

“Beating the Odds” Versus “Changing the Odds”: Poverty, Resilience, and Family Policy

Mixed in with national data on declining poverty rates are other signs that poverty, economic hardship, and inequality continue unabated. This essay examines: (a) the scope of poverty and the growing disparity in income and wealth; (b) the consequences of poverty of adults and children; and (c) strategies for improving their resilience. It is suggested that resiliency will be enhanced more by keen attention to national economic policies than by focusing upon individual personality characteristics, family attributes, or even unique community features. Drawing on a public health analogy, a focus on prevention (through sound economic redistribution policies) could significantly strengthen families and improve their well-being.

The U.S. Census Bureau has reported seemingly good news: median income in the United States is up, and poverty rates among families, single adults, and children are down. Every racial and ethnic group experienced a drop in the number of poor and the percent in poverty, as did children, the elderly, and people ages 25–44 (U.S. Census Bureau Public Information Office, 2001c).

Amid this good news is a second, contrasting story. Despite a robust economy during the 1990s, income inequality has steadily increased and the gap between rich and poor is the largest in recent

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history. Many employed individuals remain financially vulnerable; the purchasing power among those in poverty has been steadily eroded; families leaving welfare for work earn wages of only \$6.50 per hour with few medical benefits attached to their jobs—far below what is needed to lift them out of poverty; the percentage of individuals living in extreme poverty (i.e., less than 50% of the poverty line) has remained stable at nearly 40% of the poor; and the percentage of poor children who are food insecure (i.e., have difficult obtaining enough food, have reduced quality of diets, report anxiety about their food supply, or experience moderate to severe hunger) has increased (Federal Interagency Forum on Child and Family Statistics [FIFCFS], 2000; General Accounting Office, 1999; U.S. Census Bureau, 2000b). Finally, the terrorist attack on September 11, 2001 has steered the U.S. towards a recession—even more people may feel the sting of poverty and economic insecurity.

Poor families, defined as a family of three with an income under \$13,874 or \$17,463 for a family of four, face serious and debilitating problems (U.S. Census Bureau, 2001). They are more likely to experience violence, hunger, poor health, stress, and abuse. Poor children are more likely to live in unsafe neighborhoods, to go without recommended vaccinations, to have difficulty in school and eventually drop out, and to become teen parents. Poverty makes living conditions difficult and jeopardizes future well-being (Children's Defense Fund, 1998).

Yet despite the toll that poverty can take, some

adults and children overcome this adversity and lead successful, well-adjusted, and competent lives. In the face of poverty's many obstacles, they have overcome most or all of them. Many poor couples have high levels of marital quality, do not divorce, and do not express their stress in violent ways. Many children living in poor households have excellent health, are successful in school, are socially well-adjusted and do not engage in deviant activities, and do not reproduce their parents' poverty.

These individuals are *resilient*. Resilience is a multifaceted phenomenon that produces the ability to thrive despite adversity. The term is derived from Latin roots meaning, "to jump (or bounce) back" (Silliman, 1994). It can be defined as the capacity to rebound from adversity, misfortune, trauma, or other transitional crises strengthened and more resourceful (McCubbin, McCubbin, Thompson, Han & Allen, 1997; Walsh, 1998).

It is an active process of endurance, self-righting, and growth in response to crisis and challenge. . . Resilience entails more than merely surviving, getting through or escaping a harrowing ordeal. In contrast, the qualities of resilience enable people to heal from painful wounds, take charge of their lives, and go on to live fully and love well (Walsh, 1998, p. 4).

Considerably less is known about these successful individuals than about social problems associated with poverty. Most social scientists prefer to focus on social problems, rather than on the ways in which seemingly vulnerable people avoid problems.

This article takes stock of what is known about families in poverty, both its deleterious consequences and the factors that enable families to rebound from the disruptive life challenges associated with poverty. This review has three substantive areas: (a) an overview of the scope of poverty and the growing disparity in incomes; (b) the consequences of poverty for adults and children; and (c) strategies for improving the resiliency of impoverished families. A critical theme in this essay is that the widely held view of resiliency as an individual disposition, family trait, or community phenomenon is insufficient. Using a structuralist approach, I suggest that resiliency cannot be understood or improved in significant ways by merely focusing on these individual-level factors. Instead, careful attention must be paid to the structural deficiencies in our society and to the social policies that families need in order to be-

come stronger, more competent, and better functioning in adverse situations. Poverty is a *social problem*, not merely a personal one, and meaningful solutions and ways of coping must be structural in nature.

THE SCOPE OF POVERTY AND INEQUALITY

Cross-Sectional Data

The good economic news described above is based on cross-sectional data from the U.S. Census Bureau that allow for comparisons of poverty rates over time. The poverty rate in 2000 was 11.3%, down from 13.5% in 1990 (U.S. Census Bureau, 2001, U.S. Census Bureau Public Information Office, 2001b). This was the lowest in 21 years and comparable to the record low of 11.1% set in 1973. Blacks (22.1%) and Hispanics (21.2%) witnessed a significant decline in poverty between 1999 and 2000. Blacks achieved a new all-time low poverty rate, whereas the rates for White non-Hispanics, Asians, and Hispanics matches the all-time low.

Income Inequality

Despite these apparent gains, other measures of poverty are less positive. A second way to assess the scope of poverty is to explore it in *relative* rather than absolute terms—how are the poorest U.S. households doing relative to others?

Data released by the Congressional Budget Office (CBO) show dramatic increases in income and wealth disparities during the 1980s and 1990s (Shapiro, Greenstein, & Primas, 2001). CBO data are based on information from the Internal Revenue Service (IRS) from income tax returns along with data from the Census Bureau. CBO calculations include in-kind or noncash income, such as income from food stamps, housing assistance, and health insurance coverage. It also counts as income payments that low- and moderate-income working families receive from the Earned Income Tax Credit (EITC). Thus it uses components of the IRS and Census Bureau to create a profile of income inequality over time.

Their data reveal that income disparities between rich and poor households, and between the rich and the middle class, were considerably wider in 1997 (most recent data available) than at any other time over the prior two decades (Shapiro et al., 2001). There has been a linear change in average after-tax income among various income

groups in the U.S. between 1979 and 1997. The poorest 20% of the population experienced a decline in income, whereas the wealthiest 1% of the population experienced significant gains of 157%.

Disparities in overall household wealth are growing linearly as well. Wealth, which includes stocks, real estate and other assets in addition to income, has declined by over 76% among the bottom 40% of households whereas it has increased by approximately 21% for the richest 40%.

There are a number of reasons for the growing inequality in the U.S. First, changing tax burdens favor wealthier households. Second, wage distributions have become more unequal with highly skilled, trained, and educated workers experiencing significant wage gains whereas those at the bottom experience losses because of global competition, decline in union membership, decline in the real value of minimum wages, and increasing use of temporary workers. Third, there has been growth in female-headed households, which tend to have lower incomes. Finally, men with higher-than-average earnings tend to marry women with higher-than-average earnings.

Other Assessments of Poverty

Rank (2001), in his recent review of poverty research, suggests three additional dimensions are helpful in appraising the true scope of poverty: (a) longitudinal dynamics; (b) comparative studies; and (c) life course risk. Examining poverty from these additional frameworks provides a more inclusive understanding of its scope.

Longitudinal dynamics. Several longitudinal studies have examined poverty patterns over time, tracking the same individuals over a number of years, and reinterviewing them at regular intervals. These studies reveal that most poverty spells are less than 2 years in length (Bane & Ellwood, 1986). However, because most people do not move very far up the income ladder when moving out of poverty, a crisis such as a serious illness or a job layoff can quickly put them into poverty again. Using data from the Panel Study of Income Dynamics (PSID), Stevens (1994) estimated that of all persons who moved out of poverty, half were again poor in 5 years.

Comparative studies. Another method to address the scope of poverty is to compare the rates of poverty in the U.S. to those of other countries (Bergmann, 1996; Smeeding, Rainwater, & Burt-

less, 2000). The Luxembourg Income Study (LIS) shows that the poverty rate in the U.S. is the highest among the 18 industrialized countries examined, regardless of the poverty measure used. For example, using a method that defines poverty as the percentage of persons living with incomes below 50% of the median income, Smeeding et al., (2000) found that 18% of people in the U.S. were in poverty, more than twice the average of the other countries. Although U.S. poverty is thought to be relative rather than absolute, inadequate nutrition, lack of proper medical care, and substandard housing can be life-threatening.

Life course risk. Another approach is to examine the risk of poverty across a person's lifespan. Recent research reveals that many people will be poor sometime in their lifetimes. Using the PSID, Rank and Hirschl (1999a, 1999b) estimated that between the ages of 20 and 85, two-thirds of adults experienced poverty for at least 1 year. Among children, 34% spent at least 1 year below the poverty line, and 18% experienced extreme poverty, (i.e., less than 50% of poverty). Examining poverty from this framework illustrates that a fall into poverty is not uncommon.

Possible Consequences of Poverty for Families

Adults. The potentially harmful health effects of poverty on adults are numerous. Poor adults have significantly higher morbidity and mortality statistics and have a lower life expectancy than other adults. They are more likely to work in dangerous occupations, live in unsafe neighborhoods, and their homes are more likely to be located near toxic sites. A review of virtually any medical sociology textbook will reveal that income is highly correlated with health and disease, using both objective and subjective measures (Weitz, 2001).

Poverty affects adults in other ways. One issue with far-reaching consequences for families is that poor men and women are less likely to marry. Poverty undermines economic security and makes men less attractive marriage partners (Wilson, 1996).

Poverty and other forms of economic hardship (i.e., low income, unstable work) may undermine marital stability (Conger, Ge, & Lorenz, 1994; Conger, Rueter, & Elder, 1999). Poverty is associated with lower levels of marital happiness and greater marital conflict because of greater stress. Conger et al. (1994) suggested that economic hardships lead to depression, which can contribute

to hostile marital interactions that can lower marital quality.

Children. The negative consequences of poverty for children have also been documented and appear to intensify the longer a child is impoverished. Perhaps foremost, compared to other children, those reared in poverty have poorer physical health and more chronic health problems (see FIFCFS, 2000; Seccombe, 2000 for reviews). The higher incidence of health problems begins within the first year of life, as many poor mothers receive inadequate prenatal care resulting in higher than expected rates of babies with low birth weight or birth defects. Poor children continue to suffer from a variety of ailments at higher rates than do other children because of environmental hazards, inadequate diets, and lack of access to health care. Consequently, only 68% of children in families below the poverty line were reported to be in very good or excellent health in the National Health Interview Survey (NHIS), compared with 86% of families at or above the poverty line (Federal Interagency Forum on Child and Family Statistics, 2000). Moreover, 25% of poor children lack health insurance, a primary mechanism for accessing the health care system, compared to only 6% of children in families with a household income of approximately \$85,000 a year, or 5 times the poverty line for a family of four (Office of Health Policy, 1998).

Poor children, compared to other children, also have more socioemotional and behavioral problems and are more likely to lag behind other students and have problems academically (FIFCFS, 2000). Entering kindergarten, only 38% of children with mothers who had not completed high school (a group with high rates of poverty), were proficient in recognizing letters compared to 86% of children with mothers who had a bachelor's degree or higher.

Poverty also affects how parents interact with their children. The quality of the home life has been found to differ. Poor parents use a less nurturing and more authoritarian approach to parenting and administer more inconsistent and harsher physical discipline (Conger et al., 1993). As a result of the strains associated with poverty, the frequency and severity of domestic violence is found to be higher, including child abuse (Gelles, 1992).

The Children's Defense Fund ([CDF], 1994) has attempted to quantify the long-term effects of poverty on children. Using four methods, CDF estimated the impact of children's poverty in the

U.S. on the value of their paid work later in life. Each method used a different data source or asked the question in a different manner to isolate the independent effects of poverty, yet each had relatively similar results. These analyses suggested that every year of child poverty costs tens if not hundreds of billions of dollars in future productivity.

Resiliency in the Face of Poverty

Poverty has grave consequences for families. Nonetheless, it is important to recognize that not all poor families, or perhaps not even most poor families experience these deleterious outcomes. Many impoverished families beat the odds and have stable, loving relationships. Wolin and Wolin (1993) estimated that two-thirds of at-risk children who suffer major trauma do not develop developmental problems.

The Kauai Longitudinal Study (Werner, 1994; 1995; Werner & Smith, 1989; 1992), based on 698 children born in 1955 on the island of Kauai in Hawaii, examined the long-term effects of growing up in high-risk environments, following the children for nearly 40 years. Most of the children were born to unskilled sugar plantation workers of Japanese, Filipino, Hawaiian, Portuguese, Polynesian, and mixed racial descent. Fifty-four percent of the children were poor. Nearly one-third were considered high risk because of exposure to a combination of at least four individual, parental, or household risk factors such as having a serious health problem, familial alcoholism, violence, divorce, or mental illness in the family. The children were assessed from perinatal period to ages 1, 2, 10, 18, and 32 years.

The research team found that two-thirds of high risk two-year-olds developed learning or behavioral problems by age 18 but one-third did not. These children developed into stable, competent, confident, and productive adults, as rated on a variety of measures. In a follow-up at age 40, all but 2 of these individuals were still successful. In fact, many outperformed children from low-risk families. A key finding was that resiliency can be developed at any point in the life course. Among the children who had learning or behavioral problems at age 18, 50% did not exhibit these problems at age 30. Instead, they had satisfying jobs, stable marriages, and in other measures were deemed successful by the researchers.

IMPROVING THE RESILIENCY OF IMPOVERISHED FAMILIES

Individual, Family, and Community Factors

The roots of resiliency research lie in the disciplines of psychiatry and developmental psychology. Not surprisingly, most research on resilience has focused on three *individual-level* factors to improve resiliency in the face of poverty: (a) personality traits and dispositions, (b) family protective and recovery factors; and (c) community strengths. These factors place the likelihood of resilience primarily on unique, situational, or random experiences of persons—either individually or in families and communities—and downplay the importance of social structure.

Individual personality traits. Individual personality traits include a positive self-concept, sociability, intelligence and scholastic competence, autonomy, self-esteem, androgyny, good communication and problem-solving skills, humor, and good mental and physical health (Garmezy, 1991; Rouse, 1998; Wolin and Wolin, 1993). For example, the resilient high-risk adolescents in the longitudinal Kauai study had developed a sense that obstacles were not insurmountable and they believed that they had control over their fate. They had a high degree of self-esteem and self-efficacy, and many developed a special skill or hobby which was a source of pride.

Family. Family protective and recovery factors are central features of the resiliency literature. Family protective factors (FPF) are those that shape the family's ability to endure in the face of risk factors. Family recovery factors (FRF) in combination with FPF assist families in bouncing back from crises (McCubbin et. al, 1997). Key characteristics of resilient families include warmth, affection, cohesion, commitment, and emotional support for one another. However, if parents are not able to provide this environment, other kin (e.g., siblings, grandparents) may step in to provide it. Resilient families generally have reasonable and clear-cut expectations for their children. They participate in family celebrations, share spiritual connections, have specific traditions, and predictable routines. Moreover, resilient families generally share core values around financial management and the use of leisure time, even when money and time are in short supply (McCubbin & McCubbin, 1988).

Community. There are also factors in the community that affect resilience and family functioning (Bowen, Richman, & Bowen, 2000). Community institutions are important components to raising resilient youth and fostering resiliency among adults. Blyth and Roelkepartian (1993) indicated several key community strengths. First, a strong community has opportunities for participation in community life. Among youth, extracurricular activities in school, religious youth groups, scouting, or other activities help to bond youth to their school, churches, or communities. In these settings they can learn important skills such as teamwork, group pride, or leadership. Adults also often have a need for opportunities to hone these skills. Second, Blyth and Roelkepartian suggested that a strong community should have avenues provided to contribute to the welfare of others. This can foster a sense of inner strength and self-esteem. Third, a strong community may provide opportunities to connect with peers and other adults. Resiliency is more likely when there is access to a role model, a friend, or a confidant. For youth, teachers may play a critical role in providing this type of social support. Finally, they proposed that healthy communities have adequate access to community facilities and events for youth.

It is increasingly recognized that risk factors as well as protective factors are cumulative and linked in risk chains (Waller, 2001). For example, a child growing up in an impoverished household may face a higher degree of family stress than other children but she is also likely to live in a part of the community with a higher crime rate and is more likely to attend inadequate schools. Individual, family, and community factors are linked.

Consequently there is a growing appreciation for a broader, systemic view of resiliency—the recognition that bypassing the deleterious effects associated with poverty requires the complex interaction of individual, familial, and community contingencies (Walsh, 1998). Waller (2001) referred to this as an ecosystemic perspective. This perspective integrates the above three dimensions while also paying homage to ecological, cultural, and developmental nuances, (e.g., racism, oppression, social class). It asks that we move away from blaming individuals, families, and communities when people “can't surmount their problems on their own” (Walsh, p. 6). Walsh warns:

We must be cautious that the concept of resil-

ience is not used in public policy to withhold social supports or maintain inequities, based on the rationale that success or failure is determined by strengths or deficits within individuals and their families. It is not enough to bolster the resilience of at-risk children and families so that they can "beat the odds"; we must also strive to *change the odds* [emphasis added] against them" (Walsh, 1998: 12).

Limitations of this Approach

However, the ecosystemic perspective does not go far enough. It still places the primary responsibility upon individual versus structural-level conditions. Poverty (and other risk factors) are not fully contextualized as a byproduct of broader social forces. I suggest that people are poor not simply because they are lacking in human or social capital or because they lack social support. They are poor and may experience deleterious consequences because of structural factors such as an inadequate job, unequal pay structure, sexism, or racism. The ecosystemic perspective may acknowledge structural factors but it does not give center stage to the role that national and statewide economic policy must play in strengthening families. It continues to reflect U.S. cultural values that individuals are primarily responsible for their own plight and that reliance on government to redistribute wealth is un-American or antithetical to our core values. Yet, can families be expected to become resilient without significant structural change in society? This question necessitates that resiliency be explored in a sociological context rather than merely within a medical or psychological framework.

From "Beating" to "Changing" the Odds: Family Policy

What do families need to change their odds of becoming casualties of poverty? Quite simply: They need money. In addition to strong individual attributes, an involved family, and a supportive community, developing sound economic policies designed to strengthen all families can go a long way in giving adults and youth the necessary tools to master resiliency. Policy decisions—particularly at the national level—have the potential to dramatically improve lives. Without sound policies, individual attributes, involved families, and supportive communities will have limited effectiveness.

Yet the U.S. is conspicuously void of a national family policy and seemingly has no comprehensive, collective vision for families, unlike that of other industrialized nations (see Bogenschneider, 2000 for a review). The U.S. has wallowed in a *laissez-faire* approach in which families are largely left to fend for themselves. The policies in place are available only for a few rather than being universal policies available to all citizens. Most industrialized nations have an interrelated, coordinated set of proactive and universal economic and social programs to help strengthen all families. These programs are not means tested; rather they are available to everyone. For example, in a recent review of 23 industrialized nations, the U.S. was the only country that had no universal health insurance coverage, paid maternal or parental leave at childbirth, or a family allowance or child dependency grant (Social Security Administration, Office of Research, Evaluation, and Statistics, 1999). In other countries these are financed by progressive forms of taxation; those who earn more pay more taxes. They have these programs because residents there favor structural explanations for poverty and inequality and therefore look for structural solutions. U.S. citizens are much more likely to equate poverty and its consequences with individual failure, immorality, lack of thrift, or laziness. For example, when asked "Why are there people in this country who live in need?" 39% of Americans blamed laziness, compared to only 16% of Swedes (World Values Survey, 1994).

Outlined here are four specific policies (out of many possibilities) that, if enacted or expanded, could strengthen the economic circumstances of families and offer a genuine shot at resiliency. They have the real potential to strengthen individuals, families, and communities in their attempts at fostering resiliency.

National health insurance. The lack of health insurance is a serious and disturbing social problem in the United States because it is one of the primary mechanisms to accessing health care services. Approximately 39 million Americans, or 14% of the population, had no health insurance in 2000—down from 14.3% of the population in 1998 (U.S. Census Bureau Public Information Office, 2001a). This represents the first real decline in the number of uninsured, although the number of people without insurance remains staggering. Millions more are underinsured—their high de-

ductibles or copayments render their insurance useless except in catastrophic conditions.

Having health insurance can make a tremendous difference in the amount and type of health care that people receive. Without insurance both adults and children use the health care system less often, are less likely to have a regular source of health care, more often rely on emergency rooms for their treatment, and may experience unnecessary pain, suffering, and even death (Kaiser Commission on Medicaid and the Uninsured, 1998).

Low-income workers are particularly hard-hit. The working poor are twice as likely to be uninsured as are poor persons without jobs (Berk & Wilensky, 1987). Over 50% of minimum wage jobs fail to provide health insurance to their employees, compared to only 10% of jobs that pay over \$15 an hour (Cooper & Schone, 1997). Moreover, the working poor generally do not qualify for public health insurance programs even when their employers fail to insure them. Although Medicaid and state Children's Health Insurance Programs (CHIP) were designed to fill in the gaps, the safety net appears to be inadequate as millions remain uninsured.

Being without insurance is extremely stressful to many poor and low-income families. They know that without insurance they may not be able to get the care that they need. Mothers on welfare commonly rated Medicaid as their most important benefit (Seccombe, 1999). It was evaluated as more important than food stamps, subsidized housing, or even the welfare check itself. For many women, the fear of losing their Medicaid was a primary reason that they did not work or terminated their employment. Extending medical benefits to all citizens would improve family resilience by eliminating the stress associated with financing health care.

Child support. Inadequate child support payments have kept many families in poverty. In 1997, only 42% of custodial mothers received the full amount of their court-ordered child support payment, and 27% received only a partial or sporadic payment. Women received only 60% of what was owed to them. Custodial fathers fared even worse. Only 32% of custodial fathers received their full payment and 26% receiving a partial payment, altogether collecting only 47% of what was owed (U.S. Census Bureau, 2000a). A national policy to bolster child support enforcement could help millions of families escape poverty, obtain economic security, and thus improve family out-

comes. Resilience can be grounded in social policy.

Since 1988 the government has made greater efforts to secure child support from the absent parent with passage of the Family Support Act. The act included withholding child support from fathers' wages, requiring states to adopt uniform standards for setting child support awards, and implementing computerized systems for locating delinquent parents. Some states take additional steps such as: intercepting tax returns, withdrawing funds from bank accounts, suspending drivers' licenses, or putting nonpayers in jail (Garfinkel, McLanahan, & Robins, 1994). Despite these efforts, compliance is inadequate. The proportion of parents that receive court-ordered child support has changed little since the mid-1970s (The Urban Institute, 1999).

Will further enforcing child support orders significantly reduce poverty and thereby strengthen families? A study in Wisconsin found that child support payments of fathers of children on welfare would average between \$200 and \$460 a month if child support laws were completely enforced, which could improve the lives of poor children considerably (Brien & Willis, 1997). Sorensen (1997) reported that if all noncustodial fathers paid the same percentage of their income in child support as payers did, they would average paying 12% to 15% of their income, about \$2,837 to \$3,321. This would make the lives of children more comfortable and secure, especially given that child support payments are not taxed. Families would be stronger and more resilient to economic hardship.

Livable wage. At \$5.15 an hour in 2001, the minimum wage has been criticized as being far too low to support a family. Many families earning minimum wage are living below the poverty line and need programs such as food stamps to make ends meet. A worker earning minimum wage makes \$10,712 a year, several thousand dollars below the poverty line for a family of three.

In response to this concern, the living wage movement has gained significant footholds in at least 60 local governments, including New York City, Baltimore, Portland, Chicago, Minneapolis and many other cities throughout the U.S. A typical living wage ordinance requires contractors and businesses receiving governmental financial assistance to pay a minimum wage that is deemed a livable wage in that community. Usually wages range from 150 to 225% of the minimum wage.

The argument made is that public money should not be used to create jobs that keep people poor. Pay should provide a wage that a family can reasonably expect to live on and this will ultimately decrease the number of persons who will be dependent on social programs. Living wage movements have also expanded their goals to include health benefits, vacation days, and other benefits (Employment Policies Institute, 2001).

Critics of living wage legislation claim that these laws harm those people they are intended to help by reducing their work opportunities. Critics charge that as the price of labor increases, loss of jobs results, and people are worse off than before. They suggest that a better alternative is a targeted wage subsidy that raises the income of those most in need without raising employer's costs (Employment Policies Institute, 2001). Wage subsidies are usually administered as federal tax credits. This would shift much of the financial burden from local governments to the federal government, which may be better able to absorb the costs.

Earned Income Tax Credit (EITC). An example of a wage subsidy, or tax credit for low-income persons, is the EITC. The EITC is a refundable Federal tax credit for low-income working families. The credit can reduce the amount of taxes owed and result in a tax refund to those who claim and qualify for the credit. To qualify for the credit, the adjusted gross income for 2000 must be less than \$31,152 for a family with more than one child, \$27,413 for a taxpayer with one child, and \$10,380 for a family without children.

In the U.S., where family allowances, health insurance, and worker benefits are largely excluded from national policy, the EITC is considered one of the country's largest sources of assistance for poor and low-income families (Hotz, Mullin, & Scholz, 2001; Schiller, 2001). More than 50% of all payments go to families who live below the poverty line. For a family with an income of \$10,000 per year, the EITC reflects nearly a 40% increase (Hotz et al., 2001). This increase in income provides a critical element of security for poor families.

The EITC, a key element of the U.S. safety net, has lifted millions of working families out of poverty. Yet, the EITC has had less impact than it could. EITC eligibility is restricted to those with exceptionally low incomes. Few families with a breadwinner earning \$10 an hour would be eligible. However, these families are still on the eco-

nomic margins and live day-to-day in a tenuous struggle to make ends meet.

CONCLUSIONS

How can families become strong and resilient in a potentially harsh economic environment? This can be done in a number of ways. One mechanism, as Stinnett suggests, is to teach "those relationship patterns, interpersonal skills and competencies, and social and psychological characteristics which create a sense of positive family identity, promote satisfying and fulfilling interaction among family members, and contribute to the family's ability to deal effectively with stress and crisis" (quoted in Silliman, 1994). This is an individual-level solution: it focuses on helping individuals and families beat the odds associated with impoverishment.

However, it may be even more important to *alleviate the stress and resulting crisis in the first place*. Rather than focusing exclusively on how individuals and families manage the adversity associated with poverty, we should be attuned to what causes poverty and how structural conditions and economic policies (or their absence) affect the objective and subjective experience of impoverishment. An analogy is debated in medicine: Should the focus of the U.S. health care system be on providing medical care to those who are already sick or should the priority be focused on prevention and eliminating the structural conditions that contribute to poor health in the first place? Both are needed but overall where should the priority lie? A similar debate is expressed in social work: How can a woman who is battered by her partner best be helped? Should we focus on getting her in therapy so that she can develop a greater sense of her own self-worth that eventually allows her to end the relationship? This may be an important component of resiliency but it is insufficient. Most battered women do not seek therapy because they do not have time, money, or trust in therapists. Even when therapy is helpful, it occurs after the fact when the psychological, physical, and emotional damage has already been done. Likewise, should families be taught how to *beat* the odds associated with poverty or should their odds be *changed* through preventative measures that are based on some form of redistribution of wealth? A structural approach focuses on prevention. France serves as an ex-

ample of what is possible in an industrialized society.

Bergmann (1996) notes that there are many demographic and economic similarities between the U.S. and France, yet the child poverty rate in France is approximately one-third that of the U.S. France has explicit family policies designed to care for their citizens from cradle to grave. For example, there is virtually free health care to everyone by right of citizenship and it is not lost when a person loses a job, develops an illness that is expensive to treat, or leaves welfare for work. The French government supplements the income of families with children by providing family allowances, housing assistance, and cash payments to pregnant women. Paid maternity leave is a right of all new parents. Child care is provided by an educated work force and it is considered valued and important work. Free public nursery schools are available for children age 2 1/2-6, and by the time they are age 3, virtually all French children attend. There is also a well-coordinated before-and-after-school care program for a nominal fee. These programs are not limited to poor families, unemployed families, or single parents. They are universal and available regardless of income and therefore have little or no stigma attached to them. Participation is a right of all citizens. Workers in France with low wages can get even more help from other programs. For example, a single mother in France who moves from welfare to work retains roughly \$6,000 in government cash and housing grants. France does not automatically reduce the array of benefits that are vital to a lower income family's well-being. They invest in low-tier work to make it more secure; consequently low-income workers face fewer crises and have fewer stresses than do low-income workers in the U.S. Because of these national policies focusing on prevention, families are strong and are more easily able to recover from crises. France does not rely on individuals, families, or even communities to fend for themselves. They see resilience as a social good and have changed their social structure so that all people can have relatively equal access to that good.

Critics may scoff that the costs for these programs are prohibitive. But according to the Children's Defense Fund (1994), the costs of child poverty to society are high and their figures do not include the emotional costs of poverty. As the richest country in the world and with one of

the lowest tax rates among industrialized nations, changing the social structure to invest in families is not impossible; it is a matter of priorities.

How can researchers help influence the type of policy decisions that should be made? First, it is important to think of policy makers as partners in the research process. For example, as researchers begin a large project with important policy implications, policy makers should be alerted to the project in advance. Their input could be solicited about what variables are of particular interest to them, or what relationships are of greatest concern. Researchers should get policymakers invested in the research and its outcomes. Second, researchers should use the media to their advantage, working with journalists to publicize the project and its outcomes. Third, research findings must be made accessible and understandable to the educated nonscientist. The language used by family scientists is not widely used or understood. Terms such as odds ratios, beta coefficients, structural equation models, and grounded theory mean nothing to most people. Therefore, it is in our best interest to summarize our findings and their relevance in a way that allows them to be put to use. After all, isn't that really the point?

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