U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation
Office of Disability, Aging and Long-Term Care Policy

FAMILY DEFINITIONS IN PROGRAMS AND POLICY

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Office of the Assistant Secretary for Planning and Evaluation

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This paper was prepared by HHS's Office of Family, Community and Long-Term Care Policy (now DALTCP). It was presented at the American Statistical Association, Winter Conference. For additional information about this subject, you can visit the DALTCP home page at http://aspe.hhs.gov/_/office_specific/daltcp.cfm or contact the office at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. The e-mail address is: webmaster.DALTCP@hhs.gov. The Project Officer was Michele Adler.

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I. PURPOSE

We, as Americans, are a nation of individuals and hard-won individual freedoms. But we are also a nation of families. Our Federal programs and policies reflect both the individual and family aspects of our lives.

Families serve many different roles. Families function as units of social interaction and provide economic support, child-rearing, caregiving, food, shelter, and health insurance. As a result, definitions of just exactly what constitutes a family are complex and depend in large part on the intent of the particular family policy or program under consideration.

The purpose of this paper is to: (1) examine family definitions used in Federal programs, (2) look at how family definitions are used in some broad policy areas; and, (3) suggest improvements in how families can be defined for policy research.

II. OVERVIEW

A. What Is A Family?

A family is defined by the Census Bureau as a group of individuals who reside together and who are related to each other by blood, marriage, or adoption. Two concepts are involved--who do people live with (and whether or not they are related) and where do people live (in the community, in institutions, or on the street). As we shall see, depending on the intent of the program, Federal programmatic definitions of families encompass many variations of just exactly what constitutes a family, regarding both who people live with and where do they live.

Most people live in families--214.2 million or 86 percent according to the 1991 Current Population Survey (CPS). The average family size was 3.18 persons.

Subfamilies are families within families. For example, while an adult daughter and her child would constitute a family in their own right if they lived alone, they would be considered a subfamily if they lived with her parents.

Family members do not all necessarily have to live together, particularly as the degree of relationship lessens. Many relatives live elsewhere, but nevertheless provide important aspects of family life, such as caregiving for the elderly (i.e. an adult daughter who does not live with her elderly mother but cares for her) or the provision of health insurance to dependent children by a non-custodial divorced parent.

A household consists of all persons who live together in the same dwelling unit. Typically, only one family lives in the same dwelling unit or household and the terms family and household are often interchanged. However, a household can consist of people unrelated to each other, but who share expenses, such as roommates or more than one family living together. In 1991, there were 34.2 million people, representing 13.8 percent of the population, who lived in non-family households. Many of these people (23.6 million or 9.5 percent) lived alone. (Census Bureau, 1992)

Approximately 6.6 million Americans, according to unpublished data from the 1990 Census, did not live in families or households, but were either institutionalized or lived in group quarters. About 3.3 million Americans were institutionalized. This figure includes 1.1 million in correctional facilities, 1.8 million in nursing homes and the remaining 450 thousand in other types of institutions.

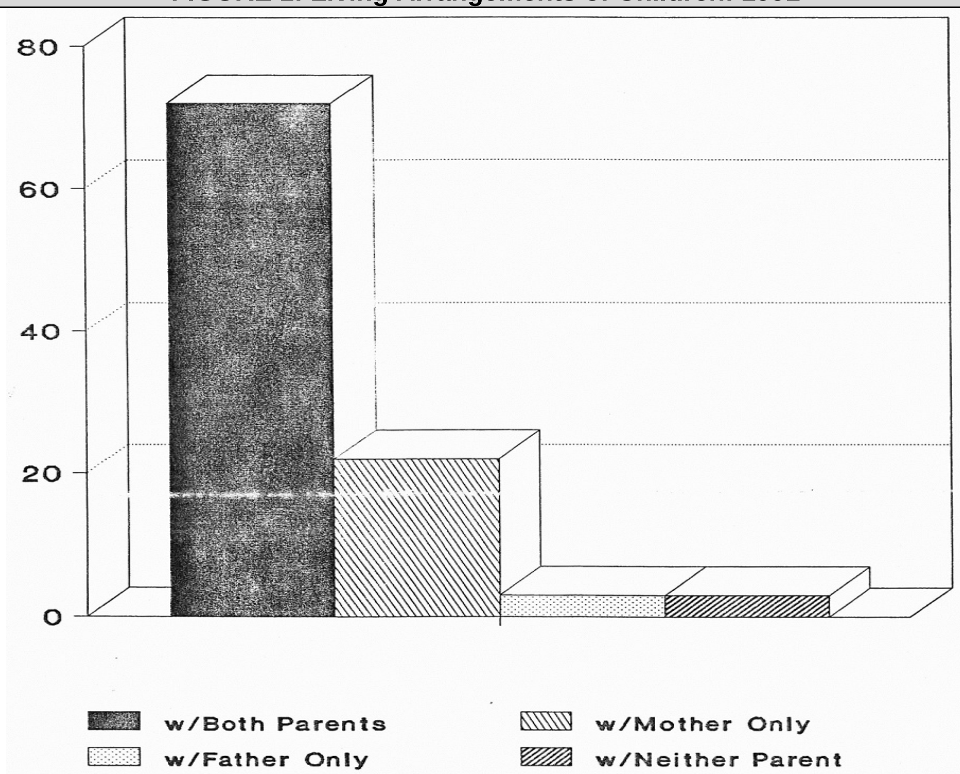
Nearly 3.4 million people resided in group quarters, the majority of whom lived (1.9 million) who lived in college dormitories. Another 590 thousand lived in military quarters, 580 thousand lived in group homes, and the remaining 240 thousand lived in shelters or were visibly lived on the street. Even though these individuals do not live in families or households, they often have spouses, parents, and other family ties to the community and participate in Federal programs. (Census Bureau, unpublished)

B. What Kinds of Families do Americans Live In?

Family patterns have been changing for some time now. These changing compositions are the result of many demographic, social, and economic factors, including higher divorce rates, higher proportion of children born outside of wedlock, lower marriage rates, and increased longevity, particularly for older women.

Family composition also changes as people get older. Most children live with their parents (see Figure 1). In 1991, 72 percent lived with both parents, 22 percent lived with one parent--their mother, 3 percent lived with one parent--their father, and the remaining 3 percent lived with neither parent.

FIGURE 1: Living Arrangements of Children: 1991

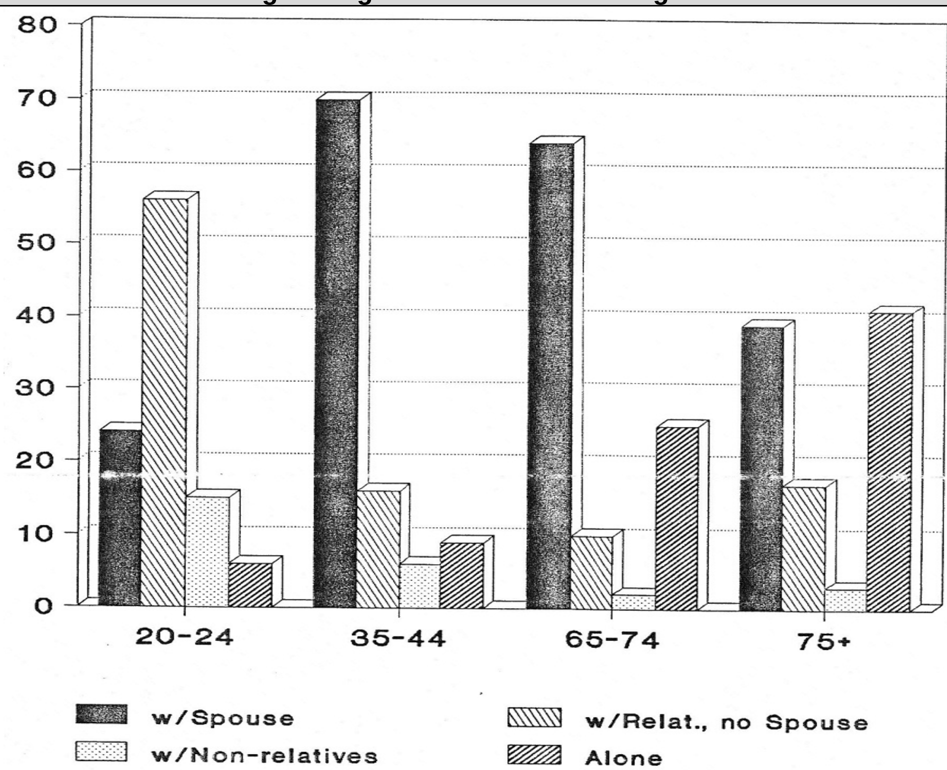


SOURCE: Statistical Abstract of the U.S., 1992.

Young adults (aged 20-24) are in transition from living with their parents to forming their own families. (See Figure 2.) Most (56 percent) lived with relatives (usually their parents), 24 percent lived with a spouse, 15 percent lived with non-relatives, and 6 percent lived alone. In the middle years (aged 35-44), 70 percent lived with their spouse, 16 percent lived with relatives (but not a spouse), 6 percent lived with non-relatives, and 9 percent lived alone.

The chances of widowhood increase considerably with advancing age. Among people aged 65-74, 64 percent live with a spouse, 10 percent live with other relatives, 2 percent live with non-relatives, and 25 percent live alone. For those aged 75 or over, only 39 percent live with their spouse, 17 percent live with other relatives, 3 percent live with non-relatives, and 41 percent live alone. (Census Bureau, 1992) The elderly who live alone are likely to older widows. Even though life expectancies have increased for older men in recent years, women still live longer and tend to marry men older than they are. (Adler, 1987)

FIGURE 2: Living Arrangements for Selected Ages for Adults: 1991



SOURCE: Statistical Abstract of the U.S., 1992.

III. MAJOR PROGRAMMATIC FAMILY DEFINITIONS

A. What Types of Federal Programs Affect Families?

Federal programs define and measure families in different ways, depending on the intent of the program. Programmatic definitions are critically important from a policy perspective, because they determine who is eligible to receive benefits, who is not, who could be in the future, and who would be if program modifications were made. Almost every Federal program is either targeted towards families or has provisions for dependent or surviving family members.

There are literally dozens of Federal programs, which provide cash assistance, health care, and help with food and shelter. Overall, there are two main types of Federal programs which assist families: (1) <u>social insurance programs</u>, which include Social Security, Unemployment Insurance, and Worker's Compensation; and, (2) <u>means-tested programs</u> which include AFDC, SSI, Medicaid, food stamps, Housing Subsidies, and the Low-Income Home Energy Assistance Program (LIHEAP).

The AFDC program typifies what we consider to be family related Federal programs. The AFDC program provides monthly cash welfare payments to certain needy families with dependent children. In 1991 during an average month, 12,567,500 persons (including 8,498,000 children) received AFDC payments which at an average cost of $135 per recipient. (U.S. House Committee on Ways and Means, 1992)

However, social insurance programs also assist many families. The purpose of the Social Security programs is to provide for workers and their families when work is interrupted or ceased. Family coverage includes dependent and surviving spouses and children. Nearly the same number of people receive family-related benefits from Social Security as from AFDC, but benefits are much higher. During June 1992, 12,407,000 dependent or surviving family members received Social Security benefits at a monthly cost of $5.04 billion, which resulted in an average monthly payment of $406. (Social Security, 1992)

B. Social Insurance Programs

Social insurance programs spread risks among a large population by requiring payments (or premiums) into a large central pool. The Social Security Act of 1935 established the Social Security and Unemployment Compensation programs. Thus, for the first time, American workers were protected from short-term job loss (due to unemployment) and long-term job cessation (due to retirement). Subsequent amendments in 1939 provided protection for dependents and survivors and in 1956 broadened coverage to workers who lost their jobs due to disability. (Social Security, 1991)

Social insurance programs are found throughout the world in all but the poorest countries to insure against loss or interruption of work. Besides the services covered by the American Social Security system, many countries also provide maternity benefits and family allowances through their social insurance systems. Maternity benefits are made to working mothers both before and after the birth of their child. Family allowances typically consist of cash allowances to families with children, but school grants, birth grants, and maternal and child health services may also be included. Provisions for family allowances are found in all industrialized nations except the United States. Furthermore, many industrialized nations include what we would consider to be "means-tested" programs as part of their social insurance structure. (Social Security, 1989)

There are three major social insurance programs in this country--Social Security, Unemployment Insurance, and Worker's Compensation. The latter two programs are focused on the individual rather than the family, although some States do have dependent allowances. Since the Social Security program assists so many families, only that program's definitions of families will be examined in this section.

Social Security: Old-Age, Survivors, and Disability Insurance (OASDI)

Families are broadly defined in the Social Security program. The marital and fertility history of workers must be known in order to determine who could potentially receive benefits as family members. The Social Security program defines families in terms of eligible dependents or survivors of insured workers.

The Social Security program or Old-Age, Survivors, and Disability Insurance (OASDI) program (administered by the Social Security Administration or SSA in the DHHS), is the largest Federal program in the country. Social Security programs are split into two separate programs: (1) the Old-Age and Survivors (OASI) program; and, (2) the Disability Insurance (DI) program.

Workers can be retired or disabled and receive benefits on their own. In these instances, benefits can be made to eligible dependents, typically spouses (including divorced spouses) and children who are dependent because of age or disability. Survivor benefits are extended to dependents of deceased workers, including widows, widowers, and orphaned children. Therefore, in order to make actuarial projections of the Social Security program, information on almost every demographic trend--marriage, divorce, remarriage, birth, death, and disability--are needed.

In June 1992, a total of 41.2 million people received Social Security benefits, including 25.5 million retired workers, 3.7 million spouses and children of retired workers, 3.3 million disabled workers, 1.4 million spouses and children of disabled workers, and 7.3 million survivors of deceased workers. Altogether, nearly one in six

Americans (16.3 percent) received benefits from Social Security, including 2.8 million (4.3 percent) of all children under the age of 18. Total Social Security payments for June 1992 amounted to $23.4 billion. (Social Security, 1992)

TABLE 1: Number of SSA Beneficiaries by Type: June 1992	
Type of Beneficiary	**Number (in thousands)**
Total	41,221
Retired Workers	25,480
Dependents of Retired Workers	
– Wives and Husbands	3,101
– Children under 18	434
– Students Aged 18-19	16
– Adult Disabled Children	179
Disabled Workers	3,334
Dependents of Disabled Workers	
- Wives and Husbands	269
- Children under 18	1,037
- Students Aged 18-19	34
- Adult Disabled Children	40
Dependents of Deceased Workers	
- Nondisabled widows and widowers	5,049
- Disabled widows and widowers	123
- Mothers and fathers	296
- Parents	5
- Children under 18	1,346
- Students aged 18-19	71
- Adult Disabled Children	407
SOURCE: **Social Security Bulletin**, Fall 1992.	

Eligibility for Social Security is based on insurance status through employment. Almost all workers are covered through Social security with the exception of certain Federal, State, and local government workers. Overall, approximately 96 percent of workers are covered by the Social Security program.

Social Security is financed by payroll taxes contributed by both employers and employees through the Federal Insurance Contributions Act (FICA) tax. Currently the FICA tax rate is 7.65 percent[1] of wages from employees matched by an additional 7.65 percent from employers. Self-employed persons contribute 15.3 percent, because they contribute both the employee and employer's shares.

Workers can either be fully or currently insured. Insured status is attained based on the number of quarters of coverage accumulated during working years. A quarter of coverage is earned for each calendar quarter in which a worker was paid more than a set amount in wages ($750 in 1992). This set amount is adjusted annually for inflation. A maximum of four quarters can be earned each year. Workers with 40 quarters are fully insured for life, but those with as few as 6 quarters can be fully insured under

[1] Of the 7.65 percent, 5.99 percent goes towards the financing of the OASI program, 0.71 percent towards the DI program, and the remaining 1.45 percent towards the Hospital Insurance (HI) portion of Medicare. As of January 1, 1993, the maximum amount of wages which can be taxed for OASDI is $57,600 and the maximum amount for HI is $135,000.

certain circumstances. Dependent and certain survivor benefits can only be extended to eligible family members of fully insured workers. (Social Security, 1991; U.S. House Committee on Ways and Means, 1992)

Retired workers: Most people who receive Social Security benefits are retired workers (25,480,000 in June 1992). Retired or old-age benefits are paid to retired workers who are aged 62 or older and who are fully insured. (Social Security, 1992; U.S. House Committee on Ways and Means, 1992)

Wives and Husbands of Retired or Disabled Workers: Monthly cash benefits are paid to spouses or divorced spouses of retired or disabled workers if one of the following conditions is met: (1) the currently married spouse is age 62 or older or is caring for one or more of the worker's entitled children who is either disabled or is under age 16; or, (2) the divorced spouse is aged 62 or older, is not married, and the marriage of the worker lasted at least 10 years before the divorce became final. In June 1992, 434,000 wives and husbands of retired workers and 269,000 wives and husbands of disabled workers received benefits. (Social Security, 1992; U.S. House Committee on Ways and Means, 1992)

Children Under 18 and Students Aged 18-19: Monthly cash benefits are paid to unmarried children or eligible dependent grandchildren of a fully insured retired worker or a disabled or deceased worker. The child must be either under the age of 18 or a full-time elementary or secondary student aged 18 or 19. Grandchildren are eligible for benefits if the child was adopted by the grandparent. During June 1992, a total of 2,817,000 children under the age of 18 received benefits. Of these, 434,000 were dependents of retired workers, 1,037,000 were dependents of disabled workers, and 1,346,000 were survivors of deceased workers. In addition, 121,000 students aged 18 or 19 received benefits, including 16,000 students who were dependents of retired workers, 34,000 dependents of disabled workers, and 71,000 surviving children of deceased workers. (Social Security, 1992; U.S. House Committee on Ways and Means, 1992)

Adults Disabled as Children: Adult children (aged 18 or over) are eligible to receive monthly cash benefits if they are disabled, if their disability began before the age of 22, and if they are the eligible child (or grandchild) of a retired, disabled, or deceased worker. In June 1992, a total of 626,000 adults disabled as children received benefits, including 179,000 dependents of retired workers, 40,000 dependents of disabled workers, and 407,000 survivors of deceased workers. (Social Security, 1992; U.S. House Committee on Ways and Means, 1992)

Disabled Workers: Monthly cash benefits are paid to disabled workers under the age of 65 who have earned the requisite number of Social Security quarters, who earn less than the substantial gainful activity (SGA) amount (currently set at $500 per month), and who meet SSA's disability criteria. Generally, disability is defined by SSA as the inability to engage in SGA because of a mental or physical impairment, which is medically determinable and expected to last at least 12 months or end in death. In June

1992, 3,334,000 disabled workers received benefits. (Social Security, 1992; U.S. House Committee on Ways and Means, 1992)

Nondisabled Widows and Widowers: Widows, widowers, and surviving divorced spouses of fully insured workers receive benefits if they are aged 60 or older and are unmarried, or married if remarriage occurred after the widow/widower's first eligibility for benefits. In June 1992, 5,049,000 nondisabled widows or widowers received survivor benefits. (Social Security, 1992; U.S. House Committee on Ways and Means, 1992)

Disabled Widows and Widowers: Disabled widows, widowers, and surviving divorced spouses can receive benefits if they are between the ages of 50 and 59 and have been disabled (according to SSA criteria) throughout a waiting period of 5 consecutive calendar months which began no later than 7 years after the month in which the worker died or after the end of entitlement to benefits as a widowed mother. In June 1992, 123,000 disabled widows or widowers received survivor benefits. (Social Security, 1992; U.S. House Committee on Ways and Means, 1992)

Mother's or Father's: Monthly cash benefits are paid to widows or widowers (or in the case of divorce to surviving divorced spouse) of fully insured workers who have one or more entitled children in their care. Children must be under age 16 or disabled. In June 1992, 296,000 mothers or fathers received survivor benefits. (Social Security, 1992; U.S. House Committee on Ways and Means, 1992)

Parent's: Dependent parents aged 62 or older are paid benefits on behalf of a deceased fully insured child. In June 1992, 5,000 individuals were paid parent's benefits. (Social Security, 1992; U.S. House Committee on Ways and Means, 1992)

C. Means-Tested Programs

Means-tested Federal programs provide assistance to the needy through nearly aspect of family life. Major means-tested programs are described in this section, including SSI and AFDC which provide direct cash assistance, Medicaid which pays for health care, the Food Stamps program, which purchases and provides food, Housing Subsidies, which provide help with the rent, and the Low-Income Home Energy Assistance Program (LIHEAP), which helps pay household energy costs.

Family definitions vary greatly along with the intent of the program and which aspect of family life is being addressed. For example, cash assistance and health care programs focus on family units, food programs focus on "eating" units, and housing/energy programs focus on "dwelling units".

Funding for Federal means-tested programs typically comes from general revenues at either the Federal or some combination of Federal and State and local sources.

The Role of Poverty

The means-test for program eligibility is usually based on some variation of the Federal Poverty Income Guidelines, which contain income measures for different family sizes. Assets are also included in the eligibility for many means-tested programs. Means-tested program do not cover everyone who is poor. Sometimes, the specific criteria are less than the poverty line (i.e. 75 percent of poverty) and sometimes other criteria besides income are usually employed (i.e. type of family or disability).

The Poverty Income Guidelines are adjusted annually for inflation and are based on the Poverty Thresholds, which are statistical measures defining who is poor and who is not, according to income and family size. Both measures were originally derived by Molly Orshansky in the 1960s, who defined poverty as the family income level below that which could purchase an adequate diet. The Poverty Income Guidelines are based on the size of the family unit, but no standard definition of family exists. Rather, specific definitions are up to individual programs. (Fisher, unpublished)

SSI: Supplemental Security Income or SSI (administered by SSA, DHHS) grew out of the Old-Age Assistance and Aid to the Blind programs established under the Social Security Act of 1935. Under the original provisions, cash assistance grants were paid by States and matched by the Federal government to needy aged and blind persons. In 1972, Congress authorized the creation of Federal SSI programs, which replaced the earlier State programs. Federalization resulted in much less variability across States.

The SSI program currently provides cash assistance to needy aged (aged 65 or older), blind, or disabled persons. Blindness and disability are defined the same way as in the Social Security Disability Insurance (DI) program. However, unlike DI, persons of any age including newborn can receive blindness or disability benefits should they qualify. As of June 1992, approximately 5,390,000 persons received SSI, 530,000 of whom were blind or disabled children.

TABLE 2: The 1992 Poverty Income Guidelines

Size of Family Unit	Continental U.S.	Alaska	Hawaii
1 Person	$6,810	$8,500	$7,830
2 Persons	$9,190	$11,480	$10,570
3 Persons	$11,570	$14,460	$13,310
4 Persons	$13,950	$17,440	$16,050
5 Persons	$16,330	$20,420	$18,790
6 Persons	$18,710	$23,400	$21,530
7 Persons	$21,090	$26,380	$24,270
8 Persons*	$23,470	$29,360	$27,010

SOURCE: **Federal Register**, February 14, 1992, pp. 5455-5457.

* For family members with more than 8 Persons, add the following amount for each individual family member: $2,380 for the Continental U.S., $2,980 for Alaska, and $2,740 for Hawaii.

Since SSI is individually based for the most part, most benefits are paid directly to individuals. However, household income and living arrangements are taken into account in determining whether a person can receive SSI and, if so, how much can be received. Persons residing in institutions (usually nursing homes) in which the majority of their care is paid by Medicaid receive only $30 per month. Adults who reside in the community, but who live in someone else's home receive two-thirds of what they would receive if they had their own place. Eligible married couples are subject to a maximum payment ($610 in 1991). Children are determined to be eligible on the basis of their parents' income at levels typically more generous than those for adults. (Social Security, 1992; U.S. House Committee on Ways and Means, 1992)

AFDC: The Aid to Dependent Families with Children (administered by the Administration for Children and Families, DHHS) is commonly known as the AFDC or ADC program. AFDC was established as part of the Social Security Act of 1935 through a provision which authorized the Federal government to match State grants to fatherless families with dependent children. According to Ellwood, at that time, most children were deprived of parental support due to the death, incapacity, or unemployment of a parent--few were abandoned or had divorced parents. It was felt that the AFDC program would eventually be phased out once other provisions of the Social Security Act would begin to compensate for parental deprivation due to unemployment, retirement, and death. (Ellwood)

During 1991, there were 12.4 million AFDC recipients, 8.4 million of whom were children under 18. Altogether, over one in eight or 12.9 percent of the nation's children were enrolled in AFDC. Average monthly expenditures for AFDC were $1.7 billion during Fiscal Year 1991.

AFDC payments are made on behalf of needy children who are deprived of parental support or care, because their father or mother is absent from the home continuously, is incapacitated, is deceased, or is unemployed. An AFDC family or case is the unit which receives a check. During fiscal year 1991, an average of 4.4 million families or cases received AFDC payments.

The AFDC case consists of the parent or parents and the dependent children. Other relatives and nonrelatives may reside in the household. These individuals may or may not be considered as part of the AFDC case, but their incomes and financial situations are considered for purposes of AFDC eligibility and the determination of the amount of benefits. For example, the incomes of stepparents are treated like the incomes of natural and adoptive parents. In the case of minor parents, the incomes of their parents or legal guardians are also considered if they live ion the same household.

States, Federal Territories, and the District of Columbia set their own eligibility criteria within broad Federal guidelines. Federal matching funds now constitute from 50 to 80 percent of State payments. The amount of the AFDC payment also varies by State, family size, and other considerations. In January 1992, the median AFDC monthly grant was $372, an amount which reached 41 percent of the poverty line.

Alaska had the highest maximum monthly AFDC grant at $924 (82 percent of the poverty level) and Mississippi the lowest at $120 per month, which amounted to only 13 percent of the poverty level. (U.S. House Committee on Ways and Means, 1992)

Medicaid: Medicaid is a joint Federal-State program (administered by the Health Care Financing Administration, DHHS) which pays for the health care of low-income individuals.[2] During fiscal year 1991, an average of $7.9 billion was spent on Medicaid coverage. In fiscal year 1990, approximately 25.3 million people received Medicaid services.

Medicaid eligibility is very complex and varies from State to State. There is no one Medicaid program, but rather a collection of 55 Medicaid programs. Similarly, there is no single definition of family, but many within each of the 55 Medicaid jurisdictions. States must provide mandatory coverage to AFDC recipients and (in most instances) to SSI recipients. In addition, States must provide coverage to needy children and pregnant women, and to other special groups. Besides mandatory coverage, States also have the option of covering certain other groups. People (and families) with comparable illnesses, disabilities, and incomes can be eligible for Medicaid in one State, but not in another. (U.S. House Committee on Ways and Means, 1992) Details of who can be eligible for Medicaid are shown in Table 3.

Food Stamps: The Food Stamps program was established in 1966 to provide nutritious diets to needy households and is administered by the U.S. Department of Agriculture (USDA). In 1991, 22.6 million Americans or 9 percent of the total population received food stamps at an average monthly costs of $1.5 billion.

Since the purpose of Food Stamps is to provide food, the definition of family is quite different from those used for programs which provide cash payments or health care. The food stamps household (not family) is defined as those individuals who live and purchase and prepare food together. Sometimes, nonrelatives apply as a single unit and sometimes they apply separately depending on how food costs and meal preparation are shared.

As a general rule, relatives must apply together as one unit. Some exceptions are elderly persons who cannot purchase food for themselves due to a disability can apply separately. In any event, income from all household members has to be considered in determining eligibility for Food Stamps. In general, most AFDC and SSI recipients are also eligible for food stamps, as well as other needy families and individual who meet program criteria.

While the vast majority of food stamp recipients live in the community, persons in certain facilities are eligible as well (i.,e. special SSI-approved small group homes for the disabled, persons living in drug addiction or alcohol treatment programs, and persons who live in shelter for the homeless or for battered women and children). (Social Security, 1991; U.S. House Committee on Ways and Means, 1992)

[2] The Federal Territories also have separate Medicaid programs.

TABLE 3: Medicaid Mandatory and Optional Coverage Categories
A. Mandatory
• AFDC recipients. • Children under age 6 and pregnant women whose family incomes are at or below 133 percent of the Federal poverty level and children under age 19 (born after September 30, 1983) whose family income is less than 100 percent of poverty. • SSI recipients in most States. However, States may impose additionally more restrictive eligibility criteria for Medicaid than for SSI in the twelve 209(b) States. Three (Indiana, Missouri, and New Hampshire) employ more restrictive definitions of disability than that used by SSA and the latter two exclude children on SSI from Medicaid. In 10 other States (Connecticut, Hawaii, Illinois, Minnesota, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, and Virginia). States use the same definition of disability, but more restrictive financial criteria than that used by SSI. SSI recipients in these States can become eligible for Medicaid by incurring certain amounts of medical expenses, that is by "spending-down". • Certain needy "qualified Medicare beneficiaries". • Special groups, such as AFDC and SSI recipients who no longer receive payments, because of returning to work, but who still receive Medicaid for a specific period of time.
B. Optional
• Medically Needy programs are present in 36 States, 4 Territories, and the District of Columbia. These provisions extend Medicaid coverage to disabled persons who apply for SSI, meet the SSA definition of disability, but whose incomes are slightly above SSI levels. • Infants and Pregnant Women can be covered if their incomes are between 133 percent and 185 percent of poverty as determined by the States. As of July 1991, 29 States had this option. • Children who are aged 18, 19, 20, or 21 or children who live in groups such as privately subsidized foster care or in certain other institutional settings. • AFDC-like families who would receive AFDC if the States own AFDC program was as broad as permitted under Federal law. • Optional coverage of noninstitutionalized children began in 1982. Under the provision, States are allowed to extend Medicaid to all disabled children who live at home, regardless of family income, as long as their disabilities are severe enough to qualify for placement in an institution. As of July 1989, 19 States and the District of Columbia have this provision. • The Section 2176 Home and Community-Based Care Waiver program has been elected by 41 States. One intent of this program is to keep disabled persons in the community rather than in institutions. Specifically, States can provide home and community-based services not otherwise included in their State Medicaid plans to disabled persons living in the community who would otherwise reside in institutions.
SOURCE: **1992 Green Book**, U.S. House on Ways and Means.

Subsidized Housing: Federal housing aid is available through a number of programs administered by the Department of Housing and Urban Development (HUD) and the Farmers Home Administration, USDA to low-income households. Much of the aid goes to households residing in either project-based low-income housing or to those in standard housing units. Generally, eligibility for rental certificates and vouchers are limited to low-income families, whose incomes are below 50 percent of the median income for their area, or (in some cases) to families whose incomes are less than 80 percent of the average for their area. In 1990, Federal outlays for such assistance amounted to $10 billion for 2.5 million housing units. (Social Security, 1991; U.S. House Committee on Ways and Means, 1992)

Low-Income Home Energy Assistance: The LIHEAP program was established as part of the Crude Oil Windfall Profit Tax Act of 1980 and is administered as State and Tribal block grants from DHHS. The LIHEAP program allows States to help eligible households with: (1) their heating or cooling bills, (2)2 a portion of low-cost weatherization, and (3) provide assistance during energy-related emergencies. In fiscal year 1992, $1.5 billion was allotted to nearly 5.8 million households.

LIHEAP households are defined as any individual or group of individuals who live together in one economic unit and who purchase residential energy in common or who make undesignated payments for energy in the form of rent. Eligibility is basically determined by States, although in general, payments can be made to households which contain recipients of AFDC, SSI, food stamps, and certain need-based veterans programs. States may also include households whose income is either 150 percent of the Federal Poverty Income Guidelines or 60 percent of the State's median income, whichever is greater. (Social Security, 1991; U.S. House Committee on Ways and Means, 1992)

IV. FAMILY DEFINITIONS AND OTHER POLICY ISSUES

Family definitions play a major role not only in programs, but in virtually every policy arena. To illustrate how family definitions vary and why they impact on policy, child-support and health insurance are examined.

A. Child Support

Child-support is paid on behalf of children involved in a divorce or separation. Child support can also be paid to children whose parents were never married, but for who paternity was established. Typically, child support is paid by absent fathers to the mother and children. According to the 1988 Survey of Income and Program Participation (SIPP), 3.6 million women received child support payments and additional 4.6 million should have received court-ordered benefits, but did not. (Census Bureau, March 1992)

Child support units can also be part of other families. For example, if a mother remarries, she, her new husband, and children from the previous marriage may all be considered one family, but only she and her children are in the child support unit, and money is only paid on behalf of her children.

Parents may also share custody. In these cases, the children may move back and forth for short or long periods and live with their mother (and her family) and their father (and his family). Thus, from the children's perspectives, their families can change according to the custody arrangements.

B. Health Insurance

Private health insurance can be provided through individual or family plans, which in turn can be provided through employment, unions, or other groups, or privately purchased. Families can be defined in terms of health insurance in many ways, but generally only spouses and children (including stepchildren) are covered. Adult dependent children (under the ages of 22 or 23) may or may not be covered if they live elsewhere. Similarly, children who are entitled to child support may also be insured from a non-custodial parent. In fact, health coverage is typically written into child support agreements. In 1989, there were approximately 1 million children who received health insurance benefits from a noncustodial parent. (Moyer, unpublished)

There are many other instances where the same family can have different health insurance coverage, such as spouses who both work and obtain coverage separately, instances where a family member is disabled and cannot obtain private coverage.

It is important to note that Medicare coverage does not extend to other family members. Each family member must qualify on his or her own through receipt of Social Security benefits after age 65 or receipt of disability benefits after 24 months. Medicaid, on the other hand, as noted earlier, can be extended to family members in certain circumstances, notably receipt of AFDC.

V. CONCLUSIONS

Families cannot be defined simply or universally for purposes of Federal programs and policies. Much variation is due to the complex nature of the family itself and to the specific purpose of the Federal program.

Research on the other hand is largely based on Federal population-based national surveys, which collect data on individuals and use Census criteria to define families and households. Family relationships in these surveys are typically derived by these surveys by identifying a "head" and ascertaining everyone's relationship to that head person. Thus, while many of the Federal programs that we administer have diverse and broad definitions of family, the basis of our policy research is much more constrained.

Some suggestions to improve the state of family analyses include:

- Perform more analyses by family as well as individuals. For example, disability is an individual phenomenon, but appears to be clustered in families. We don't know why and we don't know the impact on patterns of employment and reliance on Federal programs.

- Family history (including marital and fertility history), as well as current family composition, is crucial for many policy issues as evidenced by the large numbers of Americans who receive Social Security benefits by virtue of dependence and survivorship and the number of children who are entitled to child support payments.

- Relationship within the family is sufficiently complicated to require knowing more than relationship to a single head. The abundance of stepfamilies, extended families, and other arrangements attests to this. The SIPP Topical Module on family relationship, which is essentially a family matrix of people and relationships, can be used as a model.

- Family functioning is a key element in how families work together. Family composition and functioning are highly correlated. In fact, family composition (and decompensation) often are the result of how well or poorly families function. Therefore, analyses of family functioning should take family composition into account, in much more detail.

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