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President Obama, poverty, and the scope and limits of social policy change

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ABSTRACT
There has been a growing discussion in recent years about rising inequality in the U.S. Yet, this discourse, in focusing on the fortunes of the top 1%, distracted attention from the design of policy initiatives aimed at improving socio-economic conditions for the poor. This paper examines the development of anti-poverty politics and policy in the US during the Obama era. It analyses how effective the strategies and programmes adopted were and asks how they fit with models of policy change. The paper illustrates that the Obama administration did adopt an array of anti-poverty measures in the stimulus bill, but these built on existing programmes rather than create new ones and much of the effort was stymied by institutional obstacles. The expansion of the Medicaid program, which was part of the ACA, was also muted by institutional opposition, but it was a more path breaking reform than is often appreciated.

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In 2014, President Barack Obama marked the 50th anniversary of President Lyndon Johnson's declaration of a War on Poverty with a statement outlining the successes of government action in reducing poverty in the United States (Obama, 2014), but Obama's own administration rarely employed language that explicitly talked about poverty as a problem to be addressed per se (Daguerre, 2017; Fording & Smith, 2012). Instead President Obama preferred to focus on inequality, an issue that mobilised political activity on the left. Yet, this discourse often focused on the fortunes of the top 1% rather than specifically addressing the socio-economic conditions of the poorest Americans (Levitan, 2015). As one of Obama's rivals for the Democratic nomination in 2008, Senator John Edwards, had complained: 'Listen to political leaders in America today. … You can say inequality, you can't use the word poverty' (PBS News Now, 2008). This paper shifts the emphasis back to poverty and looks at the actions taken by the Obama administration, using the tools of social policy, to provide respite to the most economically vulnerable Americans. How successful were these actions in reducing poverty and the immediate economic insecurities associated with poverty in the United States? And, to what extent did the measures taken rely on incremental adjustments to existing policy tools or did they constitute more radical forms of policy change?

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This analysis is not to prioritise poverty over inequality, but for all the scholarly work looking at the Obama era, the question of how effectively and how innovatively social policy was used to alleviate poverty remains relatively understudied in the academic literature, and this article helps fill that gap. Much has been written about the passage and implementation of the Affordable Care Act (ACA) (see, for example, Béland, Rocco, & Waddan, 2016; Jacobs & Skocpol, 2010; Oberlander & Weaver, 2015), and there have been assessments of the administration's efforts to tackle inequality (Starr, 2018), with the publication of Thomas Picketty's (2014) *Capital in the Twenty First Century*, providing context for debates about rising inequality in the U.S. (Bartels, 2016). Yet, with some exceptions (Daguerre, 2017; Fording & Smith, 2012), there have been few scholarly assessments of the administration's anti poverty record, with the issue often treated as a byproduct of policy rather than itself being the centre of attention. For example, in an important academic analysis of Obama's first two years in office, the volume edited by political scientists Theda Skocpol and Lawrence Jacobs (2011) covered an impressive array of public policy topics, yet the index contained only three direct references to 'poverty'.

Data and analysis

As Obama entered the White House the Great Recession was reaping economic disruption with the threadbare U.S. social welfare safety net ill prepared to take the strain. In this context, the paper documents how the Obama administration, working with congressional Democrats, engaged with an array of efforts to expand the capacity of existing programmes to secure the safety net more tightly. The paper contends that with regard to cash and in-kind benefits these efforts often involved incrementally increasing payments and/or loosening eligibility requirements, so improving the maintenance of the safety net rather than attempting to re-craft welfare policy to establish a more robust flooring. For example, the Earned Income Tax Credit (EITC), assisting low-income working families with children, was expanded, but there was no effort to engage with bold alternatives, such as a universal family allowance programme. Nevertheless, the evidence shows that these efforts did succeed in limiting the numbers of Americans falling into poverty during and in the aftermath of the Great Recession.

Moreover, in its attempt to reform the Medicaid program the administration did attempt to move beyond an incremental approach. Despite important efforts to define degrees of policy change (Hall, 1993), categorically defining what constitutes path-breaking change remains problematic (Capano, 2009; Quadagno & Street, 2006), but the changes to the eligibility criteria for the Medicaid programme and the expansion of the programme contained in the Affordable Care Act (ACA) of 2010 deserve to be seen as constituting a sharp change in policy, if not path breaking. That expansion, which was initially designed to cover all Americans with incomes up to 138% of the poverty level, ended the conditionality that governed how Medicaid eligibility worked in nearly all states. The plan was certainly not 'Medicaid for all', but it did set out to cover poor households without regard to their 'deservingness'. Moreover, as enacted in 2010 it effectively sought to do this at a national level removing state level discretion to apply more frugal criteria. These changes applied a new policy logic to judge eligibility than was very largely in place, challenging the existing policy framework in a more fundamental manner than much of the literature on the ACA has acknowledged.

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Judging the success of these efforts in reducing poverty is complex, with apparently contradictory evidence, some of which could be picked and chosen to 'prove' particular talking points about the value of social welfare programmes. For example, in September 2015, former Florida Governor Jeb Bush, then still seen as a leading contender for the Republican presidential nomination in 2016, attacked Obama's record: 'What we've had is 6 million more people are in poverty than the day Barack Obama got elected president.' Elaborating, Bush claimed, 'We spend a trillion dollars a year on poverty programs, and the net result is the percentage of people in poverty has remained the same' (quoted in Draplin, 2015). And the raw data at that point in time seemed to offer some support to Bush's assertion. In 2008, according to the long established official poverty measure there were 39.83 million Americans in poverty, amounting to 13.2% of the population, and by 2014 those numbers had increased to 46.66 million and 14.8% (U.S. Census Bureau, 2017).

In fact, as Fording and Smith noted in their examination of the first term (2012, p. 1162), 'more people have become poor during Obama's first term in office than during any other presidential term for which we have data.' Yet, as the authors note, this apparently damning statistic was misleading, as was Bush's analysis of the data in 2015. Here, one important issue when assessing the data is to reflect on how poverty is being defined. This paper follows the established practise in the U.S. of using a fixed rather than a relative definition. For all the potential flaws in this approach it is a useful means of measuring changes over a limited period, especially during a severe economic recession when measures employing reference points such as median income might fluctuate in ways that confuse rather than enlighten.

This still leaves problems in terms of what should be counted as income as the long established Official Poverty Measure (OPM) looks at pre-tax cash income, neglecting household income from tax credits or even non-cash benefits that are effectively cash substitutes such as food stamps. Hence the 'effects' of much social welfare spending that distributed resources to low income households 'were invisible' (Blank, 2008, p. 238). As will be seen, much of the Obama administration's efforts went into increasing benefits missed by the OPM and so the paper will also use an alternative measure of poverty, known as the Supplementary Poverty Measure (SPM), which did factor in tax credits, in-kind benefits as well as expenses such as work and medical costs (see U.S. Census Bureau, 2012 for a fuller explanation).[1] In this context, Jeb Bush's comments were based on poverty numbers using the OPM, while his figure for social welfare spending included programmes whose anti-poverty effects were not taken into account by the OPM.

In its empirical analysis this article focuses on policy initiatives contained in the American Recovery and Reinvestment Act (ARRA) and the Affordable Care Act (ACA). Neither of these expansive legislative packages was branded as focusing on the poor, but the limited rhetorical references to tackling poverty belied much of the actual content of these laws. In order to gauge the impact of these initiatives on the poverty numbers the paper uses data from official government publications and relevant think tanks.

Importantly, any understanding of the Obama era must take into account the institutional context and the manner in which this enhanced or restricted the administration's capacity to act decisively. The fragmentation of the U.S.'s governing institutions is well documented (Steinmo & Watts, 1995), but when Obama took office the Democrats enjoyed large congressional majorities in both chambers of Congress, which facilitated

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the major legislative achievements of the first two years. These majorities did not last, however, and from January 2011 onwards the Republicans controlled at least the House of Representatives in Washington DC. This changed balance of partisan power meant that the Obama administration faced an environment that was not only hostile to any new ambitions to expand the social welfare state, but which saw constant Republican efforts to undermine the durability of the policy changes already enacted. In addition to partisan resistance, policy legacies from reforms made in the 1980s and 1990s limited the range of what were deemed viable policy alternatives. Moreover, as described below, the combination of a Supreme Court ruling and the decisions of many Republican controlled state governments meant that the anticipated impact of the Medicaid expansion was diminished (Béland et al., 2016).

Before moving on to look at the Obama administration's record in more detail the paper will first briefly outline the existing social policy tools available to reduce poverty at the federal level and then reflect on how the policy environment had evolved to define anti-poverty policy in narrow terms, with conservative ideas questioning the value of government social policy interventions to the fore.

Social policy and poverty

Although it is correct to see the U.S. welfare state as fragmented and lacking the types of universal social policies such as health care and family allowance programmes that typically exist in most industrialised states (Béland & Waddan, 2017), there are a variety of social welfare programmes that do provide income support and social services. The modern federal U.S. welfare state dates from the 1935 Social Security Act with the Social Security programme, which provided old-age insurance, at its heart. Other major additions came in the 1960s with the creation of the Medicare and Medicaid programmes. In addition the 1935 Act and subsequent amendments in the 1960s established a tier of social assistance programmes affording cash and in-kind benefits. These included: Aid to Families with Dependent Children (AFDC), which largely provided cash benefits to a constituency largely made up of poor, single parent, families; Unemployment Insurance (UI); Supplementary Security Income, which gave extra aid to poor aged, blind and disabled households, and Food Stamps (later renamed Supplementary Nutrition Assistance Program, or SNAP).

Some of these programmes, notably Social Security, Medicare and UI, were founded according to the principles of social insurance, while others were means-tested public assistance programmes.[2] One consequence of this distinction was that the former tended to build up stronger, more politically protective, constituencies (Campbell, 2003) than the latter. This was not an absolute rule as Medicaid, despite sometimes being tagged as 'welfare medicine', developed supportive constituencies (Olson, 2010), while UI, which remained partially organised at state level, did not. In addition to these programmes the U.S. government effectively subsidised many households through an array of tax credits, described as the 'hidden' welfare state (Howard, 1997). These often had regressive rather than progressive outcomes (Mettler, 2011), but some, notably the EITC, were targeted at low-income families.

These programmes varied hugely in their scope and policy design, but they provided means for the federal government to act to reduce the poverty rate or at least ameliorate

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potential hardship for those remaining in poverty. The best example of a significant reduction in cash poverty coming as a direct consequence of more generous social policy is to look at rates of poverty amongst the country's seniors. According to the OPM, 28% of American seniors lived in households with incomes below the poverty line in 1966. That number had dropped to 15.7% by 1980 and was further reduced to 9.9% in 2000. Critically that improvement resulted from increases in the U.S. public pension since 'the entire reason for the decline is Social Security' (AEI/Brookings Working Group on Poverty and Opportunity, 2015). Yet, while Social Security remained highly popular and resilient to retrenchment, the idea of expanding other cash benefit programmes in a blanket fashion, so helping many poor households along the way, was not considered a politically viable policy option.

Framing poverty and social policy

Conservative scepticism about the curative powers of government was articulated in a radio broadcast by President Reagan in 1986:

> In 1964 the famous War on Poverty was declared and a funny thing happened. Poverty, as measured by dependency, stopped shrinking and then actually began to grow worse. I guess you could say, poverty won the war.

Clearly this was a statement designed for easy public consumption rather than one to be subjected to logical analysis, sending a message that poverty its dangers should be framed in terms of work and personal responsibility. These ideas had grown in influence through the 1980s as a series of conservative writers insisted that government actions often did more harm than good (Gilder, 1981; Mead, 1988; Murray, 1984). In their analysis of the broad trajectory of policy since President Johnson's declaration of war, Haveman, Blank, Moffitt, Smeeding, and Wallace (2015, p. 603) reflected: 'Concerns over the growth in mother-only families and inner-city poverty led policymakers to focus more on behaviors – including work – than on deprivation.'

The programme that drew particular conservative ire was AFDC. There is considerable evidence that much of the animosity towards this programme was fuelled by racial resentments (Gilens, 1999), but critics framed their arguments in terms of the dangers of welfare dependency and how this disconnected AFDC recipients from the world of work. Importantly frustration with AFDC spread beyond conservative thinkers, with some liberal analysts also worrying about the dangers of people making long-term use of welfare benefits (Bane & Ellwood, 1994). Then, critically, Democrat Bill Clinton made a promise 'to end welfare as know it' central to his 1992 presidential campaign. The AFDC rolls had in fact remained steady through Reagan's period in office at just under 11 million, but then rose to 14.15 million in 1994 (Social Security Administration, 2005), increasing pressure on President Clinton to deliver on his campaign promise. In the end, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which President Clinton signed into law in August 1996, was largely crafted by congressional Republicans and brought about a more definitive end to welfare than Clinton had actually proposed. PRWORA abolished AFDC and replaced it with a new payment named Temporary Assistance to Needy Families (TANF), which was a time constrained benefit with many conditions attached (Weaver, 2000). By introducing time limits and major new work

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requirements for receipt of TANF, the 1996 law represented a triumph for conservative ideas about the nature of the relationship between social welfare and poverty and did so in a path breaking fashion at the programme level.

The following years seemed to offer further vindication of this world-view. The dire predictions of liberal think tanks such as the Urban Institute (Zedlewski, Clark, Meier, & Watson, 1996) that PRWORA would result in an immediate rise in poverty, especially amongst children, did not quickly materialise even as the welfare rolls dropped 5.77 million by 2000 (Social Security Administration, 2005). Furthermore, the percentage of poor single mothers who worked either part or full time rose from 44% in 1993–64% in 1999 (Mead, 2007, p. 371). For conservatives, these data points demonstrated the efficacy of the 1996 reform. Critics countered that over half the decline in the welfare rolls resulted from 'a decline in the extent to which TANF programmes serve families that are poor enough to qualify for aid, rather than to a reduction in the number of eligible families' (Parrott & Sherman, 2007, p. 378). In addition, researchers pointed to the buoyant economy of the late 1990s, providing the most favourable environment for the new policy regime to be tested, but which was unlikely to be sustainable (Blank, 2002).

Whatever the merits of these respective arguments, the *political* debate and the scope for policy manoeuvre was all but settled by the early 2000s. The 'workfare' works message was further reinforced during the Bush administration when TANF was re-authorized. In fact, by changing the baselines according to which caseload reductions were calculated this process put even more 'pressure on states to dramatically reduce welfare caseloads' (Allard, 2007, p. 325). This instance of 'policy consolidation' (Daguerre, 2008, p. 369) reinforced the sweeping changes wrought by PRWORA.

This narrative, charting the rise of workfare and a strict sanctions regime for noncompliance, tells a story of conservative victories, at both ideational and institutional levels, in casting cash welfare as a cause of, rather than a solution to, poverty. Yet, if the reduction in cash benefits was the stick to prod individuals into work, there were also policy carrots, offering enticements to engage in the low paid work. These mostly took the form of tax credits, with the primary illustration of this trend being the expansion of the EITC, a refundable tax credit directed towards low income, working, households with children.

The EITC is part of the 'hidden' or 'submerged' welfare state since the reimbursements distributed through the programme, while quite tangible to its beneficiaries, do not register as direct government spending in the same manner as cash welfare payments (Howard, 1997 Mettler, 2011). Initially established in 1975, the EITC set out both to help workers in low wage jobs and also to provide incentives to people to engage with the work force and hence discourage benefit dependency (Gitterman, 2015). In this context, the programme had ambiguous ideological roots (Myles & Pierson, 1997), as it was guided by both anti-poverty and anti-welfare sentiment.

This ideological ambivalence helped the EITC generate bipartisan support at a time when proposals for increasing the minimum wage were proving increasingly divisive. From humble beginnings, the EITC was expanded in 1986, 1990 and then significantly boosted in Clinton's 1993 budget. In 1992, 14.1 million tax filers claimed the EITC, with this number rising to 19.26 million by 1999, with the total cost to the federal government more than doubling in real terms to $31.2 billion (Falk & Crandall-Hollick, 2016, p. 18).

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These expansions of the EITC appealed across the ideological spectrum. There was strong evidence to suggest that the programme did incentivize labour force participation amongst single mothers (Blank, 2002, p. 1140; Haveman et al., 2015, p. 604). Moreover, since EITC is distributed through the tax system rather than through welfare bureaucracies it avoids the stigmatising 'pitfalls typical of means-tested programs' such as TANF, thus promoting 'feelings of social inclusion' amongst its recipients (Sykes, Kriz, Edin, & Helpern-Meekin, 2015, p. 244), who regarded the monies refunded through the programme as earned income rather than as a benefit, giving them a greater sense of freedom about how they could spend the once a year credit: And since the vast majority of the monies distributed by the EITC were in the form of a refund, rather than simply a reduction in tax liability (Falk & Crandall-Hollick, 2016, p. 8), most EITC tax expenditures effectively constituted a lump sum cash benefit. Hence the EITC and related tax credits were regarded as effective tools in both incentivizing work and providing income relief for low-income households, constituting 'a robust and largely successful component of American labor and antipoverty policy' (Holt, 2006, p. 1).

Thus the evolution of policy towards low income households in the years preceding the Obama presidency had not been a one-way street of withdrawing assistance, but it had reinforced the perceived divide between the deserving and undeserving poor.

Obama's record

Obama's inherited an economy marked by widespread duress. As documented by the Federal Reserve, the recession was 'the deepest … since World War II' and 'also the longest, lasting eighteen months' (Weinberg, 2013). The scale of the crisis made it likely both that many Americans would fall into poverty, while those already poor would find their situation worsen. It also meant that the few automatic stabilisers in place, such as UI, to protect people against income loss would be overwhelmed.

The response of the Obama administration and congressional Democrats was rapid, with the passage of ARRA within weeks of Obama taking office. ARRA, was primarily a massive economic stimulus, but part of the package was a raft of measures that distributed extra resources to poorer households. First, building on the income strategies deployed since the 1980s, ARRA expanded a series of tax credits. The EITC was again enlarged, particularly for families with more than two children. The Child Tax Credit (CTC), which provides tax relief to families with qualifying children well beyond the federal poverty line (FPL), was altered to make the refundable portion of the credit more generous, which specifically helped lower income families. Further, ARRA created the Making Work Pay tax credit (MWP), described by Suzanne Mettler (2011, p. 91) as the 'the president's signature proposal.' Providing a refundable tax credit of $400 for individuals and $800 for couples through 2009 and 2010, its reach extended far up the income scale, but with the maximum credit available to individuals earning from $6500 it too provided particular help to low earners.

Second, ARRA increased federal funding available to states to enable them to extend and ease eligibility for UI payments. Federal funding to help states continue UI beyond the standard six-month eligibility period was common practise during recessions, but ARRA did improve the terms on which states could receive federal dollars. Furthermore, the offer that the federal government would pay an extra $25 per week to UI

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beneficiaries was unprecedented and, since this was being paid at flat rate to all beneficiaries, it boosted the relative income of people in states with lowest average weekly benefits the most.

Third, ARRA enhanced SNAP, easing eligibility requirements and increasing benefit levels. Reflecting both the cyclical increase in SNAP beneficiaries and ARRA's provisions, current federal spending on SNAP more than doubled from fiscal years 2008 to 2013, peaking at $79.7 billion in the latter year (Spar & Falk, 2016, p. 9). The administration also encouraged reach-out efforts to eligible households to de-stigmatize SNAP receipt (DeParle & Gebeloff, 2009).

Finally, ARRA included some one-off boosts to existing benefits. In May 2009, a $250 payment was made to all Social Security and SSI recipients. Added together, the initiatives contained in ARRA amounted to an immediate and significant increase in federal spending aiding poor households. Federal expenditure on low-income programmes increased from $561 billion in FY2008 to $707 billion in FY 2009. Some increase would have occurred with no changes to the rules governing eligibility and benefit levels, but a Congressional Research Service analysis found that ARRA's provisions constituted 'an infusion of cash and contributed nearly 60% of the increased spending on low-income programs' in that period (Spar & Falk, 2016, p. 3).

Alongside ARRA, the other major legislative effort to improve the economic security of the poorest Americans was the ACA, and, in particular, the expansion of Medicaid. Medicaid, jointly funded and administered by the federal government and the states, provided government funded health insurance for low-income households and, together with the Children's Health Insurance Program (CHIP), covered over 60 million Americans even before the ACA (Kaiser Commission on Medicaid and the Uninsured, 2013). Yet, while the federal government laid down minimum requirements for states to meet to receive federal funds, there was considerable discrepancy between states in terms of eligibility for the programme. Furthermore, able bodied, working aged adults without children were effectively barred from Medicaid in all but five states, regardless of their poverty status. In fact, despite being routinely described as a programme for low-income Americans, in 2012, before the ACA's provisions took effect, Medicaid covered *less* than half of the nonelderly population living in households below the FPL (Kaiser Commission on Medicaid and the Uninsured, 2013, p. 8).

Thus, in attempting to set a new national base eligibility level of 138% of the FPL for *all* Americans, starting from 2014, the ACA did break new ground. First, it meant that many more poor and near poor households would get government-funded health insurance. Second, while there was still potential for variation between states to cover populations beyond 138% of the FPL, the new national baseline would diminish the more extreme disparities. As Obama explained 'we are one country and I think it is going to be important for the entire country to make sure that poor folks in Mississippi and not just Massachusetts are healthy' (quoted in Remnick, 2014). Third, while Medicaid eligibility would still be determined by a means test, that test did not involve judgments about 'worthiness' or 'deservingness'. Everyone with an income below the eligibility threshold would qualify, regardless of why they were poor. In this sense, therefore, the Medicaid expansion did represent a philosophical break from the programme's eligibility regime.

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Institutional Obstacles

After Republicans captured the House of Representatives in the 2010 mid-term elections, the scope for further policy initiatives was severely diminished. For example, Obama used executive authority to raise the minimum wage for employees of federal contractors (Epstein, 2014), but the efforts to press Congress into raising the federal minimum from $7.25 to $10.10 an hour were unsuccessful. Other initiatives vanished almost without notice; for example, in early 2016 the administration put forward a wide ranging plan for reforming the UI system that would have liberalised eligibility criteria and increased benefits (White House, 2016), but this proposal made no progress.

These failures to push through preferred policy ideas highlight a defining feature of the Obama years, which was the fact of Republican control of at least one chamber of Congress through the last six years his presidency. In the era of heightened partisan polarisation, this meant that divided government was an effective veto point. Critically, this fragmentation of power along partisan lines did not just prevent bold administration initiatives from emerging intact after January 2011, but undermined the long-term impact of some of the measures previously enacted.

Many of the initiatives in ARRA that most directly provided aid to the poor were time limited. In some cases, such as the one-off payment to SSI beneficiaries and the two-year frame for the MWP credit, this was very explicit. In addition the initial extra funding for SNAP, UI, EITC and CTC expansions had expiry dates. This reflected how ARRA was framed as an emergency stimulus package to resolve the economic crisis, with a defined price tag. Thus, although, the Obama administration did call for extensions to the UI and SNAP expansions, which ended in 2013, the then GOP House majority rejected these proposals, meaning that the extra aid to the populations served by those programmes was largely reversed (Dean & Rosenbaum, 2013).

Moreover, the institutional challenges to the administration's agenda spread beyond Congress, as the ACA was immediately disputed in the courts. The law framed the Medicaid expansion in a manner that had effectively removed state level discretion to refuse to participate. It had offered states huge incentives to participate with the federal government offering to pay 100% of the health costs of the newly eligible beneficiaries for three years, tapering down to 90% thereafter. This was a much more generous match than for the existing Medicaid funding, but, to reinforce the 'attraction' of the expansion, the ACA also threatened that the federal government would remove all existing funding for any state that did not expand its programme. In summer 2012, in a judgment that upheld the legitimacy of other key parts of the ACA, the Supreme Court, to some surprise, ruled that the proposed sanction against states not joining the Medicaid expansion constituted federal government overreach of its powers, and could not stand (Waddan, 2013).

That Court decision sparked a flurry of activity at state level, with well-organised campaigns to stop states from joining the expansion (Béland et al., 2016). Unsurprisingly, these efforts proved especially successful in Republican controlled states. While some high profile GOP Governors, such as John Kasich in Ohio, did exert their powers to buck their state legislatures and join the expansion, in fall 2017 there were 19 states that remained outside the expansion, with 4 million people excluded from Medicaid who would have been eligible if the ACA had been implemented as intended (Garfield & Damico, 2017).[3]

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Discussion

Despite these obstacles, in the context of the Great Recession, the early policy efforts of the White House and congressional Democrats to help the most economically vulnerable did make a real difference for many Americans. The Center for Budget Policy and Priorities (CBPP), using refinements of the SPM, initially estimated that ARRA kept six million people out of poverty in 2009. More specifically people kept above poverty included; 2.2 million as a result of the changes to UI; 1.6 million through the expansions to the EITC and CTC, a further 1.6 million through the new MWP; 900,000 through expansion of SNAP, and 800,000 by the economic recovery payments (Sherman, 2011a). Moreover, further actions to extend UI meant that the programme kept 3.4 million extra Americans above poverty in 2010 than would otherwise have been the case (Sherman, 2011b, p. 3). By the end of Obama's tenure, using adjusted numbers that tried to take into account households likely under-reporting benefits they received, the CBPP had increased its estimate of people kept out of poverty in 2010, as a result of ARRA and other Obama administration efforts, to 8.9 million (Sherman, 2016). In its analysis, the White House's Council of Economic Advisors (CEA) compared the impact of the Great Recession on poverty rates to the impact of the recession of the early 1980s, contrasting the policy decisions to expand safety net programmes in the later crisis with the less interventionist response to the earlier period. The CEA (2014, p. 39) concluded that the Obama administration's response explained why poverty 'only' increased by 1.3% points between 2007 and 2012, while the rate rose by 4.7% points between 1979 and 1982.

In addition, in September 2016, as a consequence of the ACA, nearly 12 million newly eligible people were enrolled on Medicaid. On top of this, over 3 million others, who had not taken up their pre-ACA eligibility, were scooped up as a consequence of the expansion efforts (Kaiser Family Foundation, 2018). The ACA, therefore, provided several million Americans with access to health care coverage and diminished the fear of the financial consequences of accident or illness for those people. By the close of Obama's presidency the ACA had helped reduce the 'uninsured rate among families living in poverty or just above the poverty line … by almost 50%' (Thompson, 2016). Furthermore, there was a significant boost to spending on Community Health Centers, which provide primary care to poor urban neighbourhoods and isolated rural areas (White House, 2012).

Taken together, these data points amount to an impressive track record, particularly as the changes were largely wrought in a two-year window of political-institutional opportunity, but there were many frustrated initiatives along the way.

Assessing Obama's legacy, however, needs further elaboration. As suggested by Obama's reluctance to publicly celebrate policy initiatives as triumphs of a renewed war on poverty, there was not a concerted effort to shift the dialogue about the virtues of social welfare policy. Yet, as the literature on welfare state retrenchment has illustrated, important policy change need not always involve the outright repeal and replacement of existing policy structures (Hacker, 2004; Mahoney & Thelen, 2009) So, did the measures taken during the Obama era constitute robust policy change that expanded social welfare benefits, even if achieved below the radar of public attention, with respect to assisting low-income households?

In this context**,** ARRA did not introduce radical new anti-poverty strategies, but it did make effective use of the tools that were already available and, particularly in the case of

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SNAP, pushed the boundaries of the programmes further than had previously been imagined. As Starr (2018, p. 50) notes of SNAP: 'one in four children and one in eight adults were receiving food stamps by 2010, as the program functioned, in effect, as a minimum basic income.' This shift, from a policy aiding a very limited number of households to one used by a substantial part of the population with government much more deliberately reaching out to encourage participation (DeParle & Gebeloff, 2009), can be seen as an instance of policy 'conversion' (Hacker, 2004) as the objective of the programme altered without a systematic overhaul of the programme to acknowledge that change. Yet, much of the SNAP expansion was not sustained and, whatever its significance to beneficiaries, it did not generate strong enough feedback effects to become a reconfigured and resilient enlargement of the social safety net.

Just like the UI and SNAP provisions, the tax credits in ARRA were time limited. It was always intended, however, that the EITC and CTC expansions 'be made permanent' (CEA, 2014, p. 39), and in December 2015 this aim was fulfilled as part of a wide ranging budget agreement, negotiated between the White House and Republican congressional leaders. Reflecting the cross-ideological appeal of tax credits, EITC expansion was a policy move endorsed by House Speaker Paul Ryan as well as the White House (Rubin & Morath, 2016). At the time, the importance of these changes was largely overlooked, but a senior figure at the National Economic Council did claim that they represented 'a major piece of the Obama Administration's agenda for increasing opportunity and reducing poverty' (Leibenluft, 2015). And this claim does fit with the evidence as EITC had proven an effective means of lifting people out of work and incentivizing work, as well as being popular with its beneficiaries (Sykes et al., 2015).

While the importance of these changes to tax credits should not be understated they fitted within the policy parameters that had prevailed over the previous quarter century. In contrast to the expansion of EITC, TANF, often serving families with 'a higher incidence than average of health and mental problems and children with health problems' (Danziger, 2010, p. 530), rendered assistance to a declining proportion of the poor population. In 1996, when TANF replaced AFDC, 68 of every 100 poor families with children living below the poverty line received the benefit. As TANF reauthorization went into effect in 2006 that number had dropped to 31, declining to decline, reaching 23 in 2016 (Floyd, Pavetti, & Schott, 2017, pp. 3–4).

On the other hand, the Medicaid expansion was potentially path departing, since the idea that Medicaid should cover all the poor, rather than particular, politically sympathetic, categories of poor people did challenge pre-existing assumptions about whose health care was appropriately provided by the state. The scale of the expansion should not be exaggerated, as it was still means tested in a way that did not reach high up the income scale; but, in attempting to apply an encompassing, unconditional, approach to those who were eligible, it bypassed the often previously discriminatory practises that had historically been used to exclude individuals from social protections.

Yet, an appreciation of path changing nature of the Medicaid expansion has been understated in the commentary on health care reform, perhaps because it was part of the ACA's wider package, which was not the single payer model preferred by more radical advocates. Here, however, it is worth engaging in a thought experiment. If the Medicaid reform had been enacted as a *stand-alone* project, with the federal government imposing a minimum nationalised eligibility criteria that included everyone in a

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household with an income below the poverty line, then such a policy change would have been justifiably seen as path breaking. Ironically the scope of the change was well articulated by Supreme Court Chief Justice John Roberts. In writing about the legitimacy of the expansion Roberts rebuked the administration's contention that the expansion was simply an amendment of the existing Medicaid programme, which was permissible under existing statute: 'The Government claims that the expansion is properly viewed as only a modification of the existing program' but in reality 'the expansion accomplishes a shift in kind, not merely degree.' Whereas initially Medicaid 'was designed to cover medical services for particular categories of vulnerable individuals' the ACA proposed that it be 'transformed into a program to meet the health care needs of the entire nonelderly population with income below 133% of the poverty level.' Having reached this judgment, Chief Justice Roberts led a majority of the Court to rule in a manner that undermined the expansion's implementation, but the logic behind his ruling does explain why the version of the Medicaid expansion proposed in 2010 did amount to more than an adjustment of existing policy as it overturned the existing logic determining eligibility.

Conclusion

One feature of U.S. social policy is the lack of any federal level experimentation with universal social programmes for the non-elderly that captures the poor as part of an inclusive social safety net (Béland & Waddan, 2017). The most comprehensive social programme in the US is Social Security, which both significantly reduces the poverty rate amongst seniors and generates positive feedback processes that have protected the programme from explicit attempts at retrenchment (Campbell, 2003). But this policy model has not spread to the non-elderly, as indicated by the absence of any comprehensive family allowance or child benefit programme.

Retrospective judgment on the Obama administration's record must acknowledge the extreme difficulty that would have come with any effort to move beyond this restrictive social policy environment, given how the institutional fragmentation inherent to U.S. politics makes any type of comprehensive reform highly problematic (Daguerre, 2011). The first two years, when President Obama worked with large Democratic majorities in Congress, did see major legislative accomplishment that channelled help to many of the poorest households through cash, in-kind and services strategies. ARRA provided considerable immediate aid in a time of crisis, and at the time, a leading conservative think tank argued that the sunset clauses for the programme expansions were a ruse, as ARRA was really a 'Trojan Horse' with so-called 'temporary' measures likely to become permanent leading to a 'welfare spendathon' (Bradley & Rector, 2009, p. 3). As Republicans captured the House in November 2010, however, these conservative fears largely proved unfounded.

The Medicaid expansion, however, promised significant long-term economic security to many millions. It was certainly was the most transformative of the Obama era policy moves to tackle the economic insecurities associated with poverty. This was because it attempted to guarantee access to health care for the country's poor, without stipulating that individuals be part of a politically appealing group, such as the elderly or young children, or that they satisfy some other criteria of moral worth. In short, while Medicaid

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eligibility would still be determined by a means test, that test did not ask why people were poor.

Yet, just as congressional Republicans stymied the attempt to extend the bulk of the UI and SNAP increases incorporated into ARRA, so institutional barriers prevented the Medicaid expansion taking full effect. Overall, therefore, the Obama years saw only a limited correction to the policy course of anti-poverty efforts over the previous quarter century. There was an increase in subsidies and support for low-income working families with children, but the boost in support for those outside the labour force mostly proved temporary. Nevertheless, the Medicaid expansion did survive the opening two years of the Trump presidency and there remain strong financial incentives for states to participate, suggesting that this may prove to be a durable legacy.

Notes

1. For an analysis of how poverty measured by the SPM differs from the OPM over time, see Fox, Garfinkel, Kaushal, Waldfogel, and Wimer (2014).
2. For a full discussion of the cost of these means-tested programmes and others not listed here see Spar and Falk (2016).
3. Of these 4, 1.6 million (those with incomes between 100% and 138% of the FPL) were eligible for subsidies to help purchase low cost insurance through the health insurance exchange system established in the ACA (Garfield & Damico, 2017).

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