Children's Health Coverage Coalition Meeting Agenda
Friday, October 16th, 2020
11:00 A.M. – 1:00 P.M.

Meeting Location: Zoom Meeting
Watch recording
https://us02web.zoom.us/rec/share/D4p8Y4r7nJH_Q7s7MiSBUyEGGO8zC8Sruf1Se4zgRKdv-R42NNsv-noaPLnlbXLj.QKcCR3TYh4aMl14i

Passcode: 9YH=84+U

Meeting Chair: Alison Mohr Boleware – NASW/TX

11:00 A.M. – 11:10 A.M.	**Welcome & Introductions**
11:10 P.M. – 11:30 A.M.	**Group Discussion: Latest on COVID-19 Response & Medicaid/CHIP/Uninsured (**Melissa McChesney-Every Texan, Alison Mohr Boleware-NASW/TX) o Discuss the Public Health Emergency extension to October 23rd o Administrative and Eligibility advocacy o HHSC Telehealth/Telemedicine, meetings
11:30 A.M. – 11:40 A.M.	**Census Data, Center for Children and Families Report ((**Laura Guerra-Cardus-CDF, Melissa McChesney-Every Texan, Katie Mitten-TCFC)
11:40 A.M. – 12:00 P.M.	**Discussion on CHIP Health Services Initiatives as a way to fund outreach and enrollment**(Katie Mitten-TCFC, Patrick Bresette-CDF) o Obtain input from the coalition on actions to take now and during session to get HHSC to do a state plan amendment and start a CHIP HSI.

CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

12:00 P.M. – 12:20 P.M.	**Children's Health Leadership Cohort Project Introduction** (Melissa McChesney-Every Texan) o Introduce the team: o Bryan Mares, CASA o Erika Ramirez, Healthy Futures o Aurora Harris, YI o Kaeleigh Hernandez, Children at Risk o Alissa Sughrue, NAMI o Melissa McChesney, Every Texan
12:20 P.M. – 12:35 P.M.	**Update on Southern Solidarity Action for Coverage Expansion (**Laura Guerra-Cardus – CDF**)** o Discuss the coordinated action across all non-expansion states
12:35 P.M. – 12:40 P.M.	**Call to Action for CMS Child Healthcare Utilizations (Shelby Tracy – TACHC)**
12:40 P.M. – 12:55 P.M.	**Every Texan's KIDS COUNT Stakeholder Discussion (**Amy Knop-Narbutis and Tara Blagg– Every Texan) o Obtain input from coalition in pieces to include on this year's Kids Count Report.
12:55 P.M. – 1:00 P.M.	**Announcements**

Children's Health Coverage Coalition Meeting Minutes
Friday, September 16th, 2020
11:00 A.M. – 1:00 P.M.

On Video Conference Line

Clayton Travis
Sonia Lara
Sophie Jerwick
M. Tijerina
Linda Litzinger
Michelle Romero
Nancy Walker
Noemi Manriquez
Peggy Gulledge
Preston Poole
Reid Martens
Shelby Tracy
Anne Dunkelberg
Ashley McCool
Audrey Gow
Betsy Coats
Cindy Ji
Daniela De Luna
Denisse Gomez
Graciela Camarena
Aurora
Christina Hoppe
Katie Mitten
Laura Guerra-Cardus
Melissa McChesney
Patric Presette
Alissa Sughrue
Amanda Gonzalez
Amber England

Meeting Chair: Alison Mohr Boleware
Meeting Scribe: Maria Elena Garcia, Every Texan

I. Welcome & Introductions

a. **Alison:** In case you feel called to sign a petition we are submitting a petition on behalf of social workers who want to advocate against Abbott's newest change on the social worker code of ethics.

II. **Group Discussion: Latest on COVID-19 Response & Medicaid/CHIP/Uninsured**

a. **Melissa:** The Public Health Emergency was officially extended, it was fairly quietly, and it was extended to January 20th, 2021. Advocating for improved processes for HHS. There will be a short meeting this afternoon to talk about next steps. Now we have more months to work with and we would like the agency to improve several things that they were working on. Medicaid started renewals in early august. States have to maintain Medicaid coverage for everyone who was enrolled before March 18th. The renewals are generating confusion. Some people didn't know what the best avenue to renew was. The overall message is that clients are very confused. We are pushing for the agency to take the flexibility and the extra 3 months for Public Health Emergency and improve consumer experience to not have a massive disenrollment. We will continue to get to word out.

b. **Alison:** I don't have much to report on telehealth and telemedicine. The flexibilities have not been extended until oct 23rd to my knowledge. Has anyone else heard otherwise? I have not.

c. **Michelle:** I have not either but I will check on that.

d. **Alison:** Thanks Michelle!

e. **Nancy:** CMS sent out a notice a few days ago about extended Telehealth flexibilities, I am not sure if it applies to everything or not. Did you see that?

f. **Alison**: I have not read it and not sure if it was related to Medicaid or Medicare.

g. **Nancy:** It might've been related to both.

h. **Alison:** I will take time to look at that and share it with all. I do know that from the mental health side within the Texas Coalition for Healthy Minds, we're asking for Telehealth and Telemedicine flexibilities to be extended. I will share with all. I was hoping I had more information since the flexibilities are over next week.

i. **Shelby:** We are working on something!

j. **Katie:** We also may be sending a letter on behalf of Early Childhood Intervention coalition asking the agency to extended telehealth flexibilities that are special to Early Childhood Intervention providers.

k. **Alison**: That sounds good. We can share our letters with our corresponding groups.

III. **Census Data, Center for Children and Families Report**

a. **Laura:** Me and Melissa will tag-team. Melissa will go over the data and I will go over some take-homes and highlights when talking about this data.

b. **Melissa**: Most of coverage loss was in Medicaid and CHIP and it is dependent on the type of coverage and where they were enrolled. Some gain in employer

coverage as well as loss in Medicaid and CHIP. Much smaller loss in other categories. One of the important things here is that while there was a gain, it is not enough to make-up for the losses of public sponsored coverage. There is an entire new wave of losses. Many elected officials pointed at the idea of an improved economy and translating that into the uptake in employee coverage but it doesn't make-up for the huge losses in Medicaid and CHIP. There is not enough boom in the economy to account for loss of insurance. It went up in every category of the Federal Poverty Level. More increases in the low income brackets.

c. **Melissa**: A huge factor: tying adult uninsured rate to child loss of insurance. You see significant differences between expansion and non-expansion states for children who are insured. There is a much higher uninsured rate in non-expansion states than expansion states. Texas also has bad policies when trying to keep children enrolled. Just for Texas, we have a differentiation between Whites and non-Whites. The uninsured rate for Hispanic and Latino children is huge. Not every state saw an increase. There were things states could do to mitigate the impact. One of the myths in Texas having such high uninsured rates in Latino populations is because there are undocumented children. It cannot be explained that way. These are policy choices at the state level. Texas is much higher than any other state with regards to increase in uninsured rates. There are regional differences in higher uninsured rates. There are southern states that make good choices about covering their children, it is not all across the southern states. Louisiana and Alabama have good child-centered policies that keep their children covered. It isn't a southern thing.
d. **Anne:** This is uninsured rates for children to clarify.
e. **Melissa:** There is an interactive website that goes with this report. You can go to this URL and play around with data points. It is a good resource to have. We specifically requested CCF to pull point differences between non-Hispanic White and Hispanics to see the drastic change. Kids are losing coverage and that is important for state leaders to understand. These are decisions made and children are losing coverage because of these decisions. For African American and White children it was significantly smaller which points to 3 key pieces:
    i. Anti-immigrant rhetoric and policies. Especially public charge.
    ii. Loss of funding and support for outreach and enrollment.
    iii. Policies that keep children from staying in coverage like loss of continuous eligibility and periodic income checks.
f. **Laura:** Our mid-year inaccurate eligibility reviews are damaging children. We have a system where Medicaid could be asking a family new info 5x a year. As compared to most other once a year. These are examples of structural racism that continue to be an issue in the South. It shows the history and legacy of slavery that persisted in our policies more in the south and two clear examples for these

are what we ask families in Medicaid v. CHIP where Medicaid low-income communities happen to be POC. Many non-expansion states are within the south.

g. **Laura**: Talk about these numbers to people in media. Texas is dealing with anti-immigrant rhetoric. Before 2016 and the 3-year average, we had about a decade of improvement where the country was getting better at connecting kids with affordable and comprehensive healthcare. In Texas, we reached about 92% of children getting access to coverage. This was a trend that has been dramatically reversed for at least 3 years and is increasing. Last year of data had a bigger loss of coverage and this is serious and we need policy makers to take this seriously. Putting this in talking points and saying this loss of coverage means: kids missing vaccines, missing developmental checks, and early diagnosis of preventable illnesses. Including a story and then multiply that by 200,000+ children losing coverage and are more likely to miss these important steps in health and preventive services. Part of the challenges is getting legislators to take this seriously. We have the larger loss of coverage since the 1980s and talking about what this means. Our child uninsured rate affects all ethnicities and are far higher than the national average. If you look at the rate for non-Hispanic White children in Texas. With that alone we will rank as 6th worse in nation. This is a long-standing problem in Texas. It is affecting all children. States with similar demographics are doing better than us. Two states have a higher Latino population than Texas: New Mexico and California. Both of them have drastically lower child uninsured rates. In New Mexico: 60% Latino v. Texas 49%. They have a 5.7% child uninsured rate and Texas is at 12.7%. This is a Texas problem and reflects our policy decisions and commitment to get children connected to coverage. This a Texas problem from state level decisions which means we can do something about it.
    i. What can we do? Expand Medicaid. We are one of 12 states who doesn't have coverage options for low-wage workers. We need to reinvest in outreach efforts to connect children to health coverage options. We cut off all funding to community outreach and enrollment assistance in 2016. We need the state to provide accurate information for the public charge rule. Anti-immigrant policies and rhetoric is affecting our entire nation and in a country of immigrants it has an impact on peoples' understanding of what their children qualify for and other states are doing a better job in counteracting that.
    ii. Remove barriers to enrollment with options like 12 month continuous eligibility, uninterrupted coverage.
h. **Laura:** We talked to the San Antonio Express yesterday and I am hoping there will be a good piece over the weekend.

i. **Melissa:** I want to point out the historical change we have seen and the timeline for it. When we are talking about periodic income checks they were implemented in 2014 and it has been attributed to a long history of low insured rate for kids. I looked back in 2016 and we didn't have the lowest but by 2017 we did. Alaska expanded Medicaid and enrolled their kids. We had a bad insured rate for our kids for a long time now, we saw improvements with the ACA, which we still could've done better. By 2017 it got really bad. A lot of it shows in his panic children. Years of flat enrollment for Medicaid and CHIP with loss of continuous eligibility and periodic income checks. You expect to see growth in years of economic upturn. I still think it is an important distinction as to what is causing this historical low and the most recent changes.
j. **Laura:** Patrick. Would you like to mention how to better language saying nation of immigrants.
k. **Patrick:** Nation of immigrants is a broad term but it also doesn't recognize Native Americans and people who came in slave ships. So using a different language is appropriate and saying how it is important to say that we have many immigrants.
l. **Linda:** Many children are in STARPlus but are not "disabled enough" to need anything more than CHIP or STAR. Do you want their stories if they're having trouble with coverage? They are getting SSI but don't qualify for STARPlus.
m. **Anne:** Kids who are on SSI have a separate eligibility stricture, but it doesn't mean that we are not concerned about what is going wrong with that population. We need to be clear on if they're getting their eligibility through MEPD or somewhere else. But we do want to stay on top of that.
n. **Melissa:** Especially with SSI kids we are aware of the issues with kids under it. This is a SSI problem and advocacy will look different. If there is a month with 5 Fridays they could lose coverage for that month. It is a slightly separate issue but it has overlap. But 5 Fridays in a month can also impact income-based Medicaid. The decision makers are different and advocacy has to happen with SSA. We knew HHSC was bringing concerns with SSI.
o. **Anne:** It is arguably harder for a kid to get SSI disability and Medicaid than it is for an adult since the Welfare Reform Act. Because they don't have a work threshold it has become harder for kids to get it than it would be if they turn 20 and can apply based on work.
p. **Linda:** When you're talking about coverage problem you are meaning non SSI coverage?
q. **Melissa:** We can look into the data to see where the decline is happening. The one I was referring to was specific to Children's Medicaid and CHIP. I would love to see data available for SSI.

r. **Christina:** On the eligibility side, there were limits as to what HHSC could do. There is a subset of kids who can do a gap month and fill it in. If there are specific cases with actual case numbers, it might be interesting to send those to HHSC.
s. **Melissa:** I would like to follow up on that.

IV. Discussion on CHIP Health Services Initiatives as a way to fund outreach and enrollment

a. **Patrick:** In the process of doing research last year and how schools can do more to reach uninsured students and connect them to CHIP and Children's Medicaid. We are looking into CHIP Health Service Initiative. Part of why we don't know much about it in Texas is because we don't have them. HSI is taking a portion of administrative cost and support public health priorities. A fair and robust mount of work on this is made on other states. These initiatives don't have to be state-wide. The federal government uses this to promote pilot ideas. There is an ongoing tracking of how many states have this: as of February of last year there are 24 states who have implemented HSIs
    i. Submit a state plan amendment with goals. The funding mechanism is up to 10% of amount used on health coverage. Looks like we could draw down more than $100 million on federal match. There is money that we can draw down for that. States are doing innovative school-based work.
    ii. Other states have broad types of programing. Conversations with former state Medicaid directors told us it has been considered internally but not many action has been made on it. It doesn't require legislation, it can be done administratively. We can encourage this during session. It will be a tough budget session but have to take advantage of it and the core services people are using.
b. **Katie:** I wanted to point out on the slides before it mentions that admin funds can be used for outreach activities. We want to start a conversation with the agency and see the history. Why don't we have HSI right now? I would like to know how the admin funds are currently used. The most recent data says 3% is being used. Another idea is coming up with specific ideas as to how Texas can create an HSI and how it can be used. We want to narrow it down to address the Texas-specific problems.
c. **Patrick:** Missouri dramatically funded mental health services in schools.
d. **Katie:** We want to have a conversation with HHSC and ask if they need legislative direction for this. Our big questions:
    i. Who is interested in working on this?
    ii. Who should we talk to?
    iii. What legislative offices do people know of that could be good champions?
e. **Katie:** I am curious who could be a good office for this. DFW doesn't get any money for O&E. We wanted to have a conversation and see who is interested.

f. **Anne:** I wanted to share a piece on how to unpack the revitalization of outreach. One thought I had is that if we pursue and try to get them to use this for outreach, it would be great to make sure we role the reassurance for mixed-status families.
g. **Patrick:** if we were in a different admin, we would target HSI for mixed-status families.
h. **Anne:** It'll be great for us to trying to find legislators interested in this.
i. **Melissa:** CHIPRA grantees can transition into the navigator program if you were looking for regional focus in the DFW area. I don't have relations with state officials but Judge Jenkins has been a champion of coverage.
j. **Shelby:** I am not familiar but I will say TACHC will be interested in furthering the conversation about this.
k. **Nancy:** Are there any particular rural areas that seem to be possible targeted areas? Special problems or concerns about these areas?
l. **Patrick:** That would be interesting to look at
m. **Patrick:** We have to pay attention to ensuring that the funds go to where they are supposed to.
n. **Katie:** If anyone else is interested in this, feel free to reach out to me and Patrick.

V. Children's Health Leadership Cohort Project Introduction

a. ***See slides titled Texas Team for CHLN on Pg.53***

VI. Update on Southern Solidarity Action for Coverage Expansion

a. **Laura:** I will give a few high-level points and then pass it to Cindy because she was the orchestrator and coordinator. She did a phenomenal job. I want everybody to know her and her work. We want to cover the updates on virtual vigils across all seven states. Want to extend gratitude to our partners. Our new focus right now is around healthcare voters. It is being spear-headed by Mia Ibarra from Every Texan. Cindy I will pass it to you.
b. **Cindy:** It was a huge success. It was ambitious but we got community vigils in 7 cities in Texas. We got lovely pictures and are working on a post-event video with the cities' footage. We got a decent amount of media coverage that was picked up by KXA. We know some of our storytellers are being contacted for this. Thank you to our volunteers and folks who help us find buildings and story sharers. We are still working with Southern Solidarity and there have been talks about future actions together. We are hoping that in the future we get more done since we are all standing together. Right now, we are focusing on is our healthcare voter action. We have a webstore set-up with a mask. We want to show our state leaders that healthcare is an important issue that Texas voters are invested in.

VII. Call to Action for CMS Child Healthcare Utilizations

a. **Shelby:** We spent time talking about the alarming trends of insurance. I want to talk about the reduction of utilization services around Medicaid and CHIP. CMS came up with an urgent call to action. We shared the alert and meeting materials

today. 20% reduction in routine childhood vaccination and more than 60% reduction in dental visits. Providers have anecdotally stated the reduction but also want to take a look at the numbers. We have a meeting scheduled from mid-early November.

VIII. Every Texan's KIDS COUNT Stakeholder Discussion

a. **Amy:** Thank you for letting me take a little of your time in this meeting. I am a research director at Every Texan. I manage our Kids Count project which I am hoping many of you are familiar with it. I am here today to ask for your input. This year we are partnering with Methodist Healthcare Ministries to do a 2020 report. Given where we are, we are hoping to make a focused data visualization and focus on a few key areas related to health equity. We want to make it customizable. We are looking at disseminating early January and February. Some indicators we have gotten up to date and some are in the agenda to do next. We are looking for an idea for all of you given that we want this to be focused: food security, health insurance coverage, and broader bucket of different SDoH. I wanted to invite an open call and if you're interested in specific research questions. Alternatively, if you have interesting data that is already out I would love to reference those.
b. **Patrick:** Detailed racial and ethnic data for children in Medicaid v. children in CHIP
c. **Denisse:** Mental and behavioral health data would be helpful.
d. **Amy:** Thank you. If an more ideas pop up feel free to reach out!

Alison: thank you for being here!

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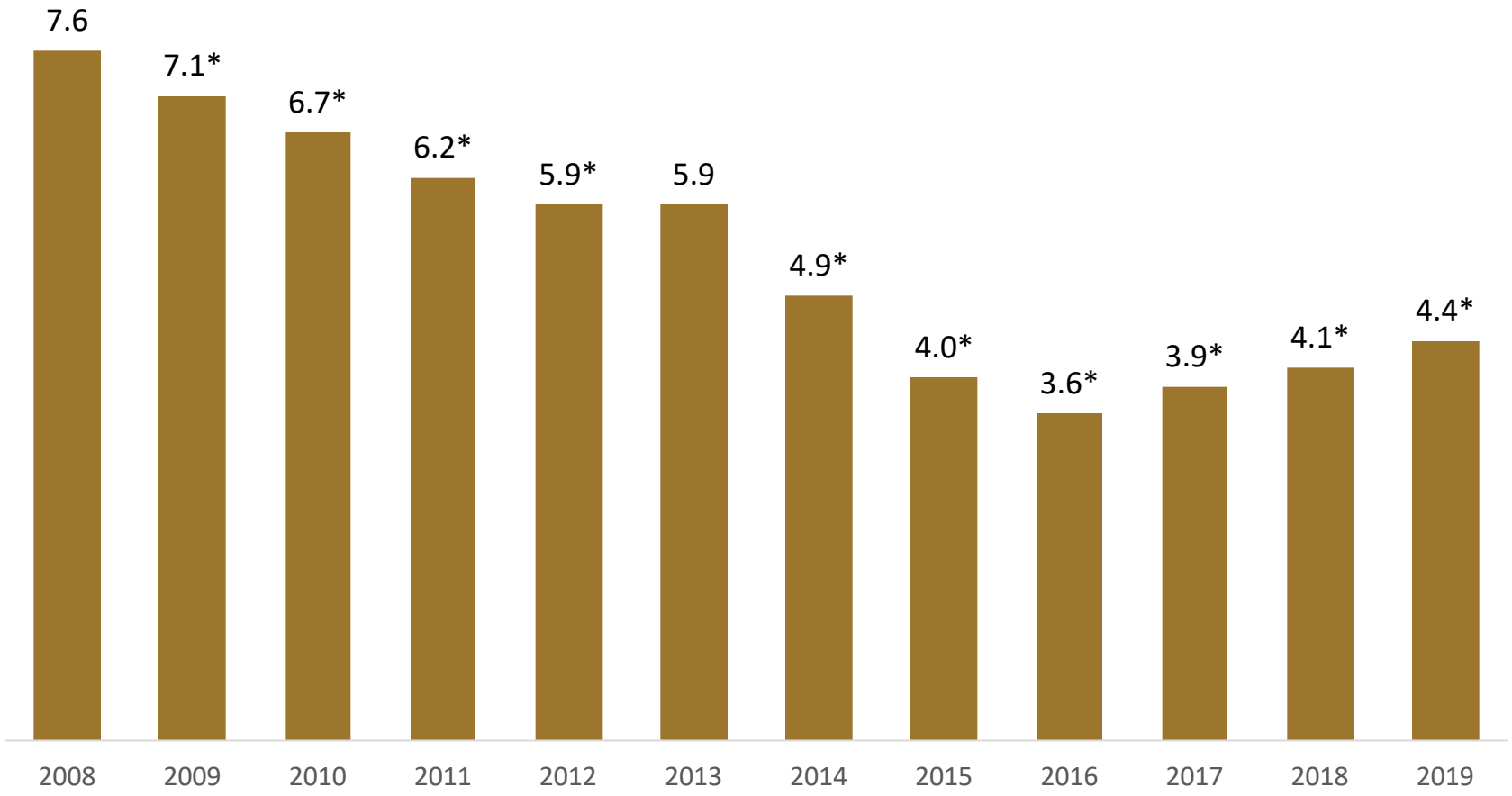
Children's Coverage: Where Do We Stand?

Joan Alker
Executive Director
Georgetown University Center for Children and Families
October 9, 2020
Twitter: @JoanAlker1
Website: ccf.Georgetown.edu

Number of Uninsured Children in the United States (in millions), 2008-2019



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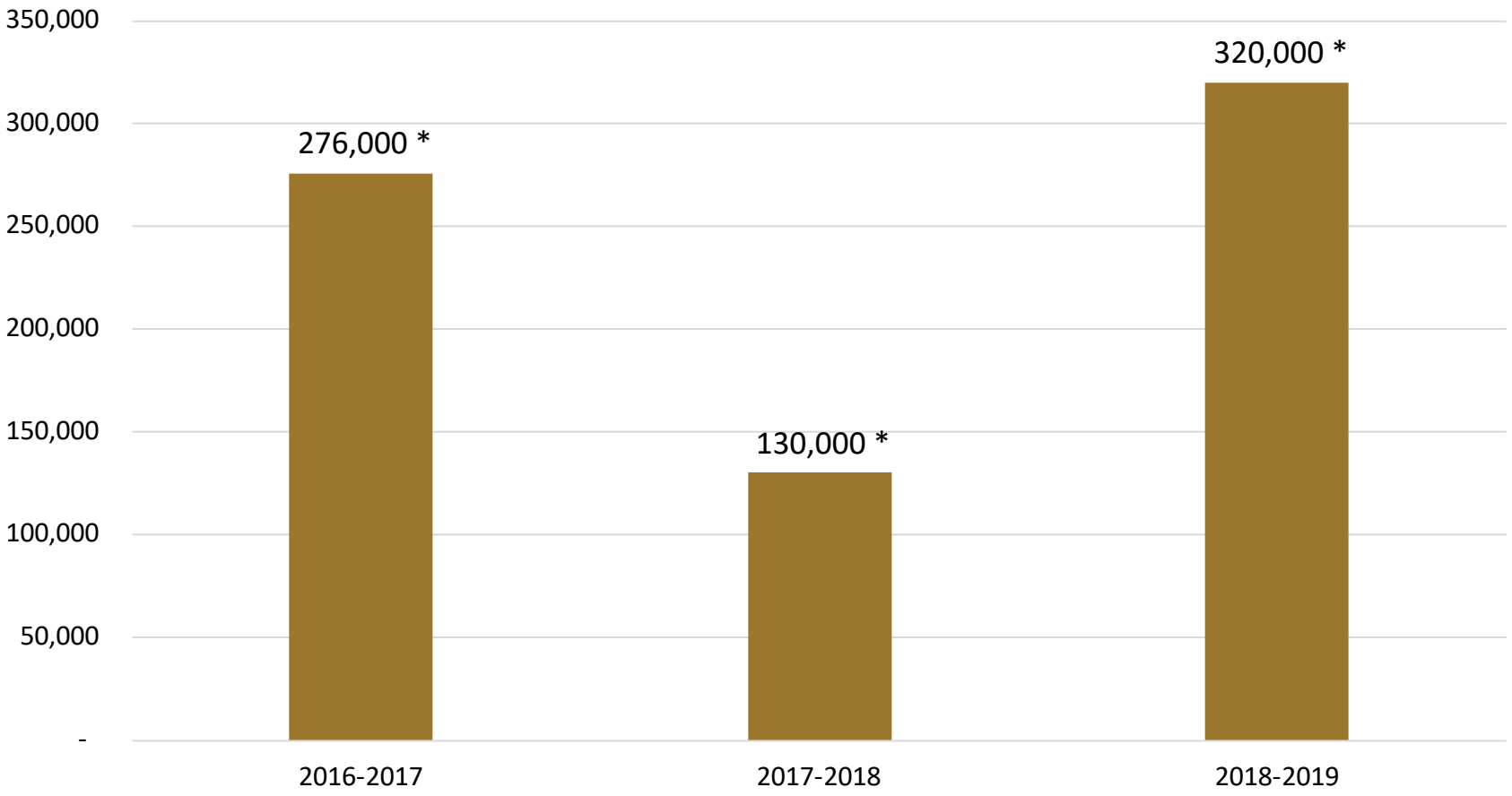
Source: Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2019, Health Insurance Historical Tables.
*Change is significant at the 90% confidence level relative to the prior year indicated.

Annual Growth in the Number of Uninsured Children, 2016-2019



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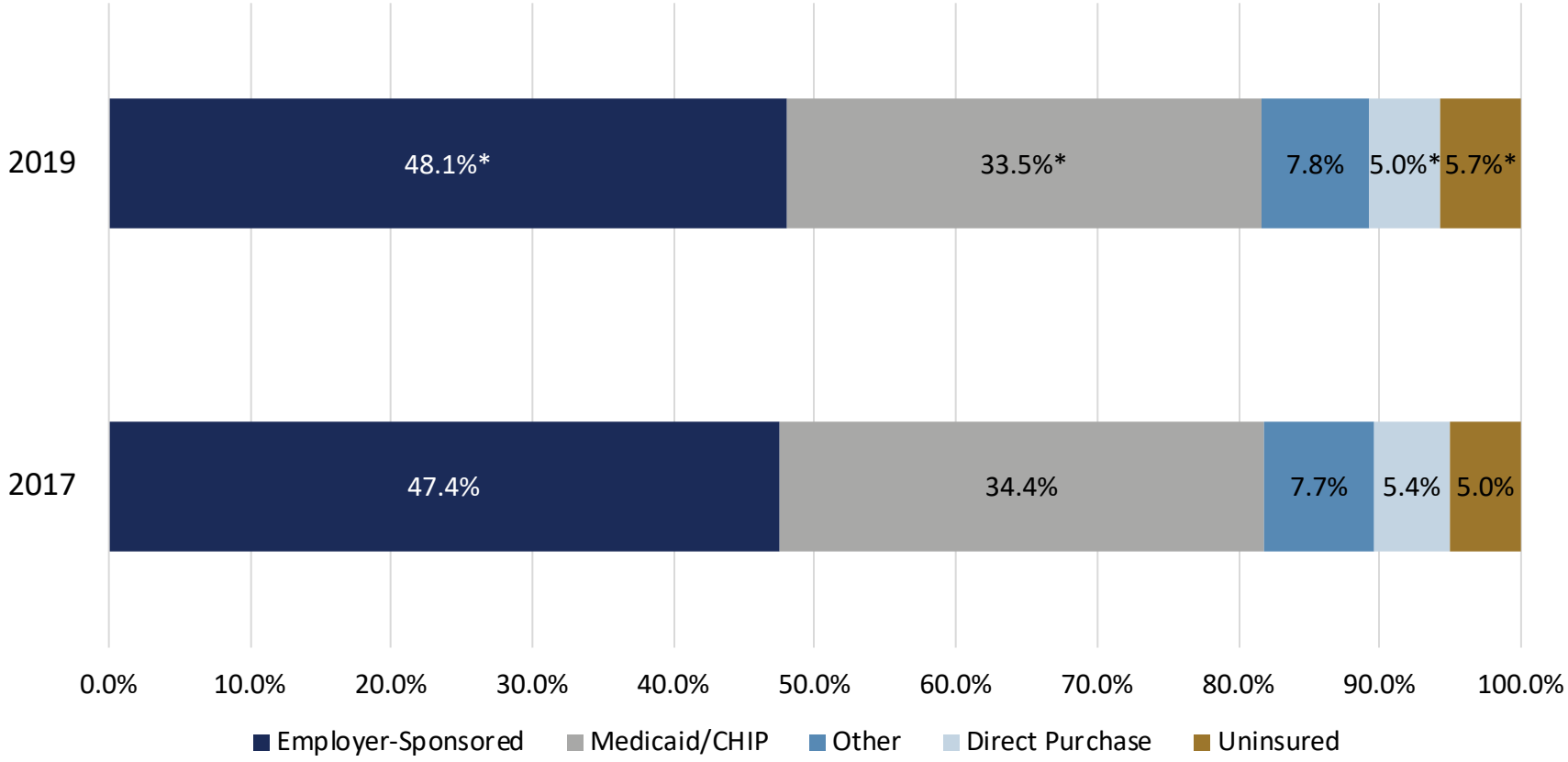
Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2019, Health Insurance Historical Tables. *Change is significant at the 90% confidence level relative to the prior year indicated.

Sources of Children's Coverage, 2017-2019



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Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2019 American Community Survey (ACS), Table B27010.

* Change is significant at the 90% confidence level relative to the prior year indicated.

Percent of Uninsured Children by Federal Poverty Level, 2017-2019

Poverty Level	2017	2019
0-137% FPL	6.8%	7.7%*
138-250% FPL	6.9%	7.7%*
250% FPL or above	3.2%	3.8%*

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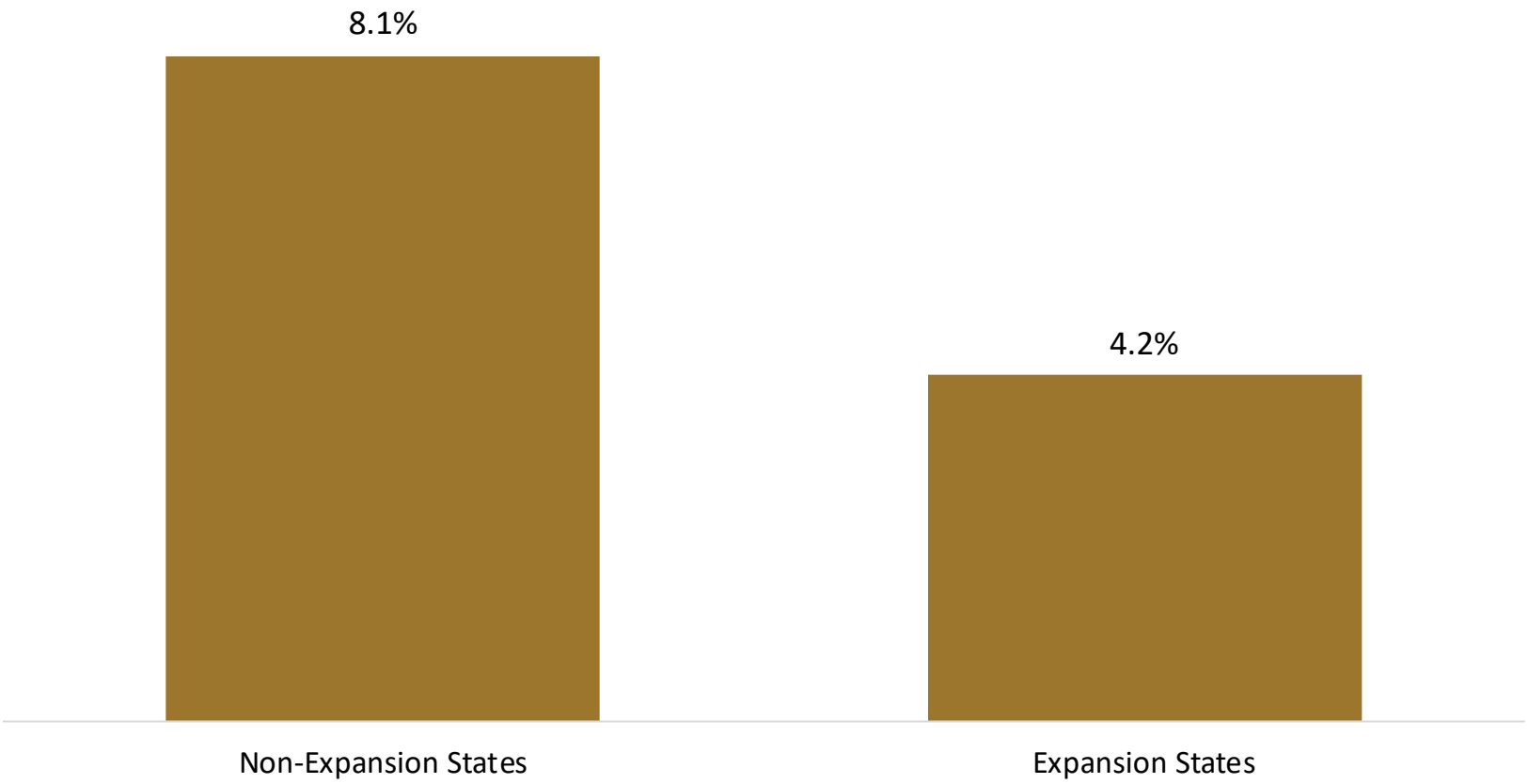
Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2019 American Community Survey (ACS), Table B27016.
*Change is significant at the 90% confidence level relative to the prior year indicated.

Uninsured Rate for Children in Non-Expansion vs. Expansion States, 2019



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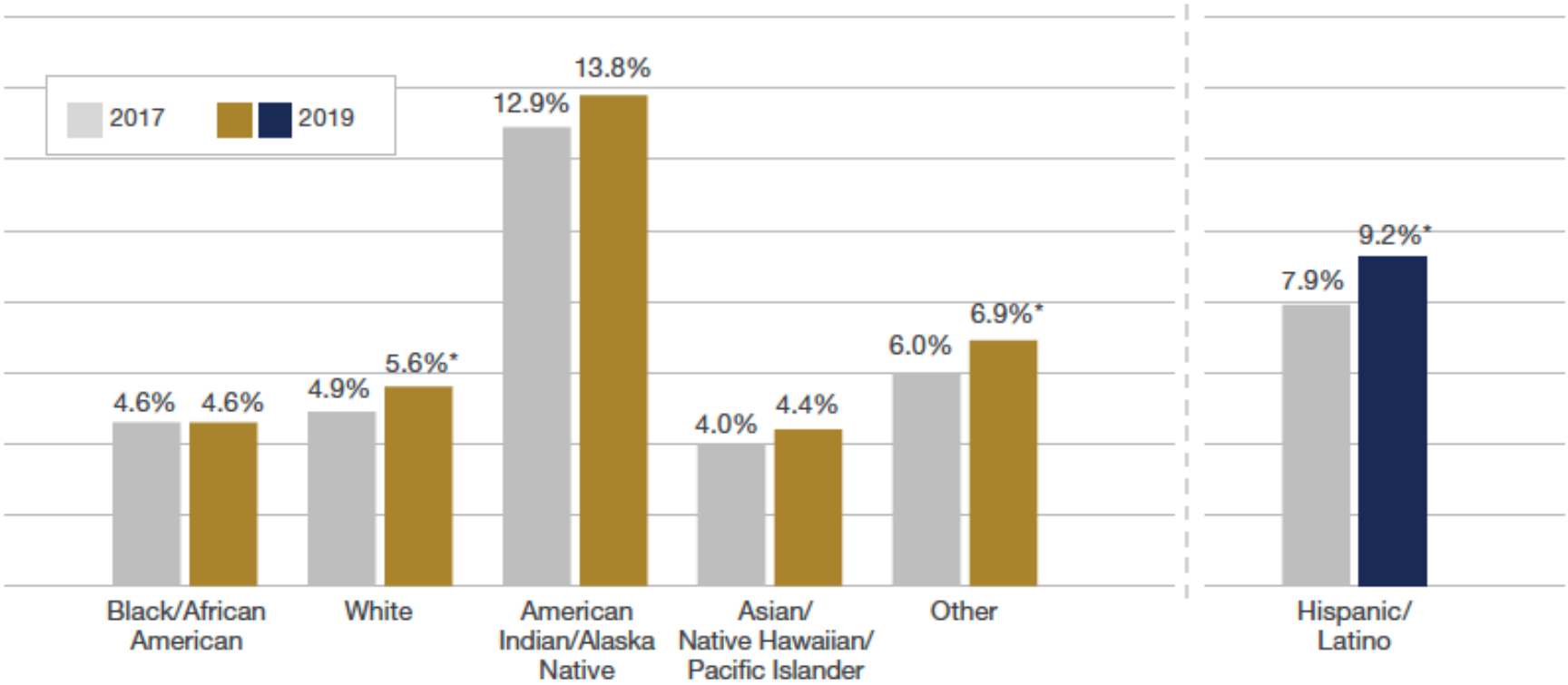
Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2019, Health Insurance Historical Tables.

Children's Uninsured Rate by Race and Ethnicity, 2017-2019



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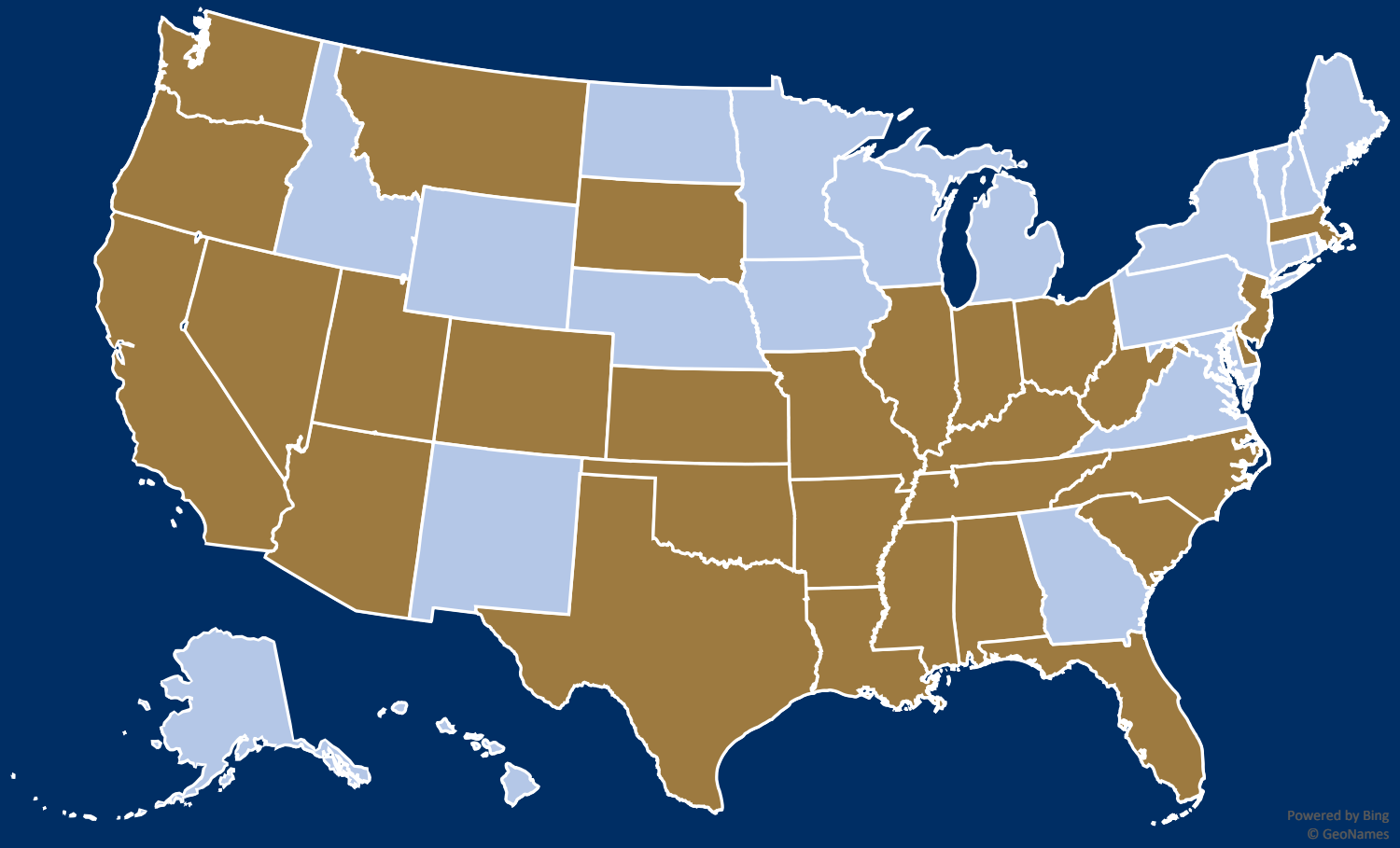
Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2019 American Community Survey (ACS), Tables C27001A-I.
* Change is significant at the 90% confidence level relative to the prior year indicated.
Note: Hispanic/Latino refers to a person's ethnicity, therefore Hispanic individuals may be of any race.

From 2016 to 2019, 29 States Saw an Increase in the Rate and/or Number of Uninsured Children



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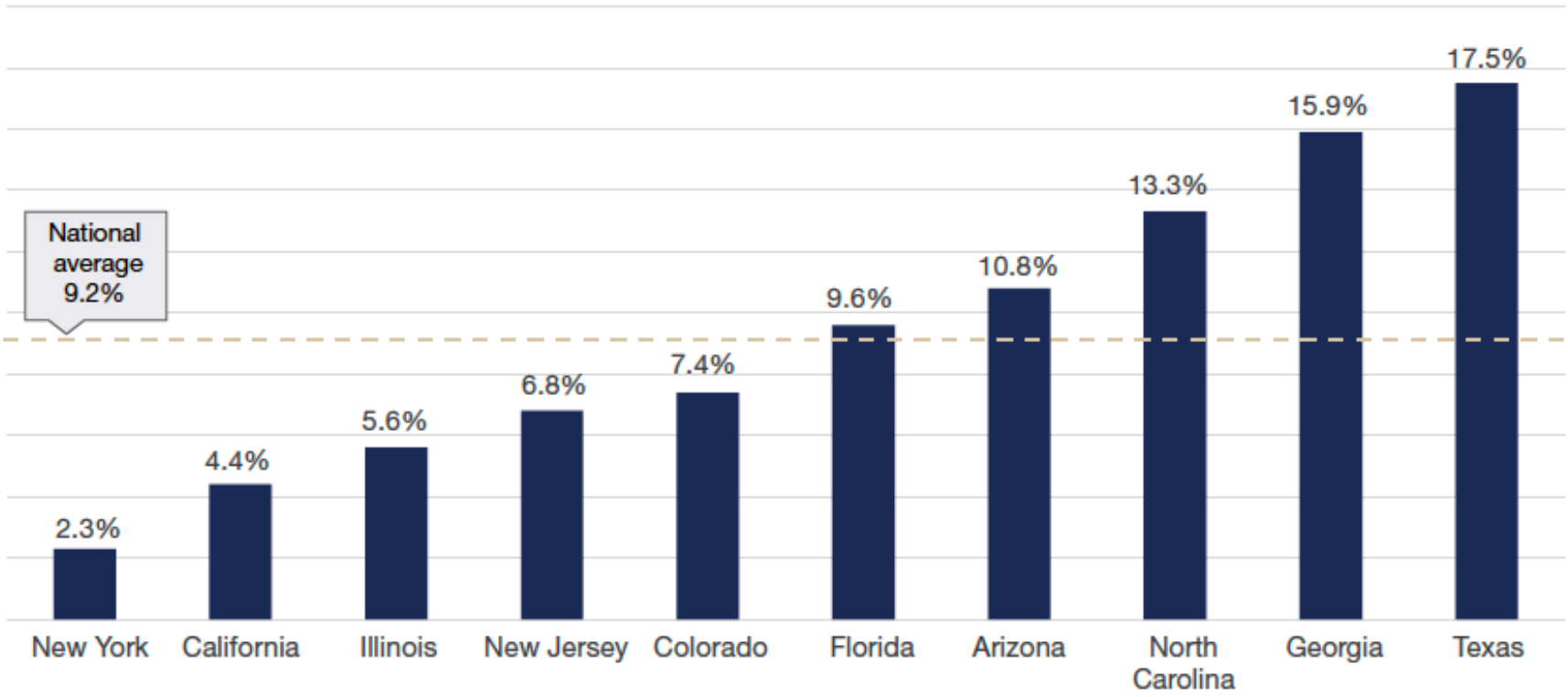
Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2019, Health Insurance Historical Tables.

National Uninsured Rate for Latino Children Compared to the Top 10 States' Rates



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Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2019 American Community Survey (ACS), Tables C27001A-I. Top 10 states with the highest number of Latino children determined using U.S. Census 2019 American Community Survey (ACS) Table C27001.
Note: Hispanic/Latino refers to a person's ethnicity, therefore Hispanic individuals may be of any race.

Top 10 States with Significant Increase in Number of Uninsured Children, 2016-2019

Ranked from largest to smallest number change

State	2016 Number Uninsured	2019 Number Uninsured	2016-2019 Change in Number of Uninsured
United States	3,649,000	4,375,000	726,000
Texas	752,000	995,000	243,000
Florida	288,000	343,000	55,000
Illinois	82,000	120,000	38,000
California	300,000	334,000	34,000
Arizona	132,000	161,000	29,000
North Carolina	115,000	142,000	27,000
Ohio	104,000	131,000	27,000
Missouri	71,000	95,000	24,000
Utah	59,000	82,000	23,000
Tennessee	58,000	80,000	22,000

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2019, Health Insurance Historical Tables.
*Change is significant at the 90% confidence level relative to the prior year indicated.

Top 10 States with Significant Increase in Rate of Uninsured Children, 2016-2019

Ranked by largest to smallest percentage point change

State	2016 Percent Uninsured	2019 Percent Uninsured	2016-2019 Percentage Point Change
United States	4.7	5.7	1.0*
South Dakota	4.7	7.8	3.1*
Texas	9.8	12.7	2.9*
Utah	6.0	8.3	2.3*
Arkansas	4.0	5.9	1.9*
Missouri	4.8	6.5	1.7*
Delaware	3.1	4.8	1.7*
Arizona	7.6	9.2	1.6*
South Carolina	4.3	5.8	1.5*
Illinois	2.6	4.0	1.4*
Kansas	4.5	5.8	1.3*
Mississippi	4.8	6.1	1.3*
Montana	4.9	6.2	1.3*
Tennessee	3.7	5.0	1.3*

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*Change is significant at the 90% confidence level relative to the prior year indicated.

Change in Number of Uninsured Children by Region, 2016-2019

Geographic Region	Number of Uninsured Children 2016	Number of Uninsured Children 2019	Change in Number of Uninsured Children
Midwest	628,000	762,000	134,000*
Northeast	383,000	398,000	15,000
South	1,862,000	2,307,000	445,000*
West	778,000	910,000	132,000*
United States	3,651,000	4,377,000	726,000*

Geographic Regions:
Midwest: IA, IN, IL, KS, MI, MN, MO, NE, ND, OH, SD, WI
Northeast: CT, ME, MA, NH, NJ, NY, PA, RI, VT
South: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV
West: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

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Share of Uninsured Children by Region, 2019

Geographic Region	Share of the Total Child Population	Number of Uninsured Children	Share of Nation's Uninsured Children	Uninsured Rate
Midwest	21.0%	762,000	17.4%	4.7%
Northeast	15.8%	398,000	9.1%	3.3%
South	39.0%	2,307,000	52.7%	7.6%
West	24.2%	910,000	20.8%	4.9%
United States	100.0%	4,377,000	100%	5.7%

Geographic Regions:
Midwest: IA, IN, IL, KS, MI, MN, MO, NE, ND, OH, SD, WI
Northeast: CT, ME, MA, NH, NJ, NY, PA, RI, VT
South: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV
West: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

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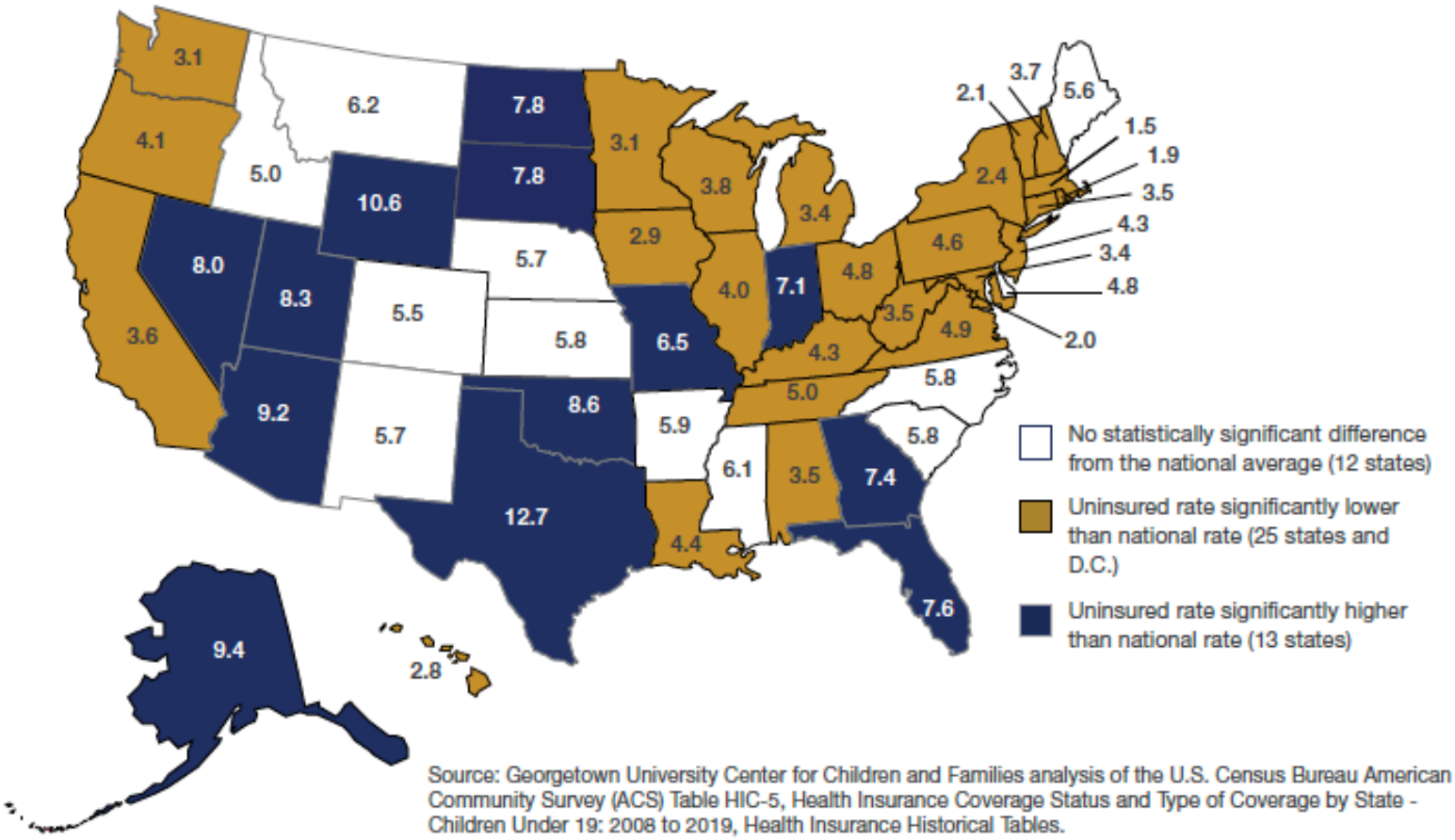
Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2019, Health Insurance Historical Tables. Data may not sum due to rounding.

State Uninsured Rates Compared to the U.S. Average, 2019

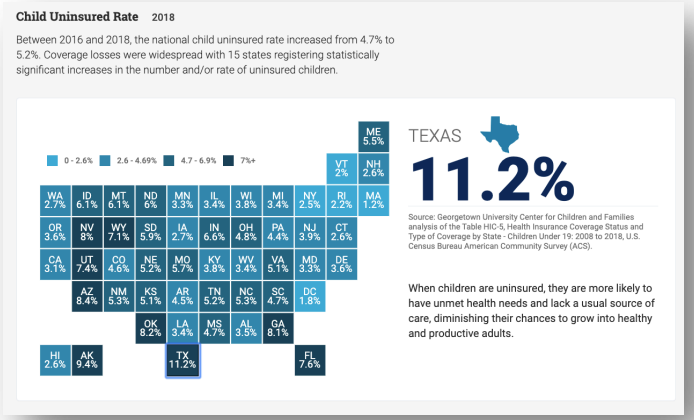


Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2019, Health Insurance Historical Tables.

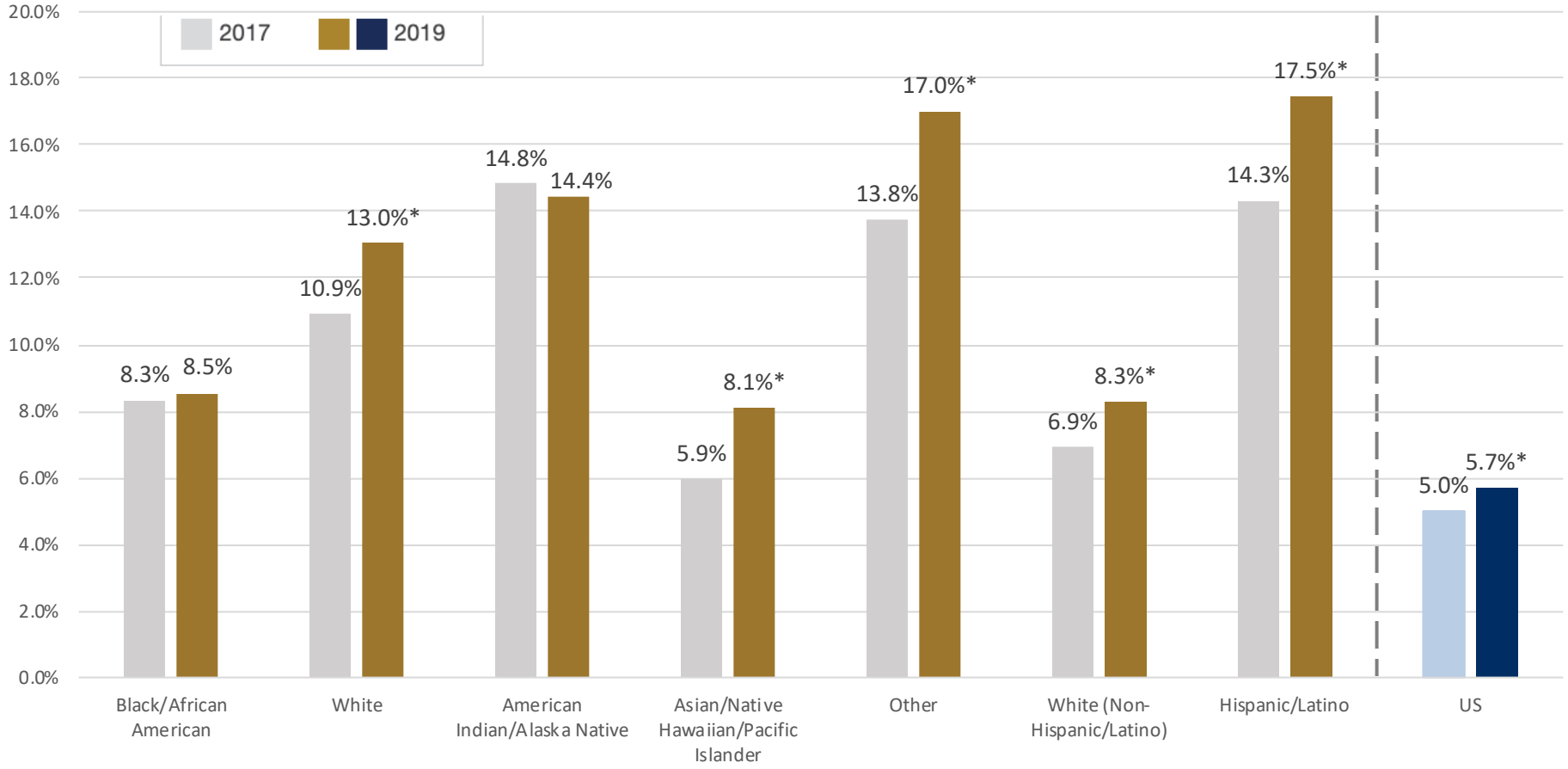
The Children's Health Care Report Card

View our interactive data hub for a closer look at how children's public coverage is in your state.

https://kidshealthcarereport.ccf.georgetown.edu/



Rate of Uninsured Children in Texas by Race/Ethnicity, 2017-2019



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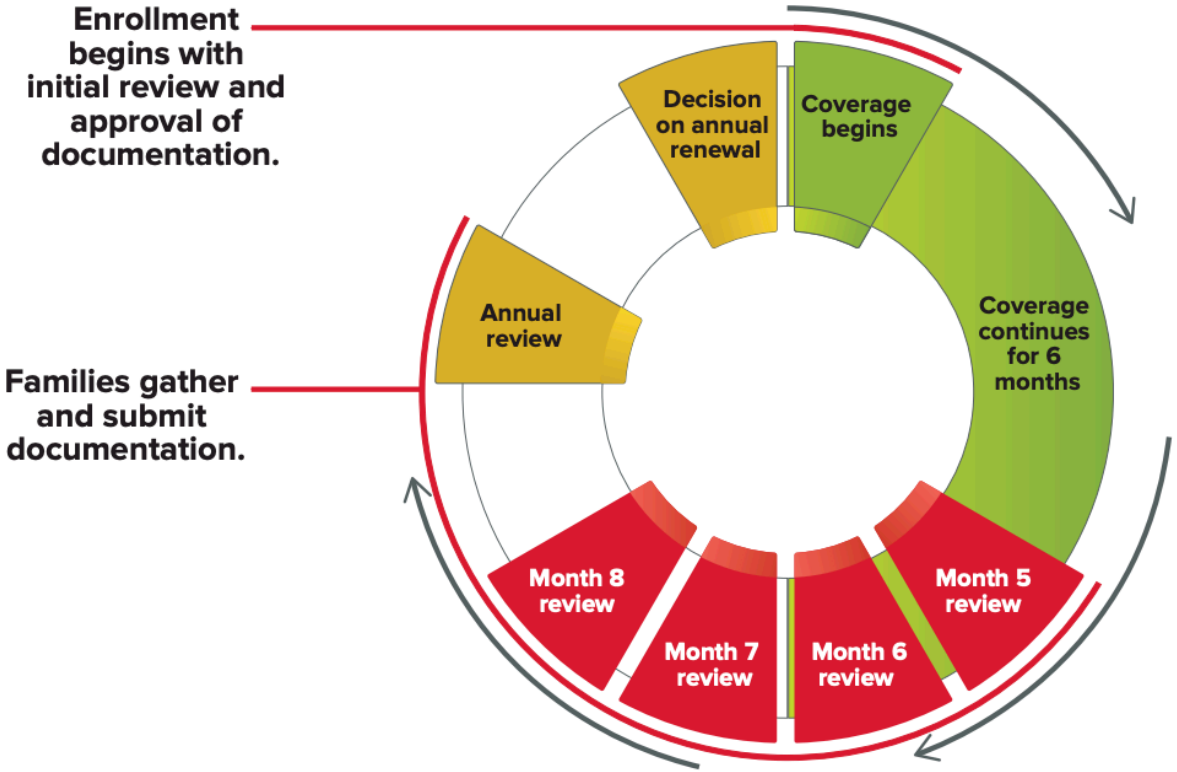
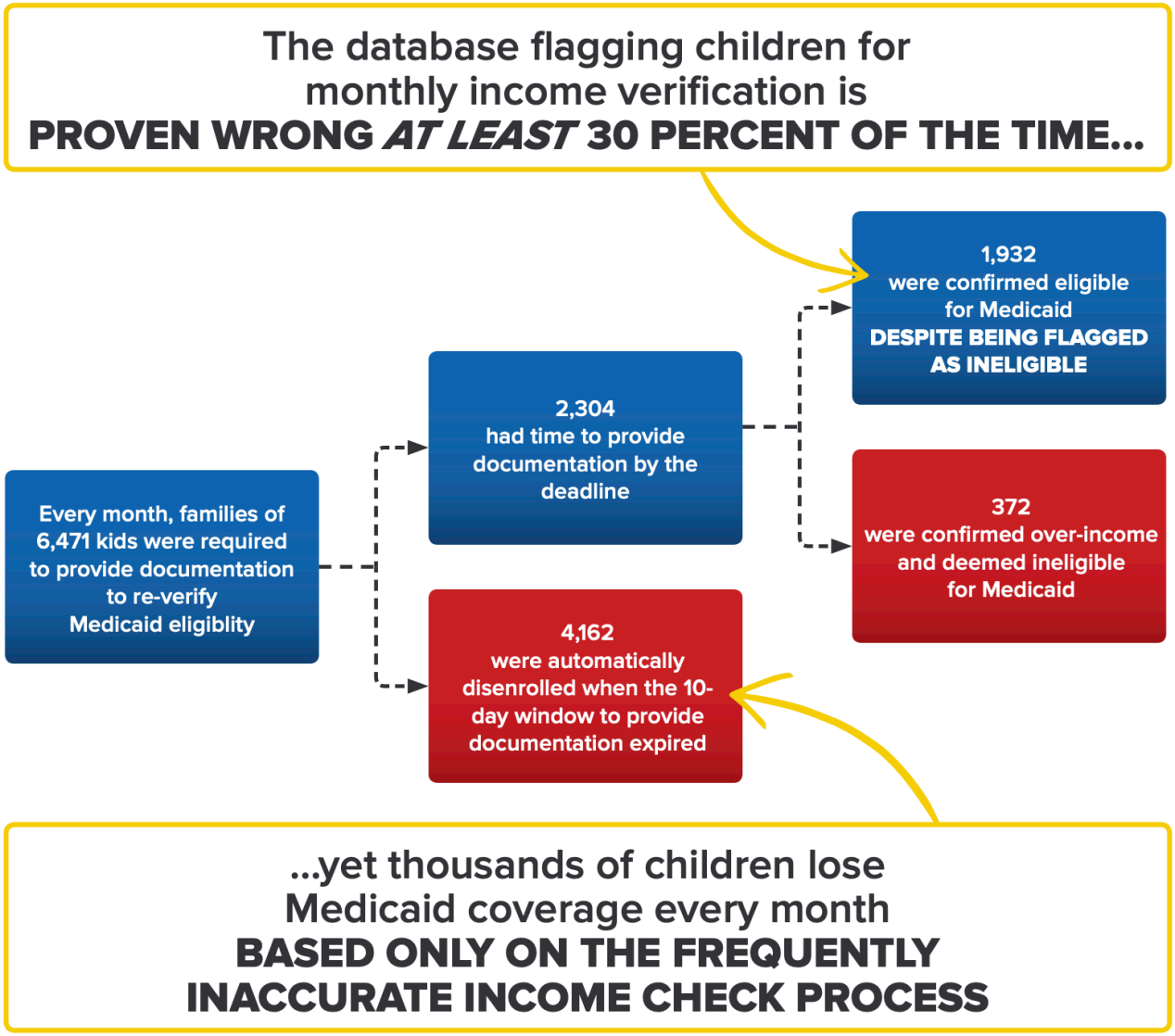
Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table C27001A-I, 2017-2019 Health Insurance Historical Tables.
*Change is significant at the 90% confidence level relative to the prior year indicated.
Children defined as under 19 years of age.

Recommendation: Rather than using a messy, inaccurate system mid-year, the state should wait a few months and rely on the effective annual review that starts at the 10-month mark.

Current system of initial, mid-year, and annual reviews:



Source: Children's Health Coverage Coalition



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Average monthly data for January 2017 through December 2018. Provided by Texas Health and Human Services Commission (HHSC) to the Children's Health Coverage Coalition on February 23, 2019.

CHIP Health Services Initiatives (HSI)

A CHIP Health Services Initiative (HSI) is a program or project designed to improve the health of low-income children under age 19 who are eligible for Medicaid or CHIP, although a state's HSI may benefit all children within a state regardless of income.

States can use HSIs to cover the costs of direct services or to support public health priorities, such as:

- school-based health services and supports
- outreach and enrollment to children potentially eligible for CHIP or Medicaid
- immunization services
- the operation of poison control centers, or
- intensive lead screening promotion and lead abatement

CHIP Health Services Initiatives (HSI)

States are not required to execute HSIs on a statewide basis, they can target communities or populations that might reap particular benefits from the HSI, or they can pilot new ideas and approaches to delivering quality healthcare.

States can fund multiple projects with a wide range of purposes. As of February 2019, 24 states had 71 HSIs approved in their CHIP state plans. **Texas has none.**

children's defense fund texas

How CHIP HSIs are Funded

States seeking to implement HSIs must submit a state plan amendment describing the populations served and how the HSI will improve children's health.

Under CHIP, states can use up to 10% of the amount they spend on health coverage for program administration and other non-coverage activities.

They also can use a portion of administrative funds for outreach activities to identify and enroll eligible children in the program and for the implementation of an approved HSI.

An analysis of CMS expenditure data by the Center for the Study of Social Policy and Manatt shows that **Texas could draw down more than $103 million in federal match with state expenditures of less than $20 million, resulting in more than $120 million available to support HSIs.**

children's defense fund texas

CHIP HSIs in other States

TABLE 1. Summary of Types of Health Services Initiatives Approved, by State, 2019

Activity	Number approved	States with approved HSI (number)
Poison control center services	12	Arkansas, California, Indiana, Iowa, Maryland, Michigan, Nebraska, New Jersey, New York, Oregon, Washington, Wisconsin
Parenting education services and supports	8	Arkansas, Massachusetts (3), Missouri, Oklahoma (2), Maine
School-based health services and supports	7	Florida, Idaho, Massachusetts, Maine, Missouri, New Jersey, Nevada
Behavioral health and substance use disorder services	6	Arkansas, New Jersey, New York, Oklahoma (3)
Lead testing, prevention, or abatement services and related programs	6	Indiana, Maryland,[1] Michigan, Missouri, Ohio (2)
Family planning services	5	Massachusetts, Oklahoma (3), Maine
Preventive services	5	Massachusetts (2), Missouri, Maine, West Virginia
Services related to children with special health care needs	5	Massachusetts (3), New Jersey (2)
Violence prevention and treatment	5	Massachusetts (5)
Coverage and financial assistance for health care services	5	Illinois (2), Iowa, Minnesota, New Jersey
Nutrition services	3	Massachusetts (2), New York
Other condition-specific services	3	Delaware (vision services and supports) New York (sickle cell screening) Massachusetts (smoking cessation)
Maternal health care	1	New Jersey (expired)[2]

Children's Health Leadership Network

Texas Team – Cohort #3

the David & Lucile Packard FOUNDATION

THE ANNIE E. CASEY FOUNDATION

The ATLANTIC Philanthropies

Texas Team – Cohort #3

- Alissa Sughrue, NAMI
- Aurora Harris, YI
- Bryan Mares, CASA

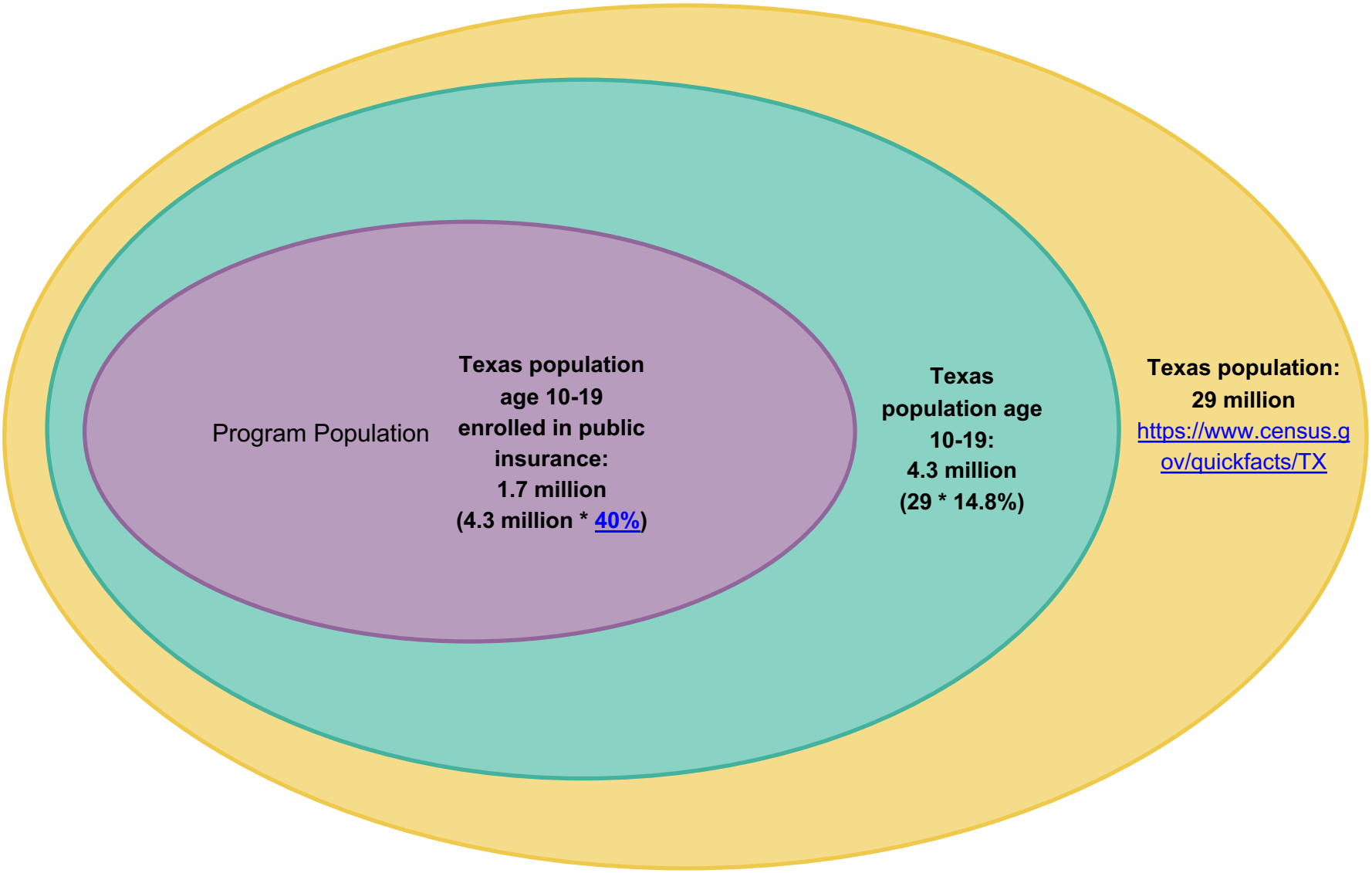
Texas Team – Cohort #3

- Erika Ramirez, Healthy Futures
- Kaeleigh Hernandez, Children at Risk
- Melissa McChesney, Every Texan

This is a working draft….

PROGRAM POPULATION TO WHOLE POPULATION

Result: Texas Children and youth (age 10-19) have meaningful access to affordable, high-quality, health care so



Results Count™

Friedman. *Trying Hard in Not Good Enough*, Trafford Publishing, 2005.

Result Statements

- Texas Children and youth (age 10-19) have meaningful access to affordable, high-quality, health care so they can thrive and reach their full human potential.

Success Indicators

Result: Texas children and youth (age 10-19) have meaningful access to affordable, high-quality, health care so they can thrive and reach their full human potential.

- Children and youth have easy access to health coverage and care.
- Children and youth are continuously covered rates with no gaps until age 20
- Measure thriving by looking at health outcomes important to teens, including mental health and sexual health outcomes
- Educational outcomes including dropout rates, college and work-based learning enrollment rates
- Stability of public benefit program enrollments could also indicate success

Legislative Landscape

Challenges

- Budget limitations from COVID-19, economic recession, oil & gas prices dropping and loss in sales tax revenue.
- Limited tax or revenue generating opportunities
- Political resistance from leadership to invest in or expand Medicaid/CHIP
- New state agency leadership at HHSC and DFPS

Areas for Leverage

- Existing healthcare gaps highlighted by pandemic
- Rainy Day Fund and other revenue opportunities exist
- 2020 Election may shift party balance and change party priorities/areas open to compromise.

Key Decision-makers

- Governor Abbott
- Lt. Governor Patrick
- House Speaker (to be elected)
- Senate Finance & House Appropriations Committees
- Legislative Budget Board
- Chairs of Senate HHSC, House Human Services, House Public Health
- HHSC Agency
- Texas Comptroller Glenn Hegar
- State agency leadership

Factors Analysis

Positive

- External stakeholder support and coordination from health-focused coalitions
- Resource-abundant state (available alternative revenue options)
- Spotlight on inequities in healthcare highlighted by the pandemic

Negative

- Systemic racism perpetuated by voter disenfranchisement and political bias
- Administrative burden imposed on individuals to access insurance affordability programs.
- Stakeholder resistance and input (i.e. Healthplans).
- Current economic recession

October 2021 target

In the 87th Legislative Session, the rainy day fund is utilized to bolster healthcare services.

State of Texas Children

The Road to a Brighter Future

CENTER *for* PUBLIC POLICY PRIORITIES • TEXAS KIDS COUNT PROJECT

Dear Friends,

Our dynamic, growing, vivacious state of Texas can often be a terrific place for kids. From scenic state parks to hard-working public school teachers to internationally acclaimed art museums and festivals, Texas has something to appeal to all children.

But short-sighted public policies and inadequate investment have created potholes and detours that are keeping Texas children from reaching their full potential. In fact, Texas consistently ranks in the bottom ten states for children. The data also show that far too many children in Texas continue to face barriers to opportunity based on race and ethnicity, gender, and family financial security. That's not good enough for Texas.

Common-sense policy solutions and investments have already demonstrated that state leaders can put Texas kids on a path to better outcomes. We have adopted important policies like Children's Medicaid and the Children's Health Insurance Program, which help kids stay healthy and zoom ahead. Expanded school breakfast, lunch and afterschool meals programs give kids the fuel they need to excel.

Texas now has an important opportunity to enact new policies to improve children's lives and make Texas the best state for kids. In 2019, leaders from across the state will meet at the Capitol to make decisions that will impact the future of millions of Texas children.

This report examines the role of policy in shaping child well-being, and how policy can raise the bar for all kids while closing the gaps in child well-being by race, ethnicity, gender, and family income.

Together we can expand and protect health care access for Texas families. Together we can provide all kids with a quality education, regardless of their background or ZIP code. And together we can make Texas the best state for kids and their families.

Warmly,

Ann Beeson
CEO, Center for Public Policy Priorities

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- Health 11-13
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Executive Summary

We all want Texas kids to have a bright future, but Texas is consistently ranked in the bottom ten states for child well-being.[1] Texas decision makers must create policies that improve conditions for all Texas kids and put them on the road to success.

Who Are Texas Kids?

FINDINGS:

The Texas child population is diverse and growing — making an accurate Census count essential.

- Texas is home to nearly 7.4 million children. Nearly half are Hispanic or Latino, 32 percent are White, 12 percent are Black, 4 percent are Asian, and 3 percent are multiracial or another race.[2]
- Texas counties with the fastest-growing child populations lie outside major Texas cities.[3]
- One in four Texas kids (more than 1.8 million) live with at least one non-citizen parent (including authorized residents). Of those children, 90 percent are U.S. citizens.[4]
- Thirty percent of children under the age of five (about 582,000 children) live in hard-to-count communities and are at especially high risk of being missed in the 2020 Census.[5]

RECOMMENDATIONS:

Consider all Texas kids when making policies.

- **Consider race equity tools when crafting policies.** To understand the full impact of a policy on Texas children, policymakers should consider how the policy might affect children of differing races or ethnicities.
- **Remove barriers to well-being for children in immigrant families and keep them with their parents.** Policies that create barriers to accessing educational, medical, and nutritional resources should be removed to improve the well-being of children in immigrant families.
- **Pass a national DREAM Act to provide a pathway to citizenship and work authorization for immigrants who were brought to the U.S. as children.**
- **Promote a fair and accurate 2020 Census.** Texas should form Complete Count Committees to support a full count of all people living in Texas.

Family Economic Security

FINDINGS:

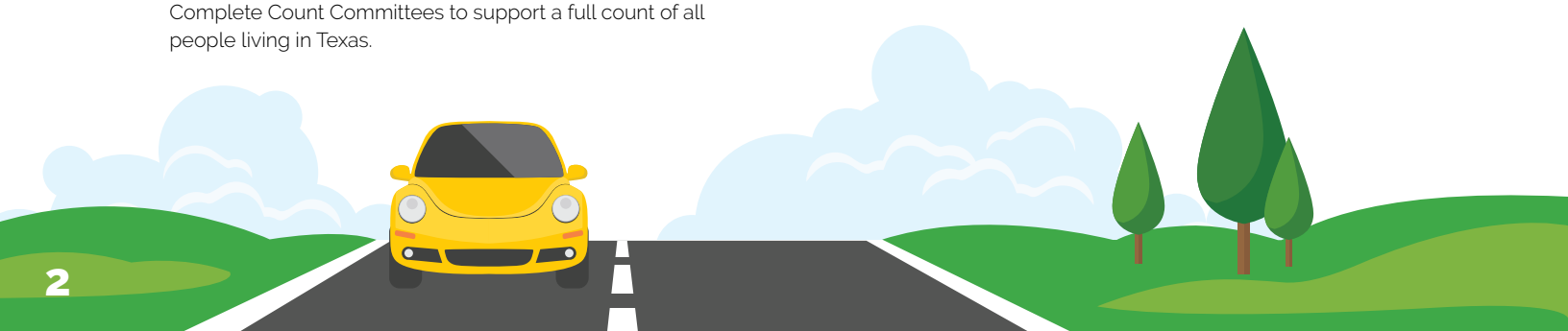
Policies affecting families' financial security have created and maintained unequal opportunities across race, ethnicity, and gender.

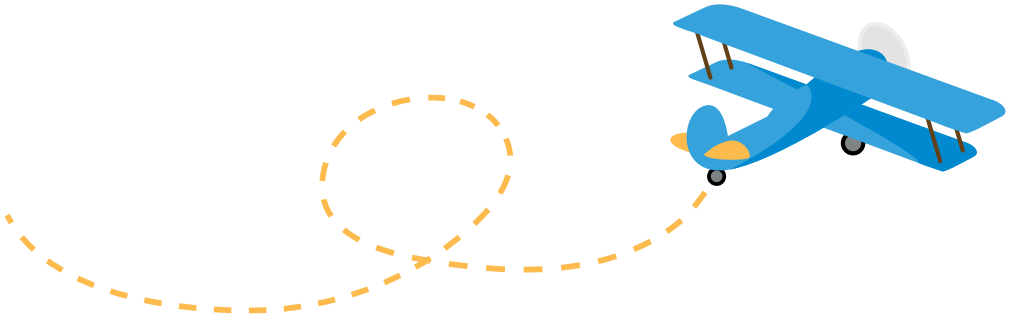
- One in five Texas children live in poverty, and Black and Hispanic children are disproportionately likely to live below the poverty line.[6]
- Poverty rates for families with children headed by single-mothers (38 percent) are twice as high as they are for families with children headed by single-fathers (19 percent).[7]
- Access to Temporary Assistance for Needy Families (TANF), a program that provides cash assistance to families in need, has decreased sharply over the past two decades.[8]

RECOMMENDATIONS:

Two-generation strategies can fight child poverty by providing resources for children and support for parents.

- **Implement policies to ensure sufficient wages and benefits for workers to meet their family's needs.** Texas' workers need access to family-sustaining wages and quality job benefits to build a strong future for their children. Raising the statewide or local minimum wage and increasing access to paid sick leave can improve the economic security of Texas families.[9]
- **Increase investment in and expand access to programs that help keep families out of poverty and mitigate its effects.** Programs like Medicaid, the Children's Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and many others have a proven track record of helping families in poverty and reducing the effect of poverty on children.[10]





Health and Safety

FINDINGS:

Access to health insurance has increased for Texas children, but too many kids still lack the health care, nutrition, and safety they need.

- Health insurance rates have improved since the passage of the Affordable Care Act, but nine percent of Texas kids remain uninsured, and barriers to health insurance for Hispanic children persist.[11]
- Public health insurance programs cover 45 percent of Texas children.[12]
- One in four Texas children has experienced two or more Adverse Childhood Experiences (ACEs), such as physical or emotional abuse or separation from a parent.[13]

RECOMMENDATIONS:

Expand health insurance access, and increase support for child safety programs.

- **Protect and expand comprehensive and affordable health insurance coverage.** Expanding access to health insurance coverage for all Texans can improve maternal health, enhance financial security for families, and ensure health care access for the whole family.[14]
- **Protect Medicaid and CHIP from damaging cuts or policy changes that reduce coverage for Texans or their ability to access care.**
- **Maintain and improve access to family planning services.** Access to prenatal care and support during pregnancy should be expanded through outreach and increased Medicaid access in low-income communities and communities with high maternal mortality rates.
- **Expand Afterschool Meals, Summer Nutrition, and School Breakfast access.**
- **Coordinate trauma supports across sources, such as schools, child welfare organizations, and health care facilities.**
- **Fully fund Child Protective Services and a Kinship Navigator Program.** Texas should seize opportunities during the 2019 legislative session to improve the well-being of kids in foster care and kinship care.

Education

FINDINGS:

Inequities in school funding perpetuate achievement gaps.

- Cuts to the Texas public education budget have led to a decrease in per-student spending. Compared to 2008, Texas spends 21 percent less per student on programs to keep kids on track and 40 percent less per student on bilingual education.[15]
- The majority of school funding now comes from local property taxes, leaving students in districts with the lowest property wealth — disproportionately students of color — at a significant disadvantage in resources and outcomes.[16]
- High school completion rates have improved, but barriers remain for some students: 96 percent of Asian and 93 percent of White students graduate from high school in four years versus only 87 percent of Hispanic and 84 percent of Black students. Male students are less likely to graduate than female students, and only 86 percent of economically disadvantaged students graduated on time in 2016.[17]

RECOMMENDATIONS:

Provide equitable school funding to meet the needs of every Texas student.

- **Remodel Texas' school finance system to fund Texas schools at a level that meets the needs of all students.** Texas' school finance system should mitigate inequities created by vast differences in property wealth between school districts.
- **Improve funding and access to full-day pre-kindergarten for eligible children statewide.** Policymakers should provide support to economically disadvantaged students early by funding full-day, high-quality pre-kindergarten for currently eligible children.
- **Implement targeted supports to close educational achievement gaps between groups of students.** For students to reach their full potential and be prepared for college or careers, Texas should work to close the gender, economic status, and race and ethnicity gaps in educational achievement.

Introduction

The Road to a Brighter Future

We all want Texas kids to be able to reach their full potential. A child's health, education, and financial security are inextricably linked to their well-being, and will pave the road to their opportunities as an adult.

According to the Annie E. Casey Foundation, Texas ranks 43rd in overall child well-being (based on measures of education, financial security, health, and families and communities).[18] As Texas children grow into the leaders of tomorrow, the future of Texas depends on the opportunities that kids — across gender, income, race, and ethnicity — have today.

We know that state and federal policy decisions can chart the course for significant, measurable changes for children's outcomes. Trends in child well-being over time show how policies have impacted children, and how the impact of a policy can differ based on where a child lives, their family's structure and financial resources, their gender, race or ethnicity, and many other factors.

The good news is that there are many ways to arrive at a bright future for Texas. Policies to improve the health of Texas kids, give them high-quality educational opportunities, and strengthen their families' financial security can put Texas in the fast lane to a better child well-being ranking and pave the way to a stronger future for our state. Common-sense policies and investments can simultaneously improve outcomes and close the gaps in children's well-being by race and ethnicity by removing roadblocks and creating equitable opportunities.

Texas can be a state where a bright future is possible for all children. This report will provide a deeper understanding of child well-being in Texas, the policies which have shaped it, and the chances Texas has to invest in the future and make our state the best for every Texas kid.

Why consider race and ethnicity?

When we break down data (i.e., disaggregate it), we can reveal information about which groups of children have better outcomes than other groups, try to understand why, and figure out how to give all children the best chance to succeed. Disaggregated data has revealed insights like how gender relates to income, how where a child lives relates to their health, and how family income relates to education.[19]

We also see that children's outcomes in health, education, and financial security can differ dramatically by race and ethnicity. Race and ethnicity are connected to measurable differences in how children are treated and the opportunities afforded to them. In our 2016 State of Texas Children report, we explored how these gaps in children's health, education, and financial security can be traced to historical policies that created barriers for families and how current policies perpetuate them.

Racial categories are not rooted biologically in a person's skin color or innate characteristics. Rather, throughout history, social, economic, and political institutions have defined the boundaries of racial categories, often creating social, economic and political hierarchies.[20] Separate from the concept of race, ethnicity is broadly understood as similar to ancestry or heritage (e.g. Korean, Mexican, German). However, state and federal data collection and reporting practices commonly use only two ethnic categories, Hispanic/Latino and non-Hispanic/Latino, in addition to race.[21]

In this report, we use "Hispanic" as a separate "racial/ethnic" category, mutually exclusive of the racial category "White". We use "Hispanic" rather than "Latino" to most closely match our data sources, but note that detailed demographic data show that Hispanic people in Texas represent themselves ethnically (i.e. Hispanic, Latino, Latina, Latinx) and racially (i.e. White, Black, Asian) in multiple ways, and come from diverse areas of the world.[22]

We also use the phrase "all other children" throughout the report. We recognize that the overly broad groupings used in our data sources mask substantive differences that limit our understanding of children's needs and could ultimately reduce the effectiveness of policy change. The definitions of racial and ethnic categories are constantly changing and do not match the complexity of individuals or the ways people identify or describe themselves. Acknowledging these limitations of the data, it is still important to collect and analyze data by race and ethnicity so that we can highlight where inequity exists and reduce differences in opportunities and outcomes.

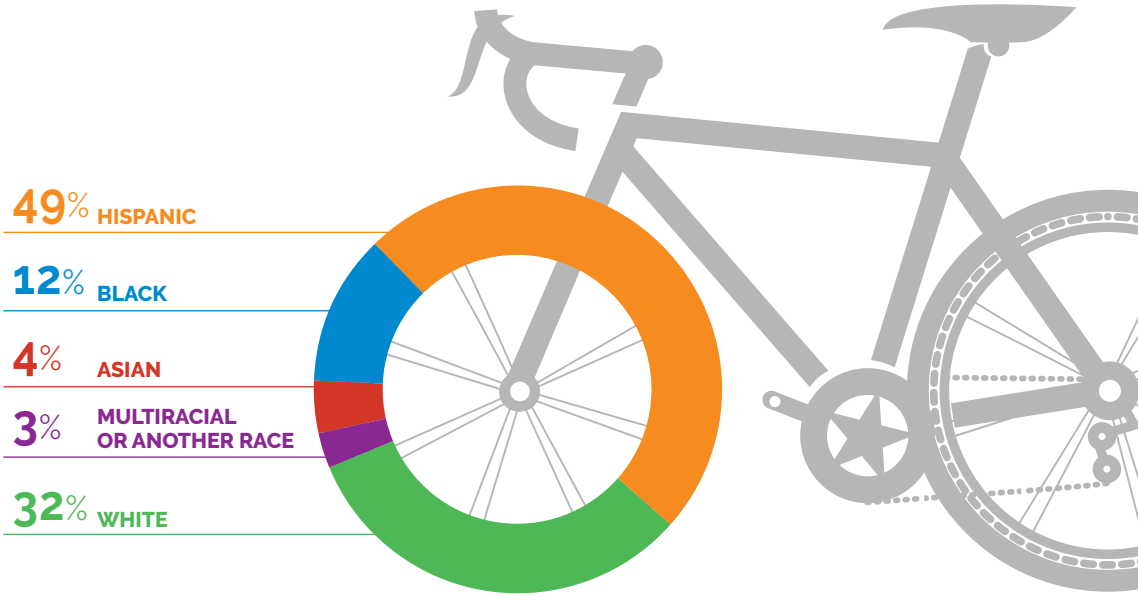
Who Are Texas Kids?

To make Texas the best state for children, policymakers need to make choices that improve conditions for all Texas kids — across race, ethnicity, gender, immigration status, age, financial status, family structure, and ZIP code. Texas is home to more than ten percent of children living in the U.S. As the state continues to grow, understanding who Texas' nearly 7.4 million children are is critical to crafting common-sense policies to support them and expand their opportunities.[23]

Texas kids are diverse.

Children of color are the future workers and leaders of Texas.

Texas child population by race and ethnicity, 2017[24]



Texas kids are our present and future.

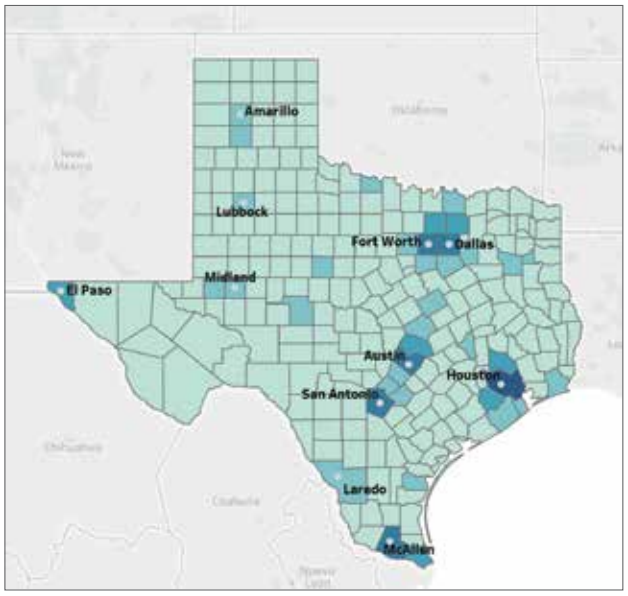
In the not-too-distant future, today's nearly 7.4 million Texas kids will be working, innovating, and leading our state and country. Research documents how race and ethnicity have long been related to how children are treated, affected by policy, and served by institutions.[25] Two-thirds of Texas' child population is comprised of Hispanic, Black, and Asian children, in addition to kids of many other races and ethnicities.[26] Our leaders should use data broken out by race and ethnicity to guide their decisions and develop policies to ensure all kids reach their full potential.

From Abilene to Zephyr, Texas' child population is booming.

Most Texas children are growing up in metropolitan areas, and the child population of Texas is growing the fastest in urban counties. Even so, the child population in Texas' rural counties is growing faster than rural counties across America.[27] This growth is so robust that we anticipate adding approximately 2 million children to our population by 2050, reaching a total of 9.2 million kids.[28]

Most Texas children live in metropolitan areas.

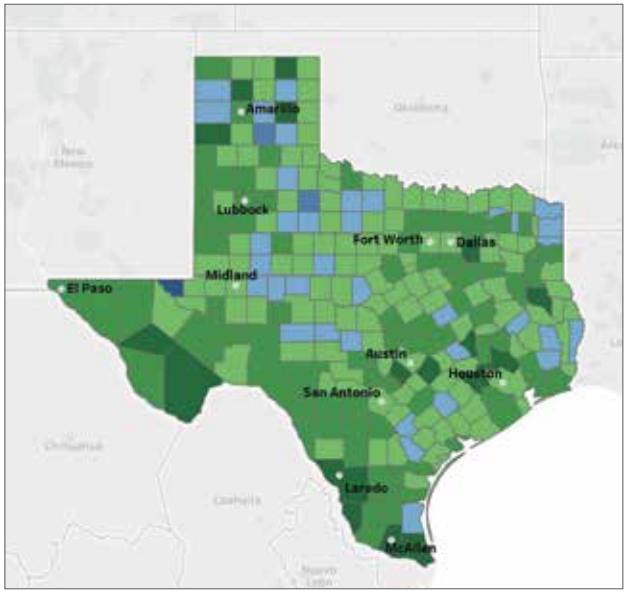
Child population by county, 2015[29]



Up to 25,000 | 100,001 to 250,000 | More than 1,000,000
25,001 to 100,000 | 250,001 to 1,000,000

Counties outside major Texas cities will see fastest growth in child populations.

Projected change in child population by county, 2015-2050[30]



Less than -50% | -25% to 0% | 25% to 50%
-50% to -25% | 0% to 25% | Greater than 50%

Texas kids are growing up in immigrant families.

With more than 1.8 million (25 percent of) Texas children living in families with at least one non-citizen parent (including authorized residents), and even more living with immigrant family members, supporting immigrant families is critical for Texas' future. Of the children in immigrant families, **90 percent are U.S. citizens.**[31]

One in four Texas kids lives with a non-citizen parent (including authorized residents).

Texas kids by citizenship status of parent, 2017[32]

Today's heated rhetoric regarding immigrants has created a perfect storm for Texas' immigrant population. The separation and detention of families at the U.S.-Mexico border (including separation caused by increased deportations), anti-sanctuary city legislation, and attacks on the Deferred Action for Childhood Arrivals (DACA) program further threaten the well-being of Texas immigrant families.[33] And (at the time of this writing) a proposed broadening of the "Public Charge rules" on children's use of public benefits could prevent them or their families from gaining citizenship or documented status in the future.[34] Furthermore, families may fear that contact with public systems could lead to a family member being deported and their family being split apart. Children who are separated from their parents through detention and/or deportation may suffer psychological trauma, instability, and material hardship after the family's breadwinner is no longer in the household.[35]

Policies have shaped a brighter future for children in immigrant families in the recent past. The "Texas DREAM Act", which extended in-state tuition and grant eligibility to non-citizen residents of Texas, was signed into law by then-Governor Perry in 2001 with bipartisan support.[36] In 2012, the Deferred Action for Childhood Arrivals (DACA) program was enacted to grant certain qualified immigrant youth who were brought to the U.S. as children temporary relief from deportation and authorization to work lawfully in the U.S.[37]

Today, nearly 111,700 DACA recipients live in Texas, and an estimated 70,000 additional immigrant youth in Texas are eligible for DACA but not enrolled.[38] However, the future of the DACA program — and the futures of these children and young adults — remains uncertain following federal and state challenges.[39]

Texas kids count – and need to be counted in the 2020 Census.

Every 10 years, the Census Bureau carries out a constitutionally mandated count, or Census, of the nation's residents.[40] And the stakes are high. Data from the 2020 Census will be used to determine the number of representatives Texans have in Congress and how much federal money Texas receives annually (typically in the billions of dollars) to support quality of life services like education, housing, transportation, and health care.[41]

Unfortunately, the 2020 Census faces barriers to a fair and accurate count including the addition of a controversial and untested citizenship status question, the underfunding of the Census Bureau by Congress in the lead up to the Census, and a growing population in our state.[42] As in past Censuses, Texas is forming Complete Count Committees at the state and local levels to help ensure an accurate count.[43] If Texas residents are undercounted by even 1 percent, Texas could lose at least $300 million per year.[44]

Young children are one of the most likely groups to be missed in the Census. **Undercounting Texas' kids could mean billions less over the next decade for education, school lunches, Head Start, Medicaid, the Supplemental Nutrition Assistance Program, and the Children's Health Insurance Program.[45]**

POLICY RECOMMENDATIONS

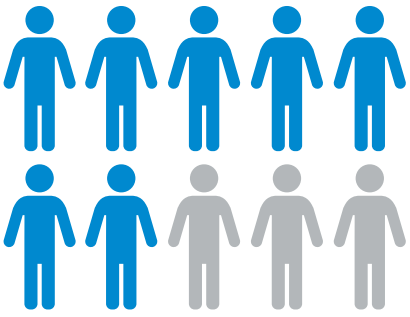
1. **Consider race equity tools when crafting policies.** To understand the full impact of a policy on Texas children, policymakers should consider how the policy might affect children of differing races or ethnicities. Conducting racial and ethnic impact analyses of existing and proposed policies allows policymakers to develop fact-based policy solutions to close achievement gaps.

2. **Remove barriers to well-being for children in immigrant families, and keep them with their parents.** Policies that create barriers to accessing educational, medical, and nutritional resources should be removed to improve the well-being of children in immigrant families.

3. **Pass a national DREAM Act to provide a pathway to citizenship and work authorization for immigrants who were brought to the U.S. as children.**

4. **Promote a fair and accurate 2020 Census.** Texas should form Complete Count Committees to support a full count of all people living in Texas.[47] To learn more, visit http://bit.ly/CPPPcensus.

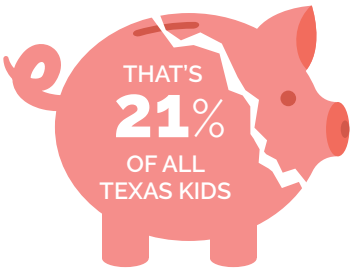
30 percent of children under the age of 5 (about 582,000 children) are at high risk of being missed in the 2020 Census.[46]



Economic Security

A family's economic security drives a child's access to educational opportunities, healthy food, stable housing, and health care. Children living in families with incomes above the poverty line tend to have better health outcomes, perform better on standardized tests, complete high school and attend college at higher rates, and have higher earnings as adults.[48] But too many jobs in Texas lack family-sustaining wages and benefits, putting economic stability out of reach for many Texas families.[49]

In Texas, 1,525,000 children live in poverty.[50]



Proactive policies and targeted investments in education, health care, nutrition, and other support for kids can alleviate the effects of living in poverty and pave the road for children to have a more financially secure future as adults. Policies that support the whole family — such as improving access to quality jobs with family-sustaining wages and benefits like paid sick leave and health insurance — can also create long-term benefits for kids.[51]

Because poverty is defined by a household's income, economic opportunity and mobility for parents is key to keeping children out of poverty.[53] Unfortunately, the federal poverty thresholds show that a single-earner working full-time at Texas' $7.25 minimum wage would not make enough to keep their family out of poverty. While Texas' unemployment rate is relatively low,[54] many Texas workers have low-paying, part-time or seasonal jobs that do not keep their families out of poverty.[55]

Poverty and economic security differ across gender, race and ethnicity.

Although Texas' economy is booming, prosperity is not shared equitably among Texas families. Working parents struggle to make enough to stay out of poverty, and household income varies widely by family structure, race, and ethnicity.

Texas' single-parent families are more likely to live in poverty than married-couple families, and poverty rates for single parents differ dramatically by gender, race and ethnicity.[56] One in four Texas kids lives with a single mother,[57] and 38 percent of Texas' single-mother families live below the poverty line (twice the poverty rate for single-father families).[58]

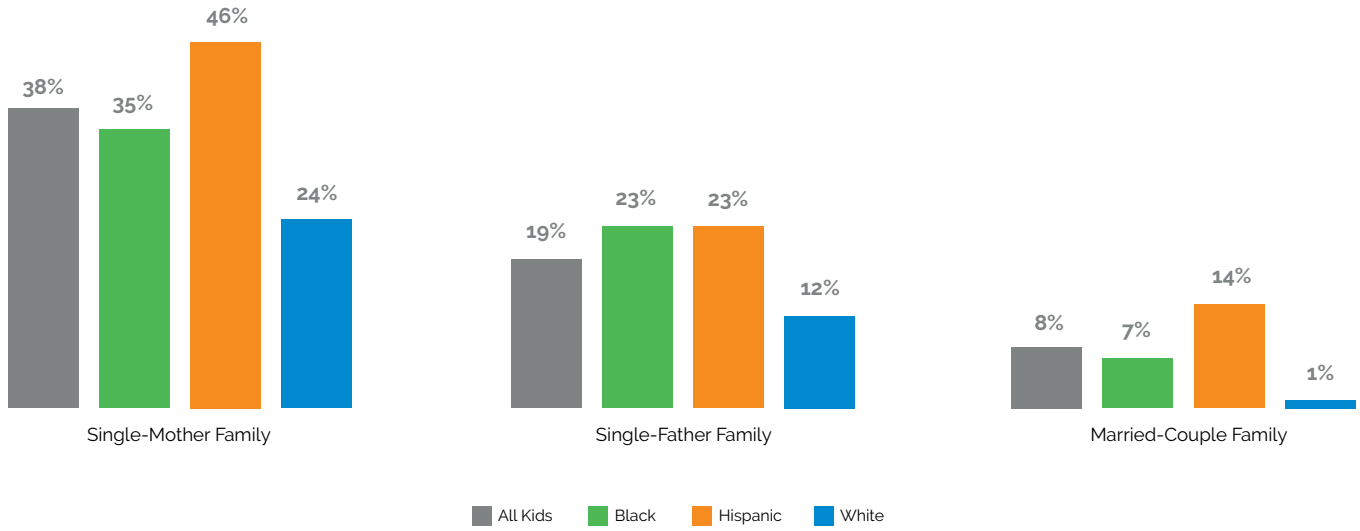
"Poverty" is an official measure defined by the U.S. Government based on family income.

2017 Federal Poverty Thresholds[52]

A FAMILY IS IN POVERTY IF	1 Adult	1 Adult + 1 Child	2 Adults + 1 Child	2 Adults + 2 Children
YEARLY INCOME FOR HOUSEHOLD AT OR BELOW	$12,488	$16,895	$19,749	$24,858
EQUIVALENT TO HOURLY WAGE AT OR BELOW (IF ONE ADULT WORKS FULL-TIME)	*$6.00*	*$8.12*	*$9.49*	*$11.95*

Poverty disproportionately affects households headed by women and people of color.

Poverty rate of Texas households with children by race and ethnicity of the head of the household, 2017[59]



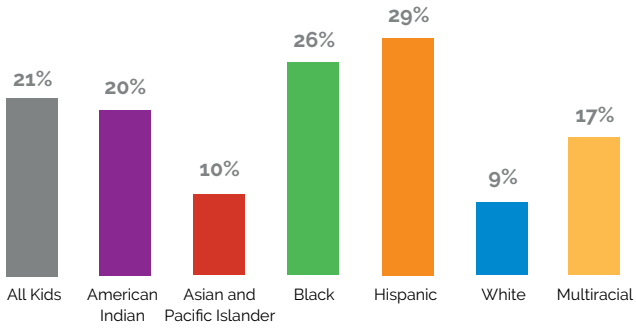
Racial and economic segregation perpetuate opportunity gaps across generations.

Historical barriers created unequal situations for families, and current policies have not done enough to undo them. A mix of federal policy, discriminatory local laws, and community practices have created and maintained deep racial and economic divisions in where children live and go to school, and these differences in children's opportunities have accumulated over generations.[60]

Neighborhoods of concentrated poverty can isolate residents from resources and opportunities.[61] Where a child grows up is directly related to their likelihood of exiting poverty when they are older. And low-income Black and Hispanic children in Texas are far more likely to live in high-poverty neighborhoods than low-income White children. The "neighborhood effects" of living in high-poverty areas influence not just children in low-income families, but all children who live in the area.[62]

Black and Hispanic children are roughly three times more likely to live in poverty than White and Asian children in Texas.

Children in poverty by race and ethnicity, 2017[63]

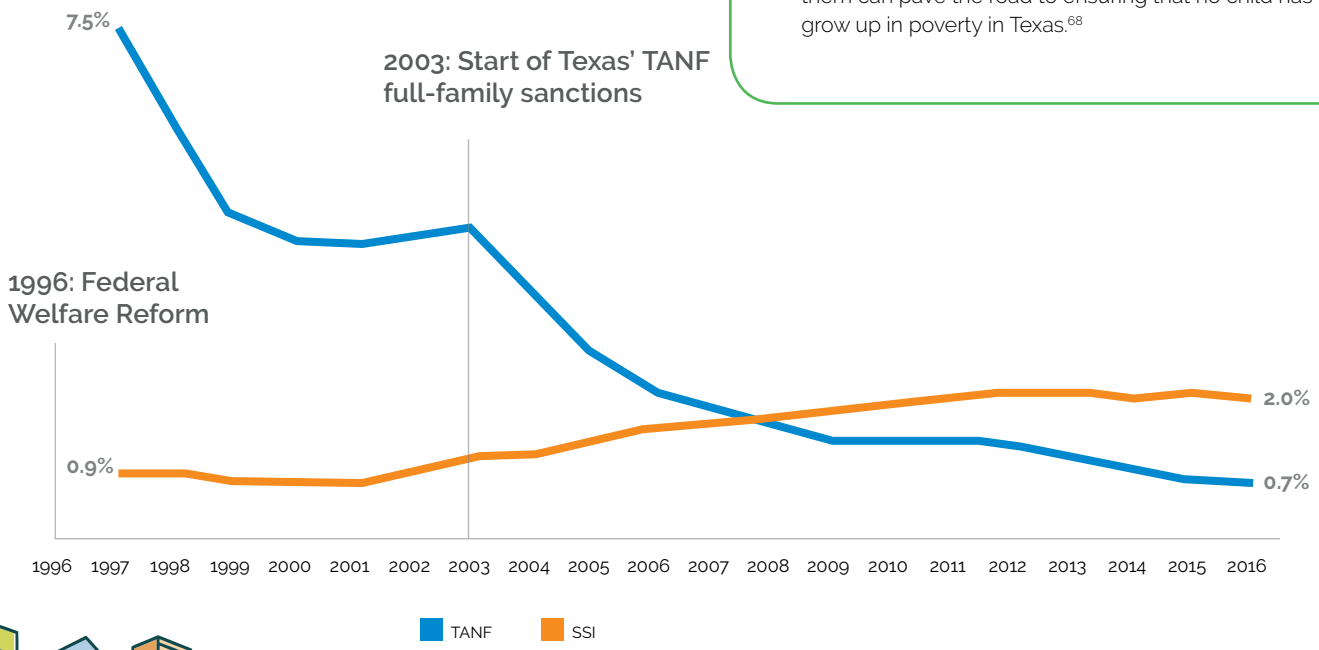


Assistance programs fail to reach most Texas families in poverty.

Cash assistance is a proven method for helping children living in poverty, but Texas serves fewer and fewer families each year. The number of kids receiving cash assistance through the Temporary Assistance for Needy Families (TANF) program has been in decline since the mid-90s due to policies aimed at helping parents find work, strict time restrictions for benefits, and the implementation of full-family sanctions.[64] As access to TANF declined in Texas over the past two decades, enrollment in Supplemental Security Income (SSI) more than doubled, but it is only accessible to children who have been evaluated as disabled, leaving many Texas families without needed cash assistance.[65]

Access to TANF among Texas families is at a new low.

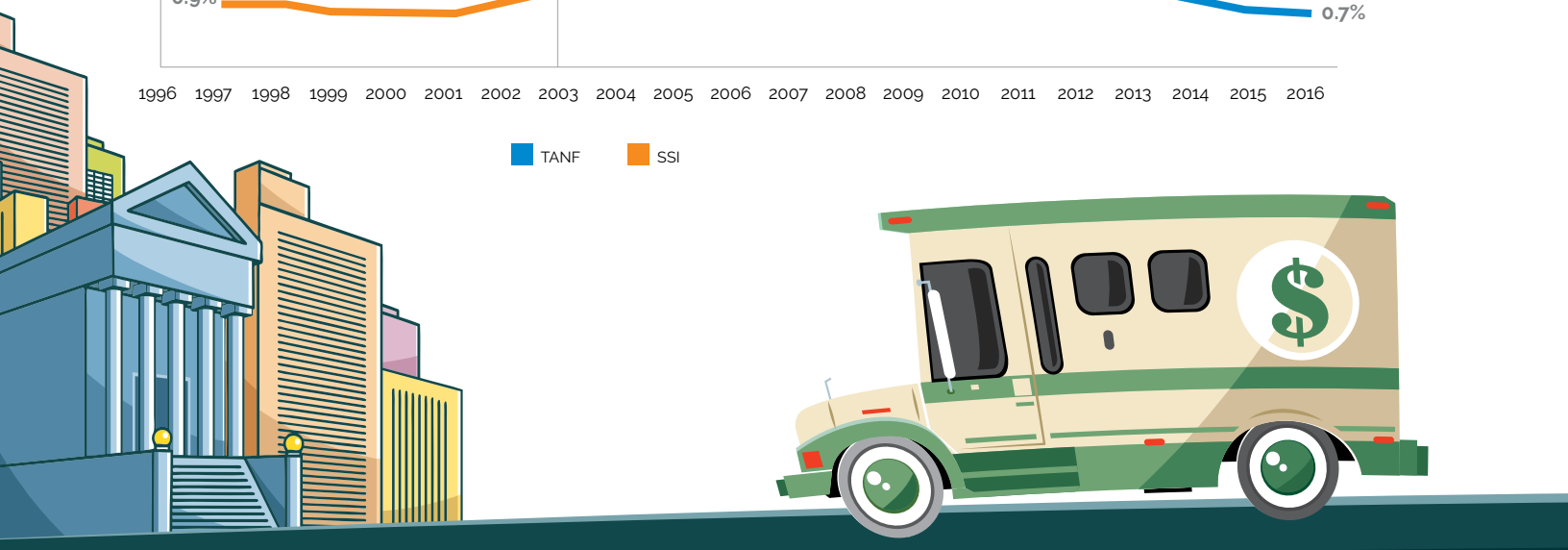
Children enrolled in TANF and SSI, 1997-2016[66]



POLICY RECOMMENDATIONS

1. **Implement policies to ensure sufficient wages and benefits for workers to meet their family's needs.** Texas' workers need access to family-sustaining wages and quality job benefits to build a strong future for their children. Raising the statewide or local minimum wage and increasing access to paid sick leave can improve the economic security of Texas families.[67]

2. **Increase investment in and expand access to programs that help keep families out of poverty and mitigate its effects.** Programs like Medicaid, the Children's Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and many others have a proven track record of helping families in poverty and mitigating the effect of poverty on children. Investing in these programs and allowing more families to access them can pave the road to ensuring that no child has to grow up in poverty in Texas.[68]



Health

Children's physical and mental health affects their future health, educational attainment, and financial well-being.[69] Policymakers can get Texas kids on the road to improved health by ensuring children have the health insurance they need to access care, enough food for a healthy diet, and healthy environments, families, and communities where kids can thrive.

Despite recent gains, too many Texas kids still lack health insurance.

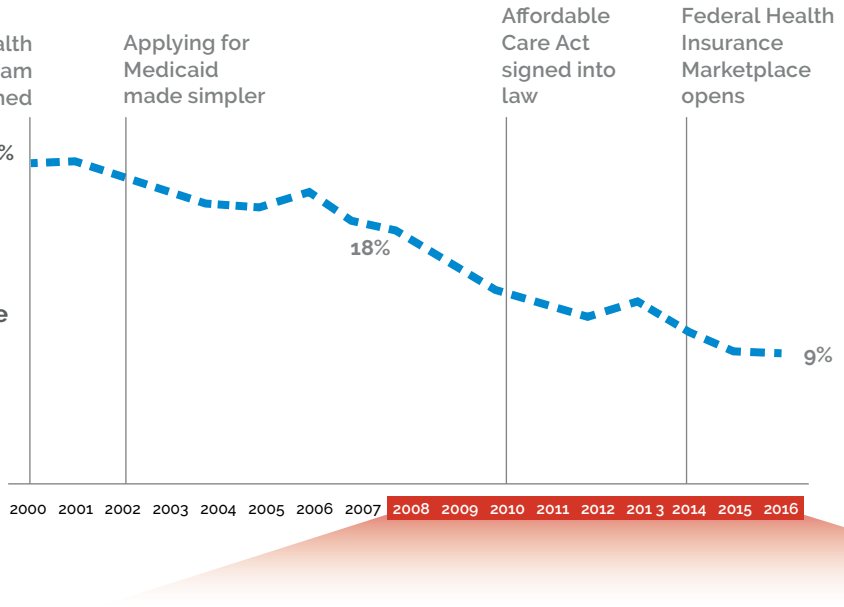
In today's health care market, health insurance promotes access to preventive care, encourages timely diagnosis and treatment, and protects families from crushing medical debt.[70]

The uninsured rate of children ages 0-17 in Texas has improved considerably since the federal Affordable Care Act (ACA, or Obamacare) took effect. But at nine percent (about 671,000 children), Texas' child uninsured rate is still one of the worst in the country.[71]

Since the passage of the ACA, gaps in uninsured rates by race and ethnicity improved and even closed for some kids. As of 2016, the uninsured rate for Asian and Pacific Islander, Black, and White children in Texas was six percent.[72] Despite these improvements, roadblocks to accessing health insurance remain for Hispanic children in Texas, who are twice as likely to be uninsured as their non-Hispanic peers. Hispanic children are less likely to be covered through their parents' employers,[73] and Hispanic families in Texas may fear immigration-related consequences for family members if a legally eligible child enrolls in a health insurance plan.[74]

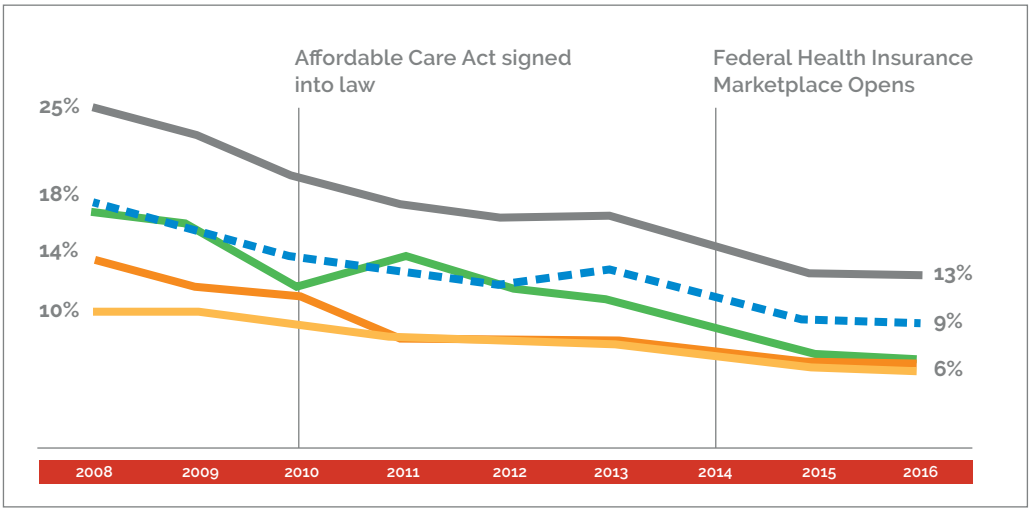
Child (0-17) uninsured rates have improved since the passage of the Federal Affordable Care Act.[75]

2000-2016



Child (0-17) uninsured rates by race and ethnicity

2008-2016



Public programs help Texas kids.

In Texas, Medicaid and the Children's Health Insurance Program (CHIP) cover more than 3.6 million children (nearly half of all Texas children),[76] including the majority of Texas' children of color.[77]

CHIP was signed into law in 1997 and gave states federal funds to provide health coverage for children in families who could not afford private coverage, despite having incomes too high to qualify for Medicaid. The program, which had strong bipartisan support, was designed to provide children with access to child-appropriate benefits and pediatric providers while implementing cost-sharing limits to protect vulnerable kids and families.[78]

Congress passed a six-year extension of CHIP funding in January 2018; but threats to CHIP still exist.[79] If Congress fails to provide adequate funding for CHIP in the future, hundreds of thousands of Texas children would be at risk of losing health care coverage.

Health insurance is a family affair.

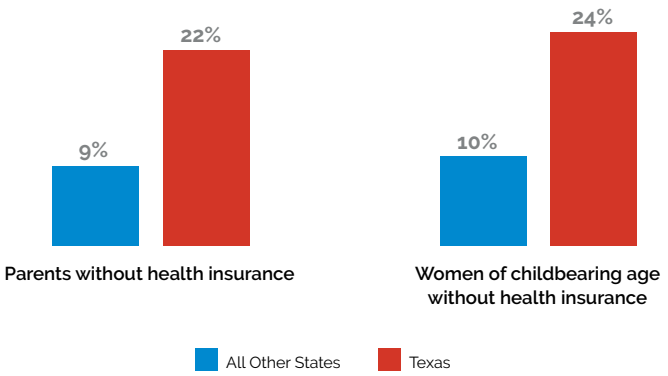
Most children have the same health insurance status as their parents.[80] Furthermore, health insurance coverage for adults has been shown to improve overall family economic security and increase health care access for mothers before, during, and after pregnancy.[81]

Unfortunately, more than one in four Texas women of childbearing age are uninsured (28 percent), and 23 percent of all Texas parents lack health insurance.[82] Texas has the highest rate (24 percent) and number (3.9 million) of uninsured working-age adults (19-64) in the U.S.[83]

The high numbers of uninsured adults in Texas can be attributed partially to Texas' failure to expand Medicaid under the Affordable Care Act, leaving a "coverage gap" for adults with incomes too high to enroll in Medicaid but too low to obtain federal subsidies for health insurance.[84]

Too many Texas parents and women of childbearing age are uninsured.

Uninsured rates, 2016[85]



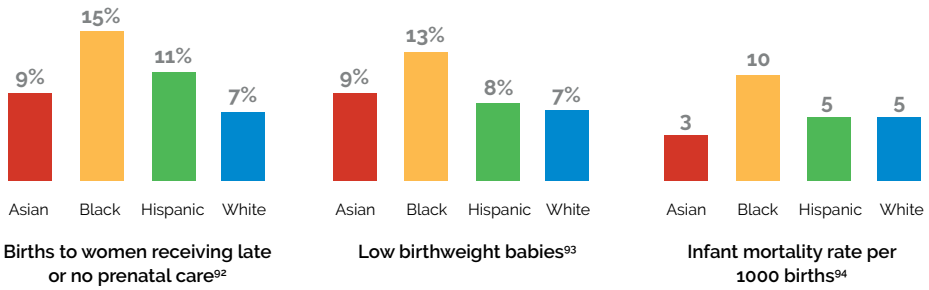
Maternal health is critical to children's health.

A mother's health and access to care influences her baby's health, before and during pregnancy. Risk factors for low birthweight and prematurity for babies include high stress levels during pregnancy and lack of access to prenatal care.[86] Unfortunately, too many Texas women — disproportionately low-income women and women of color — face barriers to prenatal care like being uninsured or being unable to get an appointment.[87] And Texas leaders have repeatedly chosen to make it more difficult for women to access family planning services.[88]

Black mothers are most likely to lack early access to prenatal care, which can influence an infant's health.[89] Black infants have the highest infant mortality rates and are more likely to be born prematurely or at a low birthweight, which can lead to delayed development, learning disabilities, and other health problems.[90] Texas has one of the worst maternal mortality rates in the country, and Black mothers in Texas are at the highest risk of dying within a year of their child's birth.[91] Mothers and babies need access to high-quality care before and after birth in order to ensure a healthy start.

Access to care for mothers is related to infant health outcomes.

Infant health indicators, 2016



Food and Nutrition

When children do not receive proper nutrition, they can experience delays in physical, intellectual, and emotional growth. Food insecurity is a symptom of economic insecurity, as a family struggling to make ends meet may have little money left for food.[95]

Food insecurity affects nearly 1.7 million children in Texas (23 percent of all Texas kids).[96] Living with food insecurity means that a child's access to nutritious food is limited and uncertain, and can put their health and development at risk. Hungry kids can have a harder time focusing in school, and their families commonly have to choose between food and other necessities like utilities, medical care, transportation, and housing.[97]

POLICY RECOMMENDATIONS

1. **Protect and expand comprehensive and affordable health insurance coverage.** Expanding access to health insurance coverage to all Texans can improve maternal health, enhance financial security for families, and ensure health care access for the whole family.[100]
2. **Protect Medicaid and CHIP from damaging cuts or policy changes that reduce coverage for Texans or their ability to access care.**
3. **Maintain and improve access to family planning services.** Access to prenatal care and support during pregnancy should be expanded through outreach and increased Medicaid access in low-income communities and communities with high maternal mortality rates.
4. **Expand Afterschool Meals, Summer Nutrition, and School Breakfast access.** Growing these programs to serve more Texas students can play a critical role in providing healthy meals to kids.

When families struggle with food insecurity, public nutrition programs have helped to fill the gaps.[98]

1946: *National School Lunch Program (NSLP) is launched to guarantee a healthy meal at school*

1964: *Food Stamp Act signed into law as part of the War on Poverty*

1972: *Special Supplemental Nutrition Program for Women, Infants and Children program (WIC) aims to improve the health of pregnant mothers, infants, and children*

1975: *The School Breakfast Program receives permanent authorization*

1997: *Low-income school districts are required to offer both breakfast and summer food programs*

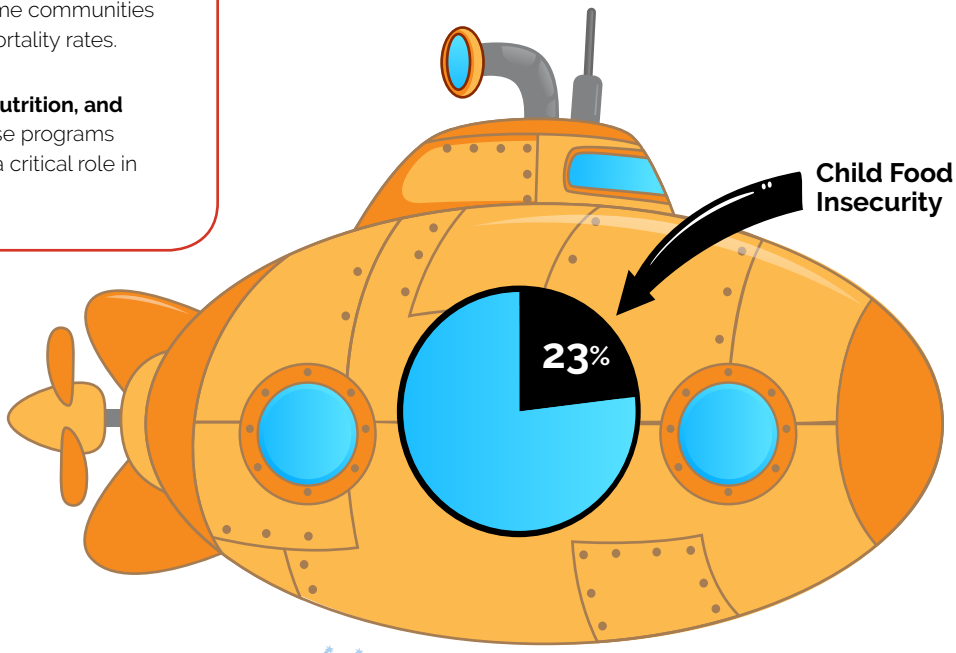
2008: *The Food and Nutrition Act of 2008 formally changes the name of the Food Stamp Program to the Supplemental Nutrition Assistance Program (SNAP)*

2010: *The Afterschool Meals Program is created as part of the Child and Adult Care Food Program (CACFP) to feed children in afterschool programs who may not receive adequate nutrition at home*

2014: *The Community Eligibility Program (CEP) allows high poverty schools to provide free meals to all students, further expanding access to nutrition in Texas*

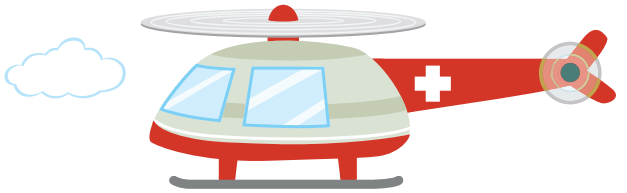
Too many Texas kids don't know where their next meal is coming from.

Child food insecurity rate, 2016[99]



Safety

All kids deserve to feel safe at home, at school, and in their communities. But too many kids in Texas experience poverty, food insecurity, and domestic violence, which can manifest as trauma in a child's life.[101]



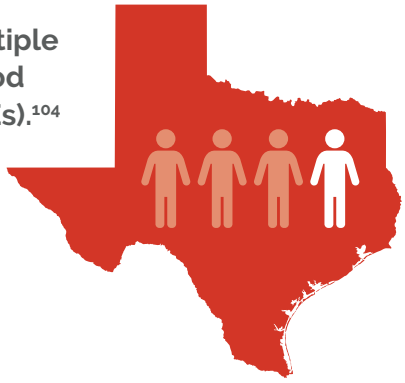
Trauma and toxic stress from abuse, neglect, or other adverse childhood experiences can derail a child's healthy development and lead to long term negative health consequences — but they don't have to. Community supports, positive relationships with parents and systems designed to recognize and address trauma can help mitigate the effects of adverse childhood experiences.[102]

Adverse Childhood Experiences (ACEs) include:

- **Physical or emotional abuse or neglect**
- **Living with or experiencing domestic violence, housing insecurity, poverty, or parental substance abuse**
- **Separation from a parent or death of a loved one**
- **Other traumas[103]**

One in four Texas kids

(24 percent) have experienced multiple Adverse Childhood Experiences (ACEs).[104]



Children may experience these events as a discrete trauma or, for ongoing experiences, as toxic stress. Girls, children living in poverty, and children of color experience higher rates of adverse childhood experiences, and are disproportionately burdened with the impact of trauma and toxic stress. If a child endures multiple adverse childhood experiences, their risk of alcoholism, heart disease, suicide, and other health issues as an adult goes up.[105]

The Texas Department of Family and Protective Services (DFPS) works to support Texas families to keep kids safe in their own homes. Prevention and early intervention services from DFPS such as counseling, child care, and substance use disorder treatment can decrease the likelihood of trauma at home and increase a child's ability to overcome traumas that do occur.[106]

63,657 Texas children

were confirmed victims of child abuse or neglect in 2017.[107]

If a child's home environment is determined to be unsafe, Child Protective Services (CPS), which works within DFPS, can remove the child from the home and assume custody. Foster care and formal kinship care (when a child is placed in the custody of grandparents or other relatives) are coordinated by CPS.[108]

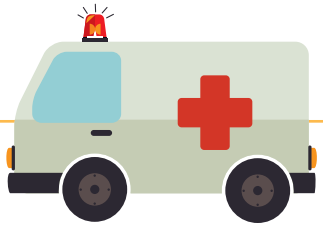
More than 250,000 Texas children live in *informal* kinship care with grandparents or relatives without going into the custody of the state[109] — which has saved Texas taxpayers millions of dollars each year in foster care costs and typically leads to better outcomes for children compared to foster care.[110]

Informal kinship care providers are often unaware of their eligibility for programs like TANF, SNAP, and Medicaid. And accessing programs can be challenging. But the new federal Family First Prevention Services Act allows states to receive partial reimbursement for kinship navigator programs — initiatives to provide information, referral, and follow-up services to grandparents and other relatives raising children about the benefits and services they or the children need.[111]

POLICY RECOMMENDATIONS

1. **Coordinate trauma supports across sources.** Train providers at schools, child welfare organizations, and health care facilities to recognize children who have experienced trauma and collaborate to find and provide supportive resources.

2. **Fully fund Child Protective Services and a Kinship Navigator Program.** Texas should seize opportunities during the 2019 legislative session to improve the well-being of kids in foster care and kinship care.



Education

Texas is home to one of every ten public school students in the United States, and all 5.4 million public school children deserve access to quality education programs.[112] Well-funded schools are better able to offer smaller class sizes, attract and retain high-quality teachers, and enhance art, computer science, and other courses.[113] Public education is a common-sense investment in Texas' future.

Texas' school finance system needs a remodel.

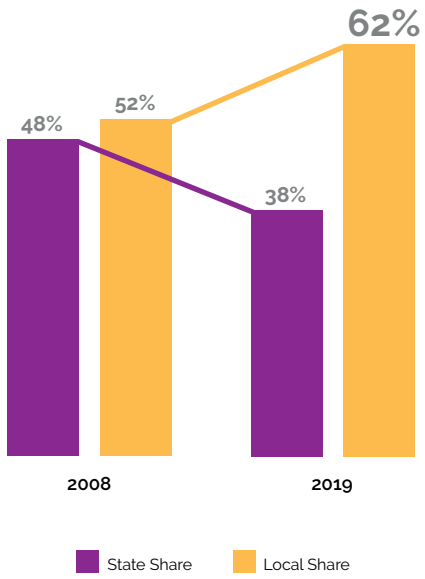
Money matters in education. Texas currently ranks in the bottom ten states in per-student funding.[115] In 2011, state lawmakers cut over $5 billion from the two-year public-school education budget, or about $500 per student each year. Only some of that funding has come back, but these efforts have fallen below what is needed to keep up with inflation or the additional 80,000 students joining our public schools each year. This means that Texas is investing less per student than before the recession.[116]

Every Texas student was impacted by these cuts, but elementary schools with high percentages of low-income students were hit particularly hard. Compared to 2008, today Texas is spending 21 percent less per student on programs to keep kids on track and 40 percent less per student on bilingual education.[117]

Most school funding comes from local property taxes that are based on local property values.[118] Because property wealth — and therefore school funding — varies quite a bit across Texas, the state provides funding to increase equity across districts.[119] However, the decline in state investment over the last decade has left local property taxes to cover the majority of public-school costs and increased inequity.[120] This current distribution of education funding leaves students in districts with the lowest property wealth — disproportionately students of color — at a significant disadvantage in resources and outcomes.[121]

State share of funding for Texas schools has declined, increasing reliance on local property taxes

Share of state and local funding for Texas public schools, 2008 & 2019[122]



Texas should support every student for academic success.

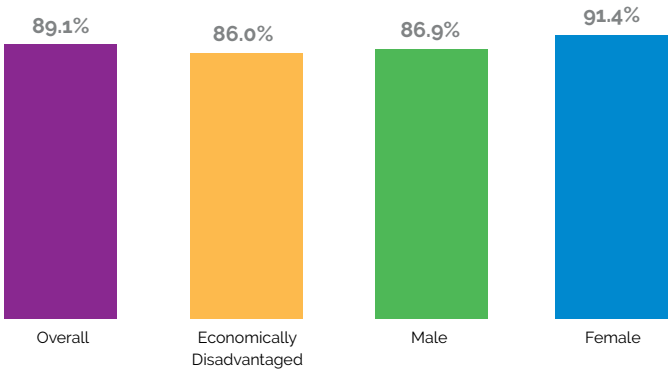
Investing in pre-kindergarten makes sense for Texas. High-quality, full-day pre-kindergarten programs can lead to savings for Texas and significant benefits for kids through improved academic performance, lower school dropout rates, and a stronger tax base as pre-K kids earn more as adults.[123] But Texas currently only provides school districts with enough funding to run a half-day pre-kindergarten program.[124] Even though children in economically disadvantaged households are particularly likely to benefit, they are less likely to attend pre-kindergarten than their higher income peers.[125]

Although graduation rates are improving, barriers to on-time graduation remain for economically disadvantaged students, boys, and students of color.

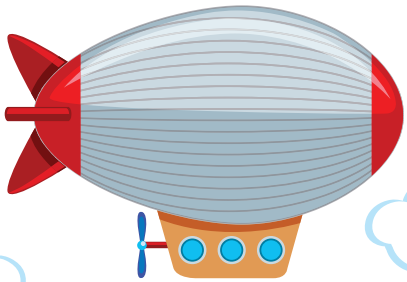
High school graduates have increased access to higher education, good jobs, and are less likely to live in poverty.[126] Texas' high school graduation rates have improved for nearly all groups of students, but gaps remain by economic status, gender, race and ethnicity. Economically disadvantaged students are less likely to graduate on time than their classmates, and are more likely to be enrolled in high-poverty school districts that have fewer resources. A gender gap also exists: only 87 percent of males graduated from high school on time in 2016, compared to over 91 percent of females.[127]

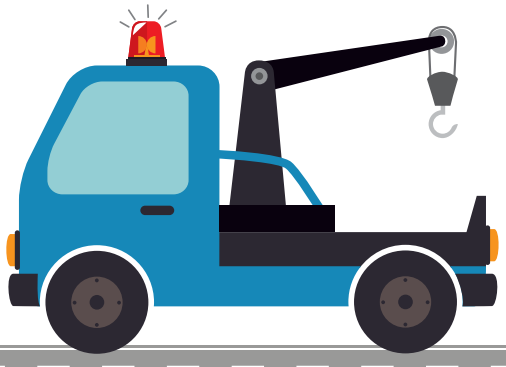
Economically disadvantaged students and boys are less likely to graduate on time than their peers.

Texas high school graduation rates, class of 2016[128]



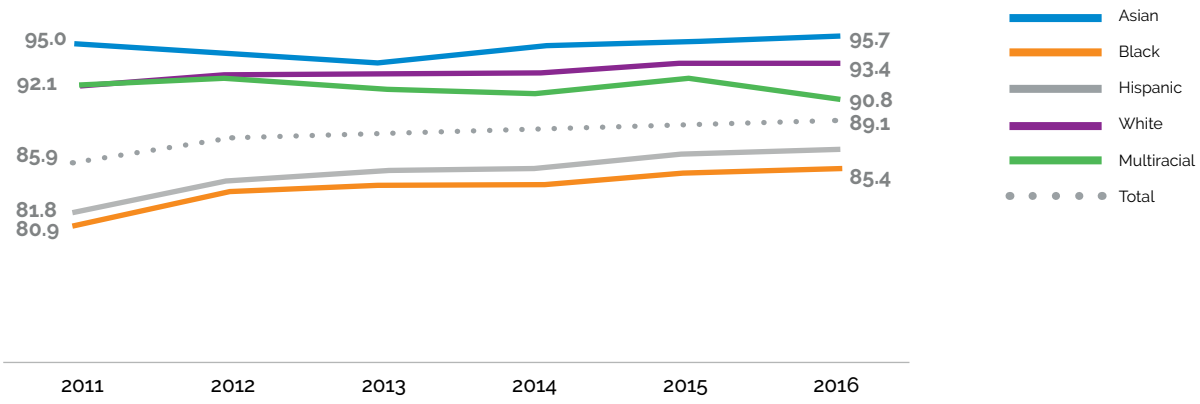
Of the 21,600 Texas students who dropped out of the class of 2016, more than 2/3 were economically disadvantaged.[129]





Although improving, gaps in graduation rates by race and ethnicity persist in Texas.

On-time graduation rates, by race and ethnicity, class of 2016[130]



In 2016, just 85 percent of Black students, 87 percent of Hispanic students, and 91 percent of multiracial students graduated on time, compared to 93 percent and 96 percent of White and Asian students, respectively. To close the gaps, Texas must provide equitable opportunities for all students to achieve success.[131]

POLICY RECOMMENDATIONS

1. **Remodel Texas' school finance system to fund Texas schools at a level that meets the needs of all students.** Texas' school finance system should mitigate inequities created by vast differences in property wealth between school districts.

2. **Improve funding and access to full-day pre-kindergarten for eligible children statewide.** Policymakers should provide support to economically disadvantaged students early by funding full-day, high-quality pre-kindergarten for currently eligible children. High-quality pre-kindergarten programs lead to savings for the state through improved academic performance and lower school dropout rates.[132]

3. **Implement targeted supports to close educational achievement gaps between groups of students.** For students to reach their full potential and be prepared for college or careers, Texas should close the gender, economic status, and race and ethnicity gaps in educational achievement.

Conclusion

In 2019, Texas legislators have another opportunity to invest in the future of Texas kids. Their choices can help more Texas kids access health insurance and a healthy diet. They can ensure more Texas kids enter school ready to learn and attend well-funded and resourced schools. And they can also provide pathways out of poverty for more working families. The investments Texas makes today will determine the well-being of its children for years to come, and putting children in the fast lane to a brighter future should be a goal for all of us.

Endnotes

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Kids Count Data Center

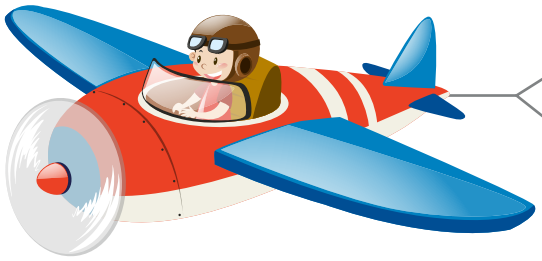
The KIDS COUNT Data Center is a powerful tool for understanding child and family well-being in Texas, and it provides policymakers and advocates with the data they need to make smart decisions about how to ensure the future prosperity of all Texans. The Data Center includes a variety of indicators on demographics, economic well-being, education, families and communities, health, and safety. Users can find data to help understand both where public policy falls short in meeting the needs of specific populations and identify the best ways to raise the bar and close the gaps, leading to better outcomes for kids and families.

Users can now also explore results divided by age, family nativity (i.e. immigrant or U.S.-born families) and race and ethnicity. These categories provide additional insight into understanding our demographic diversity in a changing society, as well as the potential public policy implications.

Examples of questions you can answer using the Kids Count Data Center:

- **How many children live in my county?**
- **What share of students in my county are economically disadvantaged?**
- **How has the share of children without health insurance in my county changed over time?**

In addition to data tables, users can also create bar charts and maps of data for single years, or line graphs to view how child well-being in Texas has changed over multiple years.



Datacenter.kidscount.org

About the Center for Public Policy Priorities

At the Center for Public Policy Priorities, we believe in a Texas that offers everyone the chance to compete and succeed in life. We envision a Texas where everyone is healthy, well-educated, and financially secure. We want the best Texas — a proud state that sets the bar nationally by expanding opportunity for all.

CPPP is an independent public policy organization that uses data and analysis to advocate for solutions that enable Texans of all backgrounds to reach their full potential. We want Texas to be the best state for hard-working people and their families.

For more information on this report, visit cppp.org/kidscount.

The State of Texas Children report is part of the Kids Count project, a national and state-by-state effort to track the status of children in the U.S. funded by the Annie E. Casey Foundation. Check out the Kids Count Data Center for extensive child well-being data on kids across the U.S. and for each of Texas' 254 counties.

Visit datacenter.kidscount.org

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This research was funded by the following organizations. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the Center for Public Policy Priorities alone, and do not necessarily reflect the opinions of these funding organizations.

The Boone Family Foundation

The Annie E. Casey Foundation

Methodist Healthcare Ministries of South Texas, Inc.
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