to two yesterday and they told us to come back here at 12:00 today. So I said okay.

Many have disabilities that prevent them from doing full-time work. An assumption about TANF appears to be that women on welfare are able to work because if they were not, they would be in other programs such as Social Security Insurance or Social Security Disability Insurance (SSI/SSDI). This has made it difficult for them to meet the work expectations of TANF or be heard and taken seriously by evaluators for the other support programs. Most were realistic about the disabilities and chronic health problems from which they and their families suffered; they perceived TANF as not effective enough to mitigate or reverse their barriers. Women in the study generally perceived TANF workers as unhelpful with the SSI application process, though one woman did talk about her TANF worker helping her apply and reapply. Another said,

I don't know why they would figure you can't be 33 and disabled or 31 or 15 for that matter, if you're disabled, you're disabled, so I don't know. They trying not to give

SSI to me. But at this stage, I guess they're supposed to make sure, because I know they deal with a lot of fraud and they have to make sure that a person is disabled but yeah, I need assistance, it's not like I can go get a job and be okay because I can't, I barely can get off the bed every day. ... Like some days I can walk without my knee brace, most days I can't. I have splints for both of my hands that I have to wear when I sleep. I can't lift my hands over my head. My doctor got me on no stooping, squatting, lifting. I'm not supposed to walk more than one block. I'm not supposed to stand more than ten minutes. My body is just screwed up. I tell my kids, my body is broke.

This woman is off of TANF, where she essentially marked time. She is still reapplying for SSI for her incapacitating rheumatoid arthritis with her physician's support and a lawyer who works for a fee payable if the woman eventually receives SSI.

Poverty

Women in poverty, or deep poverty, were not the only people in their support system who were that poor. Parents, siblings, and friends within their support system were often no better off. Without support it is exponentially more difficult to climb out of poverty. One study participant expressed it this way:

- I have a large family, but no one is in a position where they could just give you something. My grandmother, she's financially stable, but my great granny's not; one of my aunt's is financially stable but there's a lot of us and if she gave everybody that wanted something or needed something, then she'd be in the same boat as we are. ... I have one brother and one sister, but my grandmother has six kids and there's 22 grandkids from that and out of the 22 of us, 34 great grandkids. So there are a lot of us, and I'm the oldest ... it's a lot of babies. There's five more on the way right now ... Everybody lives in walking distance—well most.
- I gave my landlord everything. He's a little worried. ... He's talking about, he can't really help me too much more. So we're talking eviction. I gave him \$300. My son is going to give him \$275. That's sad, too, but, at least we'll have a month.

Being threatened with eviction or being unable to afford rent was an all too frequent occurrence. Sometimes, this required moving in with a reluctant relative or going to a shelter.

Unstable Lives as a Barrier to Work

Women marginalized by poverty often live in situations they cannot control. Threats can be domestic violence that results in missed days of work as a result of recovery time or the need for medical attention related to a black eye, cracked rib, or broken tooth. Almost 50% of the women in our study reported that they had experienced violence or violent relationships.

I went through a domestic violence situation from [my children's] dad. He was drinking heavily because he was unemployed and I guess he started trying to take it out on me. He didn't even know what he was doing because he didn't even remember it the next day. And he had bust out all the widows out of the house. So he had to do six months and I didn't have a job. I had been unemployed for about six months at that time myself. He ended up in jail and I ended up in a shelter. He'd had his job for 13 years.

One mother talked of being unable to keep her adolescent children safe:

Some guy shot in our house because my daughter got into it with some girls. She said she was going to go get her brother because there was some guys out there and that was it. They were saying we're going to kill your brother before he can come out. Like wow. So we wound up moving, but I said that's crazy, you going to get your

brother killed because you're out there on some crack that he don't even know nothing about.

Women did what they could to restore stability, knowing or hoping they can always look for another minimum wage job. Sometimes nothing they did helped enough.

The TANF System

The TANF system itself presents a significant barrier, and that barrier appears to be larger than it needs to be. For example, resources that in the past had been grouped with welfare were uncoupled from TANF welfare, and women described how they often had to apply for each of them at a different location. This required women to pay for additional bus tickets and give up work days to keep appointments to apply and reapply for these services. They often waited in line to sign up for food stamps, Medicaid, and child care. They also waited in line for energy assistance with their heating and electrical bills.

TANF work expectations essentially required that women give up their previous income generating activities or part-time jobs that interfered with TANF classes and appointments. If they missed appointments, they could be punished with sanctions (reduction of their TANF income or suspension from the program). Many of the women perceived TANF as not giving them enough income on which to live or not teaching them adequate self-management skills—with or without their informal incomes, which ranged from cooking and hair braiding to survival sex. They often had not understood the limitations of the program. While on TANF, they felt caught in this program that did not meet their needs but that would have to do until something else came along.

Even many months after the women in this study had put TANF behind them, they expressed their frustration with the program:

Some of 'em would just be totally rude to you. [They would say] "Well, there ain't nothing I can do about it. You're just gonna have to wait." I've been sitting there waiting, I've been waiting two weeks. My kids is hungry, I'm hungry, and you're gonna sit here and talk to me like that?

A strong emphasis in the TANF program was to move people off welfare, and TANF workers became the vehicle to enforce the rules to make this happen. This is quite a different perspective from focusing on finding solutions to client problems. "Customer service" in social service agencies translates to respecting people, but while in the TANF program, the women frequently perceived this as missing. At the local level, TANF workers were perceived as ill-prepared to case manage the complex needs of their clients and the equally complex resource system. They were perceived as failing to consider individuals' health status, personal limitations, or family responsibilities when scheduling appointments. Women felt they were treated unjustly and inequitably; their race, their poverty, and their vulnerability made them easy targets.

- Sometimes some of the workers treat you badly, they talk to you like you're stupid, they just treat you like you're nobody. They make you wait a long period of time, your appointment can be at 8:45 and you get there promptly and you won't get seen until almost it's time for them to go to lunch and sometimes you have to wait until they're done with their lunch.
- Yeah, there are some good people there, but I'd have to say the majority that I've experienced looked down on you, treat you like it's their money they're giving you.

Summary

Women in this in-depth study had barriers in their lives that included inadequate education or training for self-sustaining employment; untreated and undertreated mental and physical health

problems; uncoordinated, inconsistent, or inflexible resources; poverty; unstable lives; and the TANF system itself. The treatment of the impoverished mothers was often perceived by them as demeaning—thus, unfair and unjust. When they tried to get services for their families, they were too frequently met with disrespect or apathy. This disparity in treatment was compounded when referral efforts were ineffective for reasons related to the people and/or systems involved or when advocacy was inadequate for education or training programs or for access to appropriate health and socioeconomic resources.

Discussion

This study is one of just a few studies that have looked at the TANF program outcomes after people have been terminated. We used the ethical principle of social justice as the lens through which to examine TANF policy. This federal program influenced states to move toward work-first policies rather than education-first policies. Education was further eroded in implementation when those with some entry-level work experiences felt that they were overlooked or bypassed for receiving any education benefits—not even GED preparation classes. This approach produces workers for jobs with wages that do not sustain single-earner families. Such lack of attention to basic education is short-sighted and sets up already vulnerable participants for failure in the workplace. Skills that the study participants brought with them when they enrolled in TANF had not been adequate for self-sustaining employment. When the women were assessed and indeed found to have some basic skills, they did not perceive case managers as following through with appropriate training placements to expand those skills.

Solutions to many of the women's barriers fell outside of this narrowly defined work program and the expertise of the TANF workers. Case management was weak compared with the need to connect the more challenged women with the resources they needed to overcome those barriers. Many people were terminated from TANF because they were identified as ready to work as soon as they had a GED and entry-level training such as a nursing assistant course or day care attendant experience. But for some women, such as some of those we interviewed, the barriers were so obvious that the women were maintained on TANF until they had exhausted their 5 years. The women were terminated at 5 years, without their very real barriers resolved (limited education, unstable living situations, health problems exacerbated by being single-parent providers, and inadequate job skills for self-sufficiency), and they continued to try to meet their needs with the skills or level of skills they had 5 years earlier. Unresolved barriers placed many women who were "stayers" at a disadvantage in the workplace, such that they can barely survive on their current limited resources. They are at very high risk for failure, and neither the state nor the individuals have had long-term benefit from this 5-year "investment." For the women, this was an exercise that was neither ethical nor cost-effective.

When TANF is used to provide subsistence funding for people who do not belong on TANF because of their recalcitrant barriers, but who cannot get into the appropriate programs they do need, it must be flagged as unjust bureaucratic process and access to services. It is an inappropriate use of TANF funding and a disservice to the person who has to use it.

Termination from the program prior to achieving the skills necessary to sustain gainful employment or ineffective alternate referrals with little advocacy placed them at an unjust disadvantage and do not meet the standards of fairness or justice. Removing the gaps in this program is a moral imperative.

"Fixing" their job skills did not fix a domestic violence issue or their chronic health problems or meet the special needs of their children, all of which kept them from meeting employer expectations. Having a GED often did not impress potential employers, and during economic

downturns they will be particularly vulnerable in the job market. The data from women interviewed for this study suggest that these families who were not successful in TANF are at grave risk. This group includes individuals with health problems and multiple barriers to work that cannot be adequately addressed within the narrow get-a-job scope of current TANF programming. There is reason for logical and ethical concern here.

Recommendations

The TANF program can be improved to meet the significant needs of high-risk people who need a better program to survive.

- There must be a major shift in the TANF approach from enforcer to helper that allows users to shift from being the victim of poverty and welfare to being a participant in a self-management process:
- It is imperative to develop research-based strategies to address identified and emerging health and socioeconomic issues. Given the scarcity of program outcome data, the evidence base is not adequate to design policy for interventions that could appropriately and equitably support the population terminated from the TANF program as well as other U.S. families in poverty.
- Early adequate assessment on entry or early adequate follow-up with the assets and barriers identified by this assessment must be assured to participants.
- For people who stay in the program for longer periods of time, close case management and appropriate referral with vigorous follow-up advocacy needs to be extensively piloted.
- Finally, a program that would extend beyond 5 years must be considered for some participants and must include protections for impoverished women with children who need a more effective safety net. Leaving families with health and socioeconomic barriers without a subsistence safety net once they have been terminated from the program creates an urgent need to find better, different ways to help them achieve a level of health and self-sufficiency that facilitates their becoming economically self-sustaining.

A strong focus on health issues is imperative for this social program, and professional nursing is well suited to provide leadership, expertise, and evidence-based intervention in identifying and resolving barriers related to health and public health. Professional nursing has a covenant with society to protect and promote the health of citizens and communities (American Association of Colleges of Nursing, 2007); we must face the health implications of social programs and look for solutions to disparities that place excessive burdens on vulnerable populations.

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