

**Review of
Policy Effects on
Black Families
and Children:**

**Advancing the
Black Child
National Agenda**

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Equity Research Action Coalition

UNC Frank Porter Graham Child Development Institute

**CHILDREN'S EQUITY
PROJECT**

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About the Equity Research Action Coalition at the UNC Frank Porter Graham Child Development Institute



Equity Research Action Coalition
UNC Frank Porter Graham Child Development Institute

The Equity Research Action Coalition, a university-based collaborative, focuses on co-constructing with practitioners and policymakers actionable research and evaluation to support the optimal development of Black children prenatally through childhood across the African diaspora. The Coalition works at the intersection of research, program, and practice through anti-racist and cultural wealth frameworks. The Coalition focuses on developing a science-based action framework to eradicate the impact of racism and poverty and all its consequences on the lives of Black children, families, and communities, and to ensure their optimal health and well-being.

About the Children's Equity Project at Arizona State University

The Children's Equity Project (CEP) is led in partnership with scholars from universities across the United States. The CEP works at the intersection of research, practice, and policy and focuses on a range of equity issues across an array of child-serving systems, including early care and education, preK-12 education, early childhood special education, health, child welfare, and immigration.

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EXECUTIVE SUMMARY

Black Americans continue to wait for fulfillment of America’s promise to provide equal opportunity regardless of race, creed, or color. Even policies seeking to redress the past are being struck down by the courts, such as consideration of race for college admittance or ensuring equal access to voting. Nevertheless, it is still critical to identify policies that can **protect** Black children and families from harm and trauma; **promote** their health, wealth, and access to educational excellence; and **preserve** their cultural heritage, language institutions, and healthy racial identity.¹

In September 2021, the Equity Research Action Coalition, in partnership with the National Black Child Development Institute and POINTS of ACCESS, LLC, collaborated in creating the Black Child National Agenda² to challenge the negative and stereotypical narrative of Black children, families, and communities and to identify 10 priorities to dismantle structural racism and systemic inequities that get in the way of Black children’s ability to thrive and excel.

10 PRIORITIES

The 10 Priorities of the Black Child National Agenda

1. Maintain child tax credits and income supports.
2. Address racial disparities in wages and career advancement opportunities.
3. Invest in Black-owned and Black-led businesses, organizations, and institutions.
4. Expand family and medical leave.
5. Expand health insurance.
6. Expand universal access to early care and education.
7. Address harsh and unfair discipline practices.
8. Ensure equity in early intervention and special education.
9. Ensure culturally responsive curricula and practices through workforce development and training.
10. Establish reparations.

This report advances the Black Child National Agenda by examining major policies and programs in the United States that impact the lives of Black children and families based on the **access, experiences, and outcomes** framework. Specifically, this report examines Black children and families' **access** to, **experiences** in, and **outcomes** associated with policies and programs in four major domains: 1) education; 2) health; 3) housing; and 4) wealth generation, economic security, and economic mobility. These four major domains align with the Black Child National Agenda (BCNA), which calls for "actions to dismantle structural racism and systemic inequities that get in the way of Black children's success in school and life." The list of 10 priorities in the BCNA is not meant to be exhaustive but instead to represent the first step toward America delivering on its promise to Black Americans.



This report provides the background and evidence that demonstrate the effectiveness of the BCNA policy initiatives. It also describes promising programs through which the policy

initiatives have been activated. Specific policies to advance the education, health, housing, and economic well-being of Black children and families are presented.³ However, additional disaggregated data are needed for these programs in order to fully understand their impact on Black families. More research must be done that specifically focuses on Black children and family experiences, needs, and outcomes.



REPORT HIGHLIGHTS AND IMPLICATIONS FOR THE BLACK CHILD NATIONAL AGENDA

Education

High-quality early childhood education (ECE) is important for children’s development and is related to positive academic, health, and social-emotional outcomes later in life. The education section of this report examines the following areas of policy and programming as they relate to Black children and families: Head Start, child care, public pre-kindergarten, IDEA Parts C and B Section 619, children experiencing homelessness, and exclusionary discipline. Access to high-quality programs has shown promise in narrowing disparities between Black children and their non-Black peers. It is important to note that impacts are dependent on funding, access, and quality across programs—specifically, **access to quality programs**.

How does this connect to the Black Child National Agenda?

The education section examines three of the policies recommended in the BCNA: **expanding universal access to early care and education, ensuring equity in early intervention and special education, and addressing harsh and unfair discipline practices**. Black children are underrepresented in early intervention programs and overrepresented in special education programs when they are older. Project Child Find efforts are likely missing children, which in turn limits their opportunities to receive early intervention services. Black children are also disproportionately subjected to harsh and exclusionary discipline, which impacts their fundamental access to opportunities, the quality of their experiences, and their outcomes.

Health

Health insurance and nutrition programs can benefit Black families by improving child, maternal, and family health outcomes and reducing food insecurity by increasing access to healthcare and nutritious foods. This section examines these insurance coverage and nutrition programs: Medicaid, Children’s Health Insurance Program (CHIP), Affordable Care Act (ACA), home visiting, Supplemental Nutrition Assistance Program (SNAP), and Women, Infants, and Children (WIC). Though Black families and



children benefit from these programs, there are unfair and unnecessary administrative burdens required to enroll in many of them. The administrative burdens can include learning costs and psychological costs for families. Evidence suggests that Medicaid, CHIP, and the ACA benefit Black children and families, but there is a gap in literature on outcomes in home visiting and experiences across all four programs.

How does this connect to the Black Child National Agenda?

The health section (and later the wealth section) of this report examines two policy goals from the BCNA: **expanding the Family Medical Leave Act (FMLA)** and **expanding health insurance**. Medicaid, CHIP, and the Affordable Care Act (ACA) have significantly increased access to health insurance and health care for Black Americans. Medicaid enrollment is associated with many positive health outcomes; however, there are high rates of uninsured Black Americans in states that did not expand Medicaid under the ACA, even though the benefits have been clearly documented. In addition, paid leave provides families flexibility and time to heal, bond, and recover, whether from childbirth, adoption, or illness.



Housing

The housing section examines the Section 8 housing assistance program, which is composed of two programs: Housing Choice Voucher (HCV) and Project-based Voucher (PBV). HCVs have been associated with decreases in neighborhood disadvantage and increases in economic mobility. In comparison, PBV housing may lead to

greater exposure to neighborhood disadvantage for all children. Neighborhood disadvantage is defined by characteristics such as median household income, the poverty rate, the percentage of residents receiving public assistance, and the percentage of female-headed households.

How does this connect to the Black Child National Agenda?

The policies in the BCNA are not explicitly directed at housing, although all of the domains and policies are intersectional. Secure and safe housing is associated with wealth and positive health and education outcomes for children and families. Researchers and policymakers need to collect disaggregated data to gain a better understanding of Black children and family outcomes.

Wealth and Economic Mobility

Policies and programs in this section aim to improve economic well-being. Poverty is linked to racism and is associated with nearly all measures of child and family wellness. It is important to note that the racial wealth gap is a manifestation of hundreds of years of economic oppression. This section examines minimum wage, the Child Tax Credit, Temporary Assistance for Needy Families (TANF), paid family and medical leave, and the Family Self-Sufficiency Program. It also examines three policies that have the potential to advance racial equity in economic well-being: universal basic income, baby bonds, and reparations.

How does this connect to the Black Child National Agenda?

The wealth and economic mobility section of the report examines two more policy recommendations from the BCNA: **maintain child tax credits and income supports** and **establish reparations**. The American Rescue Plan expanded the Child Tax Credit, which lifted more than three million children out of poverty. This report notes that none of the programs it examines were designed as reparative programs for Black families and children and that to become reparative they must have specific goals aimed at reducing racial disparities.



INTRODUCTION

American systems have never embodied their stated ideals to create the conditions under which all people have equal opportunity to thrive. For centuries, Black people have led efforts and made critical gains toward fair treatment in the United States. Still today, historical and contemporary marginalization—compounded, shaped and perpetuated by policy—results in unfair obstacles that impact every facet of life for millions of Black Americans, starting in the womb and continuing throughout the life course. While historically marginalization took the form of explicit exclusion—from education, health, and economic systems, among others—now marginalization takes the form of inequitable resource distribution, inequitable access to social programs and services, and differential treatment within systems. These differences in access to and experiences in American systems, compounded by historical exclusion and marginalization, contribute to disparities in life outcomes between Black and non-Black people.

This state of affairs is not a foregone conclusion. Policies that aim to repair and compensate for historical shortfalls, ensure equitable distribution of resources, and lift up opportunity in Black communities have the potential to narrow disparities in outcomes. This work must start by and be centered around **protecting** Black children and their families from harm and trauma; **promoting** the health, wealth, and educational access of Black children; and **preserving** the cultural heritage and language of Black children and families.⁴



This report examines major policies and programs in the United States that impact the lives of children and families. The **access, experiences, and outcomes** framework used in the report supports equitable system operations to bridge disparities (Meek, Iruka, et al., 2020). Specifically, Black children and families' **access to, experiences in, and outcomes** associated with policies and programs were examined. Though there are hundreds of federal, state, and local programs, services, and systems that influence the lives of children and families, we focus our analysis on four major domains: 1) education; 2) health; 3) housing; and 4) wealth generation, economic security, and economic mobility.

We reviewed data and research in programs and services across these domains, both in general and as they pertain to Black children and families specifically, and have identified critical gaps in data, research, and policy that must be addressed to promote opportunity and healthy, positive outcomes for Black children and families. We note that some programs and policies, such as Head Start, have an impact on outcomes across several domains, and we call these programs out throughout. Each section reviews the following information: 1) specific policies and programs and who has access to them, and 2) research on the experiences and outcomes associated with each policy and program for children and families, with specific attention to Black children and families.



Highlights for Head Start:⁵ Cross-cutting outcomes

Education: Improved math, reading, and social-emotional skills

Health: Improved physical health and access to healthcare through adulthood

Housing: Secured stable housing (27% of participants found housing during the program year)

Economic well-being: Increased family socioeconomic status, including higher education level, employment status, and income

Administrative Burden

Administrative burden refers to the challenging, burdensome, and often uncoordinated processes required by governmental agencies for individuals to meet eligibility and recertification guidelines for public services. These processes often take time and resources that individuals do not have to spare. The literature has identified three types of administrative burdens: *learning costs*, or the costs associated with searching for information about public services; *compliance costs*, or the costs of complying with rules and requirements; and *psychological costs*, or the costs associated with the stress or loss of autonomy incurred from seeking public benefits.⁶

Recently, President Biden issued Executive Order 13985 on “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government” to identify and redress obstacles to opportunity in government programs.⁷ As part of this order, the Office of Management and Budget (OMB) was charged with five priorities, one of which was to address the administrative burden and barriers to full and equal participation in public programs. The OMB published a report with preliminary findings and stated that “administrative burdens exacerbate inequity,” speaking specifically of health and economic programs. OMB’s report also stated that “many [government] processes still include substantial administrative burdens, which is often indicated by low program take-up, lengthy waits for navigational support, or paying third parties for support (p. 22).”⁸



Research suggests that those who are least advantaged tend to face more administrative burdens, despite having fewer resources to manage them.⁹ Given the close relationship between race/ethnicity and income, it is likely that administrative burdens affect a disproportionate number of Black people relative to their White and higher-income counterparts.¹⁰ This is in part due to structural racism that affects education, employment, and wages, leading to an increased likelihood that families from lower-income backgrounds are more likely to be people of color. For example, in April 2021, an estimated 18.8% of parents with incomes at or below 138% of the federal poverty level (FPL) were Black.¹¹

Additionally, most social programs are targeted as opposed to universal. The research indicates that targeted programs (e.g., Medicaid) are more burdensome to enroll in relative to universal programs (e.g., Social Security), significantly impacting families of color. For example, nearly 60% of Medicaid enrollees are people of color. Among those eligible for targeted social programs, approximately 30-80% actually receive benefits versus almost 100% for universal programs.¹²



1. Education Policies and Programs

Equity in Education and Learning Systems includes...

- **Access** to well-resourced, quality education, learning, and care
- **Experiences** within learning systems that are promotive, culturally affirming, and free of bias
- **Outcomes** in academic performance and social-emotional skills that are not associated with race

High-quality early childhood education (ECE) is important for children’s healthy development, school readiness, and academic achievement, as well as long-term outcomes related to health, education, and earnings.¹³ Still, *access to and experiences* within education systems are uneven, disproportionately affecting Black children. This section reviews three major ECE programs that serve children birth through age 5, including Head Start, child care, public pre-kindergarten, and IDEA Parts C and B Section 619 programs.



HEAD START. Head Start was established in 1965 as part of President Lyndon Johnson’s “War on Poverty” to provide quality holistic developmental, health, and early education supports to preschoolers from low-income households. That same year, the **American Indian/ Alaska Native (AIAN) Head Start** model was launched, serving children living on reservations, with the central aim of honoring the rich cultural heritage of AIAN children, families, and communities. Within five years, in 1969, the **Migrant and Seasonal**

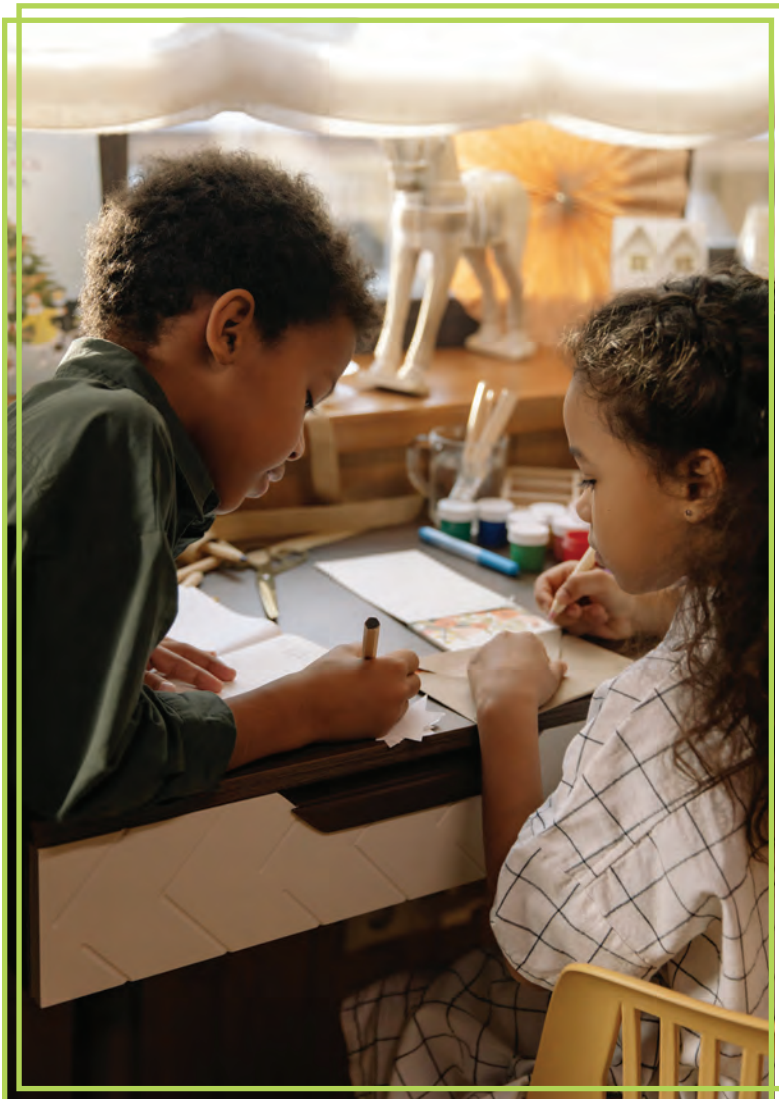


Head Start program was launched to serve children of migrant and seasonal workers. Finally, in 1995, **Early Head Start (EHS)** was launched to support pregnant women, infants, and toddlers.¹⁴ Communities and parents were heavily involved in the design and implementation of Head Start¹⁵ and remain central to the Head Start model through standards that require parental engagement and advocacy, as well as supports that help families meet their own educational, employment, or health goals.

Head Start is administered by the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and operates through a federal-to-local model, where local communities and organizations operate programs with federal funding and according to common standards. Today, the program delivers services to more than 1 million children through 1,600 agencies in local communities.

In the 2019 program year, Head Start programs (including AIAN, MHS, and EHS) cumulatively served approximately 1,050,00 children and pregnant women, of which 72% were preschool-age children. Head Start was funded at roughly \$9.66 billion in 2019.¹⁶ There are disparities in equitable access to Head Start. Nationally, Black children make up 30% of Head Start enrollment but nearly 33% of all children living in poverty.¹⁷ Comparatively, White children make up 44% of enrollment but 10.96% of children in poverty.¹⁸ Only 54% of eligible Black preschoolers are served by Head Start. Recent research also indicates differences in neighborhood access to Head Start by race. Only 25% of Head Start-eligible children have a Head Start center in their immediate neighborhood, with Black children and families being the least likely.¹⁹

CHILD CARE. The Child Care Development Block Grant Act (CCDBG) is the largest public investment in child care and early learning for children and working families from low- and middle-income backgrounds. CCDBG was passed in 1990 and was last reauthorized in 2014. CCDBG has a dual purpose of promoting children’s well-being and school success and supporting parents who are working, in training, or engaged in education activities. Funding for CCDBG is administered by the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services. The program is a block grant with minimal federal standards and wide variability in implementation at the state level. Most CCDBG funding is distributed in the form of child care subsidies to working families, with additional funding supporting quality improvements and grants or contracts directly to child care providers.²⁰



In 2019, on average, more than 1.4 million children received federal child care subsidies funded by \$10.3 billion in Child Care Development Fund expenditures.²¹ The majority (75%) of subsidies went to families with young children, birth to age 4.²² Data show that families receiving subsidies are largely choosing center-based care (75%), followed by family child care (20%). They are also more likely to choose regulated care (88%) rather than licensed exempt care.²³ In 2018, fewer than 15% of eligible families (under state rules) received a child care subsidy.²⁴ Black children have the highest rates of access to subsidies, representing 40% of all children who receive subsidies.²⁵ Still, nearly 80% of potentially eligible Black children *do not* receive subsidies.²⁶

PUBLIC PRE-KINDERGARTEN. Public pre-kindergarten (pre-K) programs, which are primarily funded and directed by states, and in some cases, cities and local communities, are generally aimed at improving young children’s school readiness and academic achievement.²⁷ Public pre-K programs exist in 44 states, the District of Columbia, Guam, and several cities across the United States, and they vary substantially in their funding, access, and quality. In 2021, state public pre-K expenditures were \$9.42 billion, of which nearly \$440 million was federal COVID-19 relief funding.²⁸

Each year, the National Institute for Early Education Research (NIEER) publishes a review of the state of public pre-K, reviewing state expenditures, access, and quality of programs. In the most recent NIEER report, data on access show that less than 5% of children age 3 and 29% of children age 4 are served in public pre-K systems.²⁹ Only six states (Florida, Iowa, Oklahoma, Vermont, West Virginia, and Wisconsin) and the District of Columbia serve at least 70% of their population of 4-year-olds. Only the District of Columbia serves more than 50% of its 3-year-old children.³⁰ A report on city-based pre-K shows that since 2017, 15 cities serve at least 30% of their 4-year-olds (in a city- or state-funded program) and meet at least eight of NIEER’s quality benchmarks.³¹

Data indicate that public pre-K programs served about 1.6 million 3- and 4-year-olds in 2021. However, it is estimated that 5 million more seats and \$91 billion are needed to provide universal preschool to 3- and 4-year-olds.³² NIEER reports that over the last twenty years, 4-year-olds’ access to public pre-K has increased from 15% to 34%, while access for 3-year-olds has increased from 3% to only 6%.³³

Not every state that operates a pre-K program collects data on child race/ethnicity and other demographic characteristics, making it difficult to know how many Black children are being served. The most recent estimates by the U.S. Census Bureau indicated that in 2018, 2,763,000 children between 3 and 6 years of age were enrolled in “public nursery school” and 459,000 of those were Black children,^{34,35} although this number likely includes Head Start, state, and locally funded pre-K enrollment. In 2019, a report by the Education Trust, using data from state pre-K systems that collect race and ethnicity data, found that Black children are underrepresented in public pre-K programs; that is, Black children account for a smaller share of enrollment than their share of the state population.³⁶ What’s more, the same report found that only 4% of Black children were enrolled in pre-K programs that met 9 or 10 benchmarks for quality established by NIEER.



IDEA PARTS C AND B, SECTION 619 PROGRAMS. The Individuals with Disabilities Education Act (IDEA) was enacted in 1975 and ensures that children with disabilities, ages 3 to 21, have access to free appropriate public education that includes special education and related services. In addition to educational services, IDEA ensures that infants and toddlers have access to early intervention services. Early intervention services (Part C) are designed to meet the needs of infants and toddlers with disabilities and their families in one or more of the following domains: physical development, cognitive development, communication development, social or emotional development, or adaptive development.³⁷ Preschool special education services (Part B Section 619) are specially designed to meet the individual educational needs of preschool-aged children with disabilities, including related services.³⁸ There are 13 disability categories that determine eligibility for Part B 619 services. Most children served fall under speech or language impairment (39.9%) or a developmental delay in one or more domains (40.1%). Related services include speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, counseling services, and orientation and mobility services.³⁹

Each year, as part of IDEA's monitoring requirements, states report on who has program access, along with their identified disability category and the environment in which the majority of services are delivered, among other data including exiting, discipline, and personnel. During the 2019–20 reporting year, 427,209 infants and toddlers were served under Part C, of which 53,141 (12.4%) were Black. The majority of infants and toddlers received early intervention services in their home (89%) or in the community (7.9%), with some variation across race/ethnicity.⁴⁰ For example, the percentage of Black infants and toddlers who received early intervention services in the home was 86.3%, below the national average of 89%, and 10.5% in the community, above the national average of 7.9%. During the 2019–20 reporting year, 716,382 preschoolers were served under Part B 619, of which 95,561 (13.4%) were Black.⁴¹ The data show some trends in access to services, with Black children being somewhat underrepresented in Part 619 but overrepresented in Part 611, which provides special education services to school-aged children. This finding points to the possibility that child find efforts are missing opportunities for early identification of Black children. This is particularly concerning considering the well-established benefits of early identification and early intervention on long-term outcomes and academic success.⁴²

The total appropriation for IDEA Parts C and B Section 619 was \$861.1 million in 2019.⁴³ When IDEA was enacted, the law authorized grants to states in the amount of 5% of the average per pupil expenditure in FY1978, which would increase to 40% in FY1982 and then remain at 40% every year thereafter, thus fully funding IDEA.⁴⁴ Unfortunately, over 45 years later, the federal government funds only 13% of excess costs (\$12.7 billion), resulting in nearly \$24 billion in costs to states.⁴⁵ IDEA governs states' and public agencies' provision of early intervention, special education, and related services to more than 7.5 million children with disabilities, of which 1.1 million are birth to age 5.

EDUCATION AND CHILDREN EXPERIENCING HOMELESSNESS. More than half of all families experiencing homelessness in the United States are Black. Over half of children experiencing homelessness are under age 6. Approximately half of all children in federally funded emergency and transitional housing programs are age 5 or younger, and the age at which a person is most likely to stay in a homeless shelter is infancy.^{46,47} About 1.27 million students enrolled in public school experience homelessness,⁴⁸ with Black students accounting for 27% of those, despite making up only 15% of the overall student body.⁴⁹

Homelessness is associated with increased risk of abuse, maltreatment, and food insecurity, and it is related to a range of adverse health, academic, and social-emotional outcomes, which are compounded the younger the child and the longer the amount of time a child spends unhoused.^{50,51} Homelessness during infancy and toddlerhood has been linked to social-emotional delays,^{52,53} lower school engagement, and poorer academic achievement.⁵⁴ A recent systematic review found that students experiencing homelessness lagged behind their peers across educational outcomes, including academic achievement in math and reading, attendance, and high school graduation.⁵⁵



All major early childhood systems have specific provisions to support children and families experiencing homelessness, and the McKinney-Vento Act serves to coordinate and connect services to ensure an equal educational experience. Still, data indicate that only a small share of children experiencing homelessness receive public ECE services and that these children are underrepresented in ECE programs, with the exception of Head Start.⁵⁶ In 2016, the National Association for the Education of Homeless Children and Youth (NAEHCY) and HHS published an overview of federal pre-K, Head Start, and child care policies for children experiencing homelessness.⁵⁷ In this same year, guidance to better support children experiencing homelessness in state and locally funded public PK,⁵⁸ Head Start,⁵⁹ and child care programs⁶⁰ was also published. Below is a high-level summary of key provisions to support children and families experiencing homelessness across key education programs and policies.

- **Head Start:**⁶¹ Children experiencing homelessness are categorically eligible for this program. Programs are permitted to reserve slots and are required to address barriers to enrollment for families experiencing homelessness.



Head Start programs, by design, are tasked with providing individualized supports to families, including supports associated with housing, transportation, and food security.

- **Child Care and Development Block Grant:**⁶² This program requires states to report how they will increase access to child care for vulnerable children and families, including those experiencing homelessness. The program also requires coordination with other services for children experiencing homelessness, and it provides flexibility with paperwork and immunization requirements.

- **McKinney-Vento Act:**⁶³ Enacted in 1987, this legislation aims to ensure that students experiencing homelessness, including those in pre-K programs, have the same educational opportunities as their housed peers.⁶⁴ Liaisons must ensure homeless families and children can access pre-K programs administered by states, Head Start, and Early Head Start, as well as LEA-administered preschool programs and early intervention services under IDEA Part C, if eligible. The U.S. Department of Education allocates McKinney-Vento funding to states based on the state's proportion of Title I funds. To access funding, states must subgrant funds competitively to school districts for program implementation. Services include assistance with education, housing, and health care, as well as access to food. To be eligible for educational resources through McKinney-Vento, students' primary nighttime residence must fall within one of four categories: 1) doubled-up, i.e., sharing housing with others due to loss of housing, economic hardship, or a similar reason; 2) shelters and transitional housing; 3) hotels or motels; or 4) unsheltered, which includes students who are staying in substandard housing, cars, parks, abandoned buildings, or other places not meant for humans to live. The McKinney-Vento Act ensures that children who are experiencing homelessness have access to any public preschool system offered by the state and other early childhood services. Most states also prioritize children experiencing homelessness for enrollment, either through categorical eligibility or by considering homelessness as a dimension of "need" or "risk."⁶⁵

What is the Impact of these Programs and Policies?

HEAD START. Head Start programs are required to meet rigorous common standards and have access to resources and supports to meet those standards, making Head Start, on average, the largest provider of high-quality ECE in the nation.⁶⁶ A robust body of research over several decades shows that Head Start is associated with many short- and long-term positive outcomes across an array of domains—education, health, wages—for children and families, although some studies have found that some short-term impacts fade over time.⁶⁷ Recent research (2022) has even found intergenerational effects of Head Start, with a range of positive outcomes for the children of Head Start graduates, including increased educational attainment, reduced teen pregnancy, and reduced criminal engagement.⁶⁸

The Head Start Impact Study (HSIS), a randomized controlled trial, showed that by the end of the program, children in Head Start outperformed their peers who did not attend Head Start on every cognitive and social-emotional domain measured. However, some of these outcomes were no longer significant during elementary school.⁶⁹ Many scholars point to the importance of following high-quality Head Start experiences with quality elementary school experiences to ensure sustained gains.⁷⁰ A recent review summarized studies that have used data from the HSIS.⁷¹ Consistent with previous literature, researchers found that Head Start was consistently beneficial across multiple outcomes, including cognitive, social, and emotional development, as well as various parental outcomes. Head Start has also demonstrated education benefits in the longer term, with children who attend Head Start having better attendance in kindergarten through 3rd grade;⁷² being less likely to repeat

a grade;⁷³ being more likely to finish high school, attend college, and earn a credential or degree;⁷⁴ and being less likely to be in poor health.⁷⁵

Research on the effects of Head Start on Black children indicates similarly positive findings. For example, the review of HSIS studies found stronger results across multiple outcomes for Black children, among other subgroups such as Spanish-speaking dual-language learners.⁷⁶ Black children who participate in Head Start have higher scores on measures of vocabulary, reading, and math than Latine and White children.⁷⁷ Positive benefits were also identified when comparing siblings who either participated or did not participate in Head Start. Black boys who attended Head Start, when

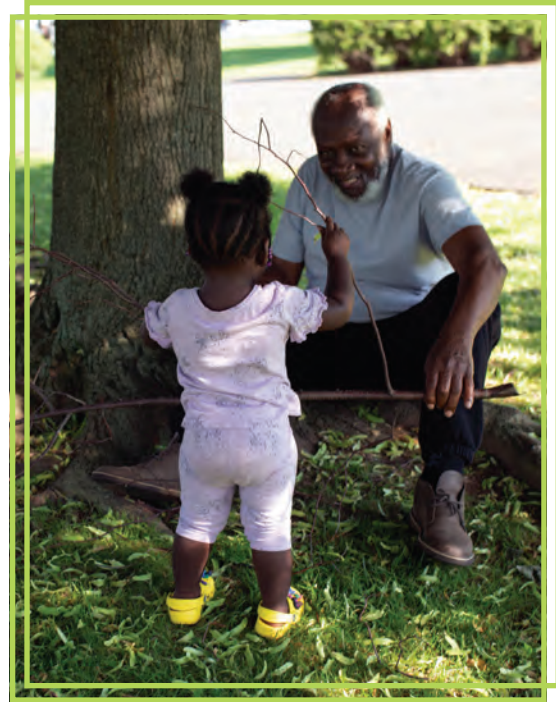


compared to their siblings who did not attend, had better short- and long-term outcomes across a range of domains, including grade retention, educational attainment, health, and wages in adulthood. They were also less likely to be incarcerated as adults.⁷⁸ Other research has similarly shown that Black children who participate in Head Start have larger gains in vocabulary, reading, and math, as well as better outcomes related to high school graduation, college attendance, teen pregnancy, and health status than White children.⁷⁹

Research has also found impacts on parents of Head Start children, including increasing parents' support for their children's learning and social-emotional development. Evidence shows that participation in Head Start is also associated with increased parental involvement, especially for Black parents, including time spent at home reading to children, doing math activities, and days spent with children by fathers who do not live with their children.^{80,81} Additionally, evidence from multiple cohorts of the Family and Child Experiences Survey of Head Start children and families showed that parental involvement in Head Start led to more positive parenting (cognitive stimulation) and fewer controlling parenting behaviors, which boosted children's gains across academic and behavioral dimensions.⁸² One study found that non-resident Black fathers of Head Start children are more likely to be involved in their child's schooling than fathers of children who did not attend Head Start, although this involvement was not significantly associated with the cognitive child outcomes measured.⁸³ Another study found that additional Black parent involvement, specifically of fathers, was associated with improved child social skills.⁸⁴

Black families who participate in EHS programs demonstrate increased parental supportiveness and cognitive stimulation, which is predictive of children's cognitive outcomes.⁸⁵ In a study that examined supportive parenting behavior, parenting stress, child behavior, and child verbal skills, researchers found that parent functioning and child development at the age of 1 year play a powerful role in predicting functioning at ages 2 and 3; this is particularly true for Black families.⁸⁶

Other studies find that Head Start families significantly outperform their peers on their own educational attainment.⁸⁷ One study found that Head Start had a statistically significant positive effect on years of parents' education, showing specifically that Black parents increased completed years of education by six years.⁸⁸ Further, research shows that EHS parents are more likely to be employed or enrolled in educational programs than non-EHS parents, ultimately leading to greater educational attainment and years of education, again with a stronger effect for Black parents.⁸⁹



CHILD CARE. The child care system is large, diverse, and complex. It serves more children than any other ECE sector. There is less known about the quality of child care, however, considering the lack of common standards (beyond basic health and safety standards included in federal law and regulation) and the fact that state licensing, regulation, and resources for child care vary widely. The Child Care and Development Block Grant (CCDBG) is the largest contributor of public funding in the child care system. Its nature as a block grant results in minimum federal standards and wide flexibility in state implementation. Because of this variability in standards and implementation, the impact of using federally funded child care subsidies on child and family outcomes—and the impact of high-quality child care in itself—must be assessed through distinct, albeit related, research questions.

Child care subsidies can make care more affordable for working families.⁹⁰ Research finds that Black families, compared to their White and Hispanic peers, were more likely to be eligible for subsidies and to use subsidies when they had access to them.⁹¹ Research indicates that families that use subsidies are more likely to choose care that is rated higher in quality, compared to families that do not use subsidies, partly because subsidy recipients tend to use center-based care, which, on average, is rated higher in traditional quality markers.⁹² Although this is the case, research also indicates that center-based programs that serve majority-subsidized children tend to be lower in quality than centers serving fewer or no subsidized children.⁹³ It is also the case that, when compared⁹³ with subsidy-eligible families that use other publicly funded programs, such as Head Start and public pre-K, families that utilize child care subsidies are more likely to access lower-quality care.⁹⁴



Lower-quality care is likely due to many factors, including chronic under-funding and inequitable funding structures. Subsidies are generally not high enough to cover the full cost of high-quality care, making high quality inaccessible for lower-income working families. Thus, when considering child care subsidies and quality of care, it is important to understand that despite subsidy receipt, families still may not have access to quality care. Other funding decisions also matter. For example, a recent critical analysis of tiered quality rating and improvement systems in Pennsylvania found that providers serving children from predominantly Black communities, compared to those serving predominantly White communities, were more likely to be rated lower in quality. The state provided higher rates of reimbursement to programs that rated higher in quality, meaning that centers serving Black

communities were more likely to receive lower reimbursement rates.⁹⁵ Similar research in North Carolina found that centers in communities with greater proportions of Black people were more likely to be rated lower in state quality indicators.⁹⁶

Research indicates that subsidy use is associated with children's stability of care. Stability in care promotes adult-child relationships, routines, and predictability, which support social and emotional development; conversely, frequent changes in care providers can disrupt relationships and attachment.⁹⁷ Swenson (2014) analyzed child-care subsidy data from 35 states and found that the median duration of time that families remained in uninterrupted care ranged from four to eight months for the majority of states.⁹⁸ Despite these short spells of care, a randomized controlled trial revealed that families that received subsidies had increased stability in care compared to families that did not receive subsidies.⁹⁹ Some evidence indicates that shorter spells were more likely when program rules require frequent eligibility recertification and employment.¹⁰⁰ Black families and lower-income families experience greater instability in care or frequent changes in child care arrangements.¹⁰¹ Research examining the nature of child care changes indicates that Black families were the most likely to report more undesired changes in child care—and the least likely to report desired changes (e.g., moving to a higher-quality provider).¹⁰² The same study found that Black families were more likely to change child care settings because of job or subsidy loss, and they were more likely to have their subsidy request denied.¹⁰³ To address this potential barrier, the 2014 reauthorization of the Child Care Development Fund (CCDF) updated the program requirements to allow a minimum 12-month eligibility period regardless of temporary changes in a parent's participation in work, training, or education.

Research on subsidy and children's well-being and school success shows mixed outcomes, with benefits noted for some children, especially older children who receive subsidies.¹⁰⁴ Several studies have examined the association between subsidy receipt and academic outcomes (e.g., reading, math, absenteeism) and social-emotional outcomes in school-aged children.¹⁰⁵ Evidence indicates that children who received subsidies between the third and eighth grades had increased reading and math scores and reduced absenteeism compared to eligible children who did not receive subsidies.¹⁰⁶ In younger children, outcomes are less conclusive and are likely highly dependent on the quality of care children receive. One study found that children who received a subsidy in preschool did not experience changes in reading or social-emotional skills and had lower math scores, specifically in center-based settings.¹⁰⁷ Another study found that subsidy use during preschool was negatively associated with children's math skills at kindergarten entry.¹⁰⁸ A study by the National Bureau of Economic Research examined the impact of child care subsidies on children's well-being, particularly behavior, and found that subsidy receipt in the year before kindergarten was associated with greater behavior problems at kindergarten entry, but these negative effects disappeared by the time children reached the end of 3rd grade.¹⁰⁹ Additional research is needed to examine young children and the impact of funding and quality in this context,¹¹⁰ and in particular to better understand the intersection among the cost of quality, the value of subsidies, and children's experiences and outcomes.

PUBLIC PRE-K. Public pre-K is largely funded and driven by states, with minimal federal funding. There are also many local pre-K efforts, driven by cities and communities across the country. Because they are managed by states and localities, public pre-K systems are highly variable in funding, quality, and access. In fact, data from NIEER indicate that over the past two decades, most children served by public pre-K are enrolled in programs that meet fewer than half of the quality benchmarks identified by the organization. These benchmarks include indicators such as class size, teacher credentials, and the provision of comprehensive services.

Importantly, research indicates racial disparities in *access to quality* pre-K programs. A report published by the Education Trust, using NIEER data, indicates that only 4% of Black children are enrolled in high-quality pre-K programs.¹¹¹ A recent evaluation of New York City’s universal public pre-K program found that Black children, on average, had providers of lower quality than their White peers, a disparity driven in part by physical proximity to higher-quality providers.¹¹² These findings replicate previous research that has identified racial disparities in *access to quality* programs. For example, using data from 11 states, researchers found that Black and Latine children attended lower-quality pre-K programs.¹¹³ State-level analyses in California and Georgia



have also documented disparities in the quality of programs attended by Black children and their peers.¹¹⁴ In Georgia’s public pre-K program, researchers found an 11 percentage point difference in the emotional and instructional quality of classrooms in communities with the highest proportions of Black children compared to communities with the lowest; they also had lower-rated classroom organization.¹¹⁵



Two separate studies using the same sample from the National Center for Early Development and Learning (NCEDL) Multi-State Study of Pre-Kindergarten and the NCEDL-NIEER Study of State-Wide Early Education Programs (SWEEP) examined characteristics of public pre-K and their associations with children’s social-emotional and academic skills. The study’s population over-sampled children living below the poverty line. Of this population, 21% were Black and 36% were Latine. In the first study, researchers examined the relationship between classroom quality and child outcomes. Findings showed that higher-quality classrooms were a stronger predictor of enhanced social competence and lower levels of behavior problems.¹¹⁶ Findings also suggested that classroom quality was related to stronger language, reading, and math skills, underlining the critical role of quality in supporting child development.¹¹⁷ In the second study, researchers disaggregated data by race and found that Black children tended to be in lower-quality classrooms and had poorer cognitive outcomes than their White peers.¹¹⁸

Though there is wide variability in public pre-K programs across the country, researchers tend to find positive outcomes for children in high-quality programs at the end of pre-K and even in kindergarten.¹¹⁹ A systematic review and meta-analysis of states and localities with evaluations of public pre-K found that every evaluation had a positive immediate impact on reading and/or math and that meta-analytic effect sizes were statistically significant for both math and reading. These included evaluations in Arkansas;¹²⁰ Georgia;¹²¹ New Mexico;¹²² Tennessee;¹²³ Michigan; New Jersey; Oklahoma; South Carolina; West Virginia;¹²⁴ Boston, Massachusetts;¹²⁵ Kalamazoo, Michigan;¹²⁶ and Tulsa, Oklahoma.¹²⁷ Other evaluations of public pre-K not included in the systematic review were North Carolina¹²⁸ and Connecticut,¹²⁹ which also found evidence of positive outcomes.

Local evaluations of public pre-K in Boston and Tulsa found positive impacts of public pre-K on children’s early academic achievement.¹³⁰ An evaluation of Georgia’s universal pre-K program found positive impacts on children’s math and reading in 3rd grade for low-income children but found negative effects for high-income children. However, these comparisons to matched children were unable to account for pre-test levels of reading and math skills or selection into pre-K enrollment.¹³¹ Further, an evaluation of Connecticut’s public pre-K found positive impacts on reading and math and positive program effects for Black children.¹³²

Mixed findings in the research begin to show up the further students are removed from public pre-K, such as a study in Tennessee¹³³ that found negative effects of public pre-K in 3rd through 6th grades and a study in North Carolina¹³⁴ that found positive effects in 3rd grade. In fact, the field is still addressing the question of what kinds of outcomes are reasonable to expect from one to two years of early childhood education across child care, public pre-K, and Head Start contexts. For example, would we expect that regardless of elementary school quality, ECE would have positive outcomes five or even ten years later? In addition, the wide variability and lack of common standards across child care and pre-K make it difficult to examine quality consistently.

Research on the long-term impact of state pre-K programs is complex, as highlighted in the case of Tennessee. In a randomized controlled trial of Tennessee’s public pre-K program, data show that children experienced greater gains in literacy, language, and math skills during pre-K than children in a control group.¹³⁵ Despite this finding, positive effects largely disappeared by the end of kindergarten, with children in the control group catching up to pre-K participants. The Tennessee study also showed differential effects for Black children. After school entry, Black children received higher teacher ratings than children in the control group on a host of outcomes, including peer interactions, classroom engagement, and feelings about school. Black children had higher attendance rates than children in the control group in 2nd and 3rd grades.¹³⁶ At a 3rd grade follow-up, state pre-K attendees performed lower on statewide standardized tests than children in the control group.¹³⁷ However, as previously noted, the quality of the learning environment that children experience after pre-K likely plays an important role in the maintenance of positive outcomes. For example, researchers found that Tennessee public pre-K children who were exposed to *both* high-quality schools *and* teachers following pre-K maintained their positive effects on math and language scores in 3rd grade.¹³⁸ Yet a longitudinal follow-up study in Tennessee examining effects in 6th grade showed negative effects. Specifically, when compared to the control group, children who attended the state-funded pre-K program had lower achievement in 3rd through 6th grades, more frequent disciplinary issues, poorer attendance, and higher rates of need for special education services.¹³⁹ The study did not find significant differential effects for Black children. There have been many critiques of this study, including sampling strategy, lack of investigation of the quality of schools and teachers, and lack of reliability and validity testing of the statewide achievement test. Further research and consensus in the field is needed to interrogate ideal research design, methods, and theoretically driven work on expected outcomes for longitudinal studies.

In sum, the evidence indicates that children who attend quality pre-K programs experience academic gains, enhanced social-emotional learning skills, and decreases in challenging behavior and special education referrals, although some flattening of gains occurs after formal school entry, and long-term outcomes require additional research.¹⁴⁰ Additionally, research shows that these benefits tend to be larger for Black and Latine children. For example, an evaluation of Oklahoma’s universal pre-K program showed positive effects for children’s language and cognitive skills, with particularly large benefits for Black children.¹⁴¹



IDEA PARTS C AND B SECTION 619 SERVICES. Early intervention (EI) programs support young children who have, or are at risk for acquiring, a developmental delay. In general, research strongly suggests that the quality of experiences children have during the first 1,000 days of life are powerful contributors to a host of outcomes later, considering the rapid rate of early brain development.¹⁴² This is, in part, why EI is a critical support for young children with disabilities. Research shows that EI is associated with positive effects in verbal abilities, receptive language scores, and overall cognitive development of young children at risk of delays.¹⁴³ Furthermore, research indicates that receipt of services in inclusive settings or those with natural proportions of children with and without disabilities maximizes the benefits of special education and related services. This is particularly important for preschool-age children, considering the rapid social and emotional development unfolding during this period of time. Moreover, early inclusion is predictive of later inclusion in the educational trajectory,¹⁴⁴ making preschool a particularly influential area for inclusion. Decades of research have shown that high-quality inclusive classrooms are beneficial for children with and without disabilities.¹⁴⁵ Studies find that young children with disabilities in high-quality inclusive early childhood programs make larger gains in cognitive, communication, and social-emotional development compared to their peers in segregated settings. The benefits of inclusion depend on children being included several days per week across social and learning experiences and simultaneously receiving individualized instructional strategies alongside peers with and without disabilities.¹⁴⁶

Despite these benefits, young children with disabilities do not receive the majority of their IDEA services in inclusive settings alongside their peers. Nationally, only 44% of preschoolers with disabilities receive the majority of their services in inclusive settings with their peers without disabilities.¹⁴⁷ Nearly a quarter (24%) of preschoolers receive the majority of their services in segregated classes. Similarly to children served under Part C, there are some racial/ethnic variations in where children are receiving services.¹⁴⁸ For example, roughly a third of Black preschoolers are served in segregated classes, compared to just a fifth of White preschoolers.¹⁴⁹ In addition to racial/ethnic disparities in the types of environments children receive their services, data also reveal that preschool children with disabilities are disciplined at slightly higher rates than their peers, a pattern that continues in the K-12 system.¹⁵⁰

The underrepresentation of Black children in EI and preschool special education services is in stark contrast to their overrepresentation in K-12 special education. What's more, data show that Black children are overrepresented in disability categories that require a larger degree of subjectivity to identify, such as emotional disturbance and intellectual disability, and are more likely to spend the school day in segregated settings compared to the average.¹⁵¹ In fact, these data have remained consistent over the past 40 years, with school-aged Black children more than two times as likely as all other races/ethnicities to be identified with emotional disturbance or intellectual disability.¹⁵² Scholars have noted the difference between the documentation and the true incidence of disability, and its intersection with race.¹⁵³



Lastly, the data on outcomes, while not disaggregated by race/ethnicity, disability category, or setting, show that young children with disabilities may not be meeting developmental milestones. Each year, the Early Childhood Technical Assistance Center (ECTA) produces a report on the national summary of child outcomes data for Parts C and B Section 619. There are three child outcomes that measure functional skills and behaviors that are meaningful for a child's participation in everyday routines: social and emotional skills (outcome 1); acquisition and use of knowledge and skills (outcome 2); and the use of appropriate behaviors to meet needs (outcome 3). Annually, each state reports on these outcomes as part of its State Performance Plan/Annual Performance Report (SPP/APR). States use several approaches to measuring child outcomes. Data are summarized in two statements for each outcome. Summary statement 1 is the percentage of children who made greater than expected growth, and summary statement 2 is the percentage of children who exited at or above age expectations. Unfortunately, these data are not reported based on race/ethnicity or disability category, making it impossible to understand how Black children and their peers are progressing across these outcomes.

Outcomes data for Part C show that 1) the percentage of children who made greater than expected growth in social relationships, knowledge and skills, and action to meet needs ranged from 64 to 71%, and 2) the percentage of children who exited at or above age expectations in these areas ranged from just 44 to 54%. For children served under Part B, the data show that the percentage of children who had greater than expected growth in social relationships, knowledge and skills, and action to meet needs was roughly 81%, across all outcomes. The percentage of children who exited at or above age expectations in these areas ranged from just 53 to 62%.¹⁵⁴

EXCLUSIONARY DISCIPLINE. Exclusionary discipline, defined as suspension or expulsion, affects children’s fundamental access to early learning, their experiences within the ECE system, and their outcomes across a wide array of education and social domains. Data consistently indicate—across time, states, learning setting type, and studies—that Black children are disproportionately suspended and expelled, despite no credible evidence indicating worse or more frequent misbehavior.¹⁵⁵ Recently released federal data from the 2017-18 school year indicate that Black boys made up 9.6% of total public pre-K enrollment, but 34% of one or more suspensions. Black girls are the only female group disproportionately suspended.¹⁵⁶



Various factors have been found to drive high rates and stark disparities in exclusionary discipline, including individual and systemic bias against Black children, a lack of policy or poor policies, a lack of accountability when policies exist, and a lack of training and professional development on these issues within the ECE workforce.¹⁵⁷ There is no evidence that these forms of discipline are effective in any sense; instead, there is an abundance of research that indicates that they are associated with negative child outcomes.¹⁵⁸ Research shows that suspension and expulsion, for example, are associated with school disengagement, grade retention, and school dropout.¹⁵⁹ These forms of discipline not only take valuable learning time away from children, they also have devastating effects on children’s feelings of safety and belonging, social and emotional development, family relationships, and school engagement.

These exclusionary practices happen across all early care and education programs, including child care, pre-K, and Head Start, albeit to varying degrees. There is no federal law dictating the use of exclusionary discipline across the early care and education system, but increased attention on exclusionary discipline in early learning settings has led to federal guidance, regulation, and an array of legislative and executive state and local actions. Given that each program individually addresses the use of these discipline methods, policies vary widely. In Head Start programs, there are prohibitions on the use of long-term suspensions and expulsions; however, short-term suspensions are allowed when done in combination with family meetings, meetings with early childhood mental health consultants, and other requirements.

On the other hand, due to the lack of common standards in child care and pre-K, protections for children vary widely and are non-existent in many instances. The most recent data indicate that Black children represent nearly half of all suspensions in public pre-K programs, despite making up only 18% of enrollment.¹⁶⁰ These stark racial disparities in suspension and expulsion in public pre-K have remained consistent since the Department of Education began publishing data on this age group in 2014. As of 2019, 16 states had passed legislation limiting suspension or expulsion in pre-K settings.¹⁶¹ However, only six states and Washington D.C. have passed

legislation that also addresses exclusionary discipline in child care settings¹⁶², which may be the setting in which these practices happen most frequently.¹⁶³ In addition to legislation, many states have passed regulatory and non-regulatory guidance, although much of this guidance has little accountability attached to it. In 2020, the Children’s Equity Project (CEP) conducted a review of state education agency websites and found that that 19 states had issued policy or position statements on the prevention of suspensions and expulsions since 2014: Connecticut, Delaware, Florida, Indiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, South Carolina, South Dakota, Texas, and Virginia.

OTHER POLICIES AND PROGRAMS ASSOCIATED WITH EDUCATIONAL OUTCOMES.

Because health, development, economic security, and well-being are interconnected, it is critical to note that several policies that are not directly related to education have positive impacts on children’s learning, development, and education. Poverty and income are consistently strongly associated with education outcomes, suggesting that programs that are effective at reducing economic instability also support children’s learning, development, and education. Food assistance also seems to be associated with improved learning and education outcomes. Research shows that young children in households that receive Supplemental Nutrition Assistance Program (SNAP) benefits achieve better math and reading scores and miss fewer school days¹⁶⁴ compared to children in deep poverty and/or poverty prior to their receipt of SNAP benefits. In a study that examined the relationship between SNAP and early reading and math skills in preschoolers, researchers found that SNAP was positively related to children’s early math skills and that this relationship was stronger for children who were in deep poverty. Similar findings appear for early reading skills, and the relationship between SNAP and early reading was strongest for children who lived in deep poverty compared to their peers.¹⁶⁵ Black children made up 40% of the sample in this study, but data were not disaggregated by race/ethnicity. Maternal and infant early childhood home visiting programs (described in the next section of this report) are also associated with child development, including a child’s mental and behavioral health, educational outcomes, access to center-based care, attachment, and runaway risk. Based on HHS’ review of home visiting model effectiveness, of the 23 reviewed models with high or moderate quality in educational outcomes, 19 had favorable outcomes, including a child’s social behaviors, attachment to a parent or caregiver, social-emotional or psychological development, or cognitive and academic development.¹⁶⁶

	Black children served	Impacts on Black families
Head Start	314,100 (30%) Black children and pregnant women ^{167,168}	Improved reading, language, literacy, and social-emotional skills; improved health and educational attainment; less grade retention
Child Care	565,869 (38%) Black children ^{169,170}	Access to child care, increased continuity of care
Public Pre-K	4% of Black children served in the 29 states that report disaggregated data ¹⁷¹	Most consistent positive outcomes are in math and reading skills; other positive educational outcomes also identified

2. Health

Equity in Health Systems includes...

- **Access** to health insurance, quality healthcare, and nutritious food
- **Experiences** within health systems and nutrition programs that are culturally affirming and free of bias
- **Outcomes** in maternal and child health that are not associated with race

Health is the foundation of well-being. There are a host of health programs and policies that have the potential to benefit Black families. This section describes health insurance coverage such as Medicaid, Children’s Health Insurance Program (CHIP), and the Affordable Care Act (ACA); Maternal Infant and Early Childhood Home Visiting programs; and nutrition programs such as Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC). These policies and programs seek to improve child, maternal, and family health outcomes and reduce food insecurity by increasing access to healthcare and nutritious foods.

Health Insurance Access: Medicaid, Children’s Health Insurance Program (CHIP), and Affordable Care Act

Health insurance access is essential for the health of children and families and is associated with improved access to and utilization of medical care,¹⁷² improved diagnosis and treatment of chronic conditions, and reduced depression,¹⁷³ and it may reduce mortality, particularly for health-care-access-related issues.¹⁷⁴ Health insurance not only protects physical and mental health and well-being, but it also protects families’ financial well-being by allowing individuals to access the health care they need with financial protections from catastrophic medical debt.¹⁷⁵ Black Americans are less likely than White or Asian Americans to have access to health insurance.¹⁷⁶ Three major efforts over the last several decades have increased access to health insurance for Americans, including a disproportionate number of Black Americans: Medicaid, CHIP, and the Affordable Care Act.

Jointly funded by the federal government and states, Medicaid is authorized by Title XIX of the Social Security Act and was signed into law in 1965. All states, plus the District of Columbia, have a Medicaid program. Each state administers its Medicaid program differently, resulting in variations in coverage across the country. The Children’s Health Insurance Program (CHIP) was passed in 1997 under the Balanced Budget Act and provides health coverage to eligible children (and some pregnant women) whose family income exceeds Medicaid eligibility

criteria, but who cannot afford private insurance. CHIP is administered by states and is funded jointly by states and the federal government. Every state operates a CHIP program. In 2019, Congress appropriated \$645.7 billion to Medicaid services and administration, \$18.7 billion of which was allocated for CHIP.¹⁷⁷

In 2022, 88 million individuals were enrolled in Medicaid and CHIP across 50 states and the District of Columbia.¹⁷⁸ Children account for more than four in ten (43%) of all Medicaid enrollees, while the elderly and people with disabilities account for 25% of enrollees.¹⁷⁹ More than half (57%) of all Black children rely on CHIP or Medicaid for healthcare coverage compared to just 33% of White children.¹⁸⁰ Across states, children who participate in CHIP live in families whose incomes range from 170% to 400% of the federal poverty level. Black children made up 20% of children covered by Medicaid or CHIP in 2016.¹⁸¹ Medicaid also covers nearly half of all births in the U.S. and provides coverage for 48% of children with special health care needs.¹⁸² Even though millions of people are covered by Medicaid, there are still seven million eligible individuals who are not enrolled, with a difference of nearly 9 percentage points between Black and White individuals.¹⁸³ Data indicate that there were just over 800,000 uninsured women of reproductive age in the Medicaid coverage gap in 2019; most lived in the South and 29% were Black.¹⁸⁴

The Affordable Care Act (ACA) was signed into law by President Obama in 2010. The law reformed the healthcare system in the United States. It expanded health insurance coverage and increased the quality of care for millions of Americans. It had an especially significant effect on families,¹⁸⁵ low-income people, individuals who were previously less likely to be insured, and



Black people and other people of color. The ACA includes provisions to expand health insurance coverage by strongly incentivizing states to expand Medicaid and by creating health insurance exchanges with subsidies. As of mid-2023, 39 states had expanded Medicaid coverage, and of the 11 that had not, eight are southern states: Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee, and Texas.¹⁸⁶

Census data indicate that over half of all Black people in the United States reside in southern states.¹⁸⁷ Of note, estimates indicate that one-third to one-fourth of new Medicaid enrollees are children.

The law also improved the quality of health insurance plans by instituting protections for people with pre-existing conditions, requiring insurance plans to cover basic preventive care, and prohibiting insurance providers from charging women more for their plans. The ACA also included basic dental and vision care as part of essential health benefits, which ensured Medicaid and marketplace insurance coverage for those services, including for millions of children. Many of the key provisions took effect in 2014, impacting roughly 31 million individuals in the first year.¹⁸⁸

Recently, HHS released a brief stating that between 2010, when the ACA was passed, and 2020, the number of non-elderly uninsured individuals decreased drastically from 48 million to roughly 30 million today.¹⁸⁹ The uninsured rate for non-elderly Black people has decreased over the course of time,¹⁹⁰ recent data show that the Black uninsured rate has decreased by 40% in the years since the ACA was enacted.¹⁹¹ Despite this decline, in 2019, the Black uninsured rate was nearly twice the White uninsured rate of 7.5%.

HOME VISITING. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program supports pregnant women and families with young children in their health and development. The program is administered by the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services. In February 2018, the MIECHV program was allocated \$400 million per year through fiscal year (FY) 2022. Twenty home visiting models meet HHS' criteria for evidence of effectiveness and are eligible for state and territory MIECHV funding.¹⁹² Additionally, the Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) program, supported by set-aside funds from the larger MIECHV programs, provides home visiting services to American Indian and Alaska Native communities. In 2020, MIECHV served more than 120,000 parents and children and conducted more than 900,000 home visits.¹⁹³ Data on the race/ethnicity of children served in a home-based setting are not disaggregated.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP). The Supplemental Nutrition Assistance Program (SNAP) provides families with low incomes with monthly benefits they can use to purchase food. The first version of SNAP was enacted in 1964 as part of President Lyndon Johnson's "War on Poverty." The impetus for the program began decades earlier and grew out of the need to address the agricultural surplus and growing hunger due to the 1930s recession.^{194,195} In FY 2022, Congress allocated \$113 billion in funding for SNAP, with an average monthly benefit of \$218 per household.¹⁹⁶ Today 42 million households use SNAP benefits.

In the past decade, there have been two recovery efforts that have led to temporary increases in SNAP benefits. The first was the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA included \$40 billion in additional funds for the program, increasing benefits an additional \$24–\$80 across household sizes.¹⁹⁷ When the benefit increases ended in 2013, the cuts averaged 7%.

The second increase was in response to the COVID-19 pandemic. The American Rescue Plan Act of 2021 (ARPA) increased SNAP benefits by 15%. Of the over \$7 billion in ARPA SNAP investments, two-thirds went to families with children, and nearly 40% went to support the poorest households, i.e., those with incomes less than half of the federal poverty level. Prior to the pandemic, the average monthly SNAP benefit was \$121 per person, which was increased to \$251 per person during the pandemic.¹⁹⁸ After the pandemic assistance ends, the per-person monthly average will be roughly \$169 per person.



In 2021, the USDA reported that 37 million individuals were receiving SNAP benefits. Thirty-two percent of SNAP recipients were non-elderly adults and 43% were children (13% preschool-aged and 40% school-aged).¹⁹⁹ The USDA also reported that 26% of participants were Black. Of all Black households, 26% had children.²⁰⁰

WOMEN, INFANTS, AND CHILDREN (WIC). The Women, Infants, and Children (WIC) program aims to promote the health of women, including pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 who are found to be at nutritional risk. WIC is administered by the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) and funded through grants to states. The USDA recognizes two major types of nutritional risk: medically based risks (anemia, history of pregnancy complications, or poor pregnancy outcomes) and dietary risks (nutrition/feeding practices or inability to meet the current dietary guidelines).²⁰¹ WIC was established as a pilot program in 1972 and authorized as a national program in 1975.²⁰² The program is available in all 50 states and the District of Columbia and provides nutritious food to supplement diets, nutrition education, and referrals to health care and other social services.²⁰³ In 1992, WIC's name was changed to the Special Supplemental Nutrition Program for Women, Infants and Children to emphasize its role as a nutrition program. As of March 2022, the average monthly benefit was \$44.²⁰⁴

The most recent federal data reporting (2018) showed that 6.7 million women, infants, and children were served by the WIC program, representing 57% of the eligible population.²⁰⁵ Of all individuals covered by WIC, rates of coverage were the highest for postpartum women, infants, and Black and Latine individuals. Participation was lowest for Black and Latine pregnant women compared to White pregnant women.

What is the Impact of these Policies and Programs?

HEALTH INSURANCE: MEDICAID, CHIP, AND ACA. Health insurance coverage is associated with improved physical, mental, and financial well-being.²⁰⁶ Medicaid coverage, in particular, is associated with a host of positive health outcomes for children and families, including various maternal and infant health outcomes. The United States has the highest infant and maternal mortality rate of any wealthy nation and it is worsening over time. About 860 women die each year from complications related to pregnancy.²⁰⁷ Black women are two to three times more likely to die from these complications than White women.²⁰⁸ Black mothers also have a higher share of preterm births and are more likely to have babies with low birth weights compared to all other races/ethnicities.²⁰⁹ Infant and maternal mortality are inextricably linked.²¹⁰ Nearly 20,000 infants died in 2020. The infant mortality rate for Black infants (10.6 per 100,000 live births) is more than double that of White infants (4.5 per 100,000 live births).²¹¹ One contributor to these high rates is that many women lose healthcare coverage when their Medicaid pregnancy coverage ends just 60 days after birth.²¹² According to the Centers for Disease Control and Prevention, about a third of pregnancy-related deaths happen in the period between one week and one year postpartum.²¹³ As of July 2022, an estimated 284,000 people annually, in 18 states, had access to an extended postpartum period through expanded Medicaid.²¹⁴ Data indicate that Medicaid expansion, which was part of the ACA, improved maternal and child health and narrowed both infant and maternal mortality.²¹⁵ A recent study that explored the effect of Medicaid expansion on maternal mortality showed that between



2006 and 2017, the maternal mortality rate was lower in expansion states than non-expansion states and that the difference was greatest among Black mothers.²¹⁶ There were 16.27 fewer Black maternal deaths in expansion states relative to non-expansion states. In addition, between 2010 and 2016, states that expanded Medicaid saw a 50% greater reduction in infant mortality than non-expansion states, with the greatest decline among Black infants.²¹⁷ When comparing expansion states and non-expansion states between 2010, when the law was passed, and 2015, the Black infant mortality rate dropped 14.5% (11.7 to 10.0) in expansion states and just 6.6% (12.2 to 11.4) in non-expansion states.²¹⁸ The rates for Latine and White infants were not significantly different between those time points.

Despite these gains, the Black uninsured rate remains highest in states that have not expanded Medicaid under the ACA.²¹⁹ In those states that have expanded Medicaid, compared to those that have not, research has found important positive health outcomes for Black individuals. These include reductions in renal-failure-related death in all groups,²²⁰ with particularly strong effects in Black individuals; reduced maternal death, with 16 fewer deaths of Black women per 100,000 live births, in expansion states compared to non-expansion states;²²¹ and significant drops in individuals' number of reported days of poor health, with Black individuals reporting the largest drops.²²²

Medicaid expansion also had an effect on children's health. A recently released study, using data from the National Center for Health Statistics (NCHS), examined the effect of Medicaid expansion on birth outcomes (i.e., preterm birth, very preterm birth, low birth weight, and very low birth weight). While the overall analysis showed that there was not a significant effect of Medicaid expansion on these outcomes, there was a significant reduction in racial disparities between Black and White infants across all four outcomes in expansion states relative to non-expansion states.²²³ Further, research shows that children in expansion states had an increased likelihood of having an annual preventive care and dental visit, as well as up-to-date immunizations, as compared with children in non-expansion states.²²⁴ Research finds that children who are covered by Medicaid and CHIP have similar outcomes on measures of preventive care (i.e., well-child visits and immunizations) compared to privately insured children.²²⁵

CHIP helps to serve the population of children who do not qualify for Medicaid but whose families may not be able to afford to purchase a healthcare plan. However, logistical factors (e.g., fluctuations in family income, administrative waiting periods) can lead to gaps in health insurance that can be detrimental to young children.²²⁶ CHIP/Medicaid enrollment rebounded during the pandemic, and recent figures show an additional 17 million children enrolled between February 2020 and April 2022.²²⁷

Broadly, CHIP enrollment has been found to improve preventive care and immunization rates while reducing hospital visits.²²⁸ Specifically, CHIP enrollment is associated with increased access to a usual source of care, particularly for Black children who were less likely to have a usual source of care than White children before enrollment in CHIP. Additionally, Black children were more likely to have unmet medical needs before CHIP enrollment than White children, but this gap was eliminated after CHIP enrollment. Parent-rated visit quality improved after CHIP, but racial disparities remained.²²⁹

HOME VISITING. Home visiting programs have a robust research base of demonstrated impact on child and family health and wellness. The U.S. Department of Health and Human Services (HHS) launched the Home Visiting Evidence of Effectiveness (HomVEE) review to evaluate the evidence on early childhood home visiting models that serve families with children from birth to age 5.²³⁰ About 60% of high-quality studies on home visitation and *maternal health* (17 out of 28 studies) found favorable outcomes for maternal health, which included mother's health status during or after pregnancy, mental and behavioral health,

stress, and health-related habits such as nutrition and sexual health.²³¹ About 74% of high-quality studies (14 out of 19) found favorable outcomes for *child health*, which includes birth outcomes, measures of a child's growth, physical health, use of health services, diet and feeding, mental and behavioral health, and health care encounters.²³² Additionally, MIECHV home visiting programs have also been shown to enhance parenting skills and increase children's school readiness.²³³

In 2020, 25% of families served by all home visiting programs (federal and state) were Black, although this varies widely across states.²³⁴ Various studies show that home visiting may support positive outcomes for Black children and families. For example, in a study of home visitation in New York, relative to the control group, Black mothers who received home visitation were significantly less likely to give birth to low-birth-weight infants.²³⁵ A study of home visiting in Maryland specifically targeted to pregnant Black women found that the program reduced the likelihood of preterm birth.²³⁶ Not all families have found positive impacts, however. For example, for Black parents engaged with the child welfare system, home visiting was not significantly associated with reduced depressive symptoms.²³⁷ However, home visiting may improve well-child visit attendance for Black families and improve parenting quality. For example, home visiting was associated with increased parental supportiveness, reduced household aggression, and the use of positive discipline practices (gentle guidance).²³⁸

Home visiting was strongly impacted during the COVID-19 pandemic, as home visitors were required to transition services online while maintaining a high-quality level of care. Resource restrictions have limited the expansion of home visiting programs in the past, but additional training and development on virtual home visits may provide a potential path to reach more families.²³⁹ However, particular attention should be paid to ensure equitable access in virtual environments. For example, low-income families may not have access to technology to receive virtual home visits, so additional resources would be needed to provide in-home technology and internet access for those who need it.

NUTRITION PROGRAMS: SNAP AND

WIC. Food insecurity refers to inconsistent access to nutritious food due to limited resources. According to the Economic Research Service (ERS) of the U.S. Department of Agriculture (USDA), in 2020, 10.5% of the population (38 million individuals) lived in food-insecure households. For the first time since the 2008



recession, the national average is statistically lower than pre-recession levels. Households with children (14.8%), households with children under 6 (15.3%), Black households (21.7%), and households in the South (12.3%) were all above the national average.²⁴⁰

Participation in WIC and SNAP is associated with improved infant and maternal health and mortality, as well as reductions in food insecurity. A study conducted by the USDA found that SNAP participation reduced food insecurity by 10% in both the number of households that were food insecure and the number of children who were experiencing food insecurity in just the first six months of enrollment.²⁴¹ Researchers have also reported that WIC is associated with reductions in food insecurity. For example, a study that examined the effect of WIC on food insecurity revealed that WIC reduced the prevalence of child food insecurity by nearly 4 percentage points.²⁴² Using a nationally representative sample of mothers, researchers compared pregnant mothers who received food assistance benefits to those who did not and found that mothers who had access to SNAP during their pregnancy were less likely to have low-birth-weight babies. These outcomes were greatest for Black mothers.²⁴³ Also, in a study that examined the association between participation in WIC and a series of infant health outcomes including infant mortality, low birth weight, and preterm birth, researchers found that participation in WIC was associated with reductions in disparities across these outcomes between Black and White infants.²⁴⁴

OTHER POLICIES THAT IMPACT CHILD AND MATERNAL HEALTH. Beyond policies and programs specifically designed to improve health outcomes, there are policies that indirectly positively influence families' health. For example, data suggest that *increases in the minimum wage* are associated with better infant and maternal health outcomes. Researchers found that over the course of 24 years, in states that increased the minimum wage, child birth weight via health of the pregnancy (i.e., fetal growth rate and increased length of gestation) increased.²⁴⁵ Additionally, *paid family and medical leave* policies have been associated with improved health outcomes for parents and children. (Paid family and medical leave is reviewed in more depth in the economic section below.) Giving mothers time to recover from giving birth and time to bond with their baby before going back to work is critical for maternal and child health and development. Research finds that mothers with fewer than eight weeks of leave were more likely to have higher levels of depression and to have poorer general health.²⁴⁶ In a study of California's paid leave program, researchers found that there was a decline in infant hospital admissions for families that had access to paid leave.²⁴⁷ Breastfeeding is another important area of child and maternal health impacted by paid family leave, likely due to disparities in access to this support. One study showed only 59% of Black infants had ever been breastfed, compared to 75% of White infants. At six months of age, this discrepancy continued, with just 30% of Black infants continuing to be breastfed compared to 47% of White infants.²⁴⁸ A study that tested whether paid family leave policies in California and New Jersey improved breastfeeding practices showed that paid leave increased the percentage of children exclusively breastfed at six months, primarily for White, higher-income, and older women.²⁴⁹ This may be due to these subgroups having greater access to paid leave.

Further, in a systematic review, researchers examined the effect of paid leave on maternal health and reported evidence that paid leave was beneficial.²⁵⁰ Maternal health outcomes included both mental health and well-being and general health outcomes. Mental health outcomes assessed in studies found in the review were depression and psychological distress; well-being outcomes assessed were mothers' satisfaction with their life circumstances and recovery of psychological well-being. Health outcomes that were assessed were questions on general health status, current health status, and recovery of physical well-being.

Finally, the Head Start model has explicit health provisions that are required as part of programming; these include medical and dental screenings, mental health services, nutrition services, and increased access to healthcare for children and their families. Research shows that 90% of children enrolled in Head Start are enrolled in Medicaid or CHIP.²⁵¹ Research also finds impacts on healthy weight. Children who entered Head Start with a less-healthy weight (under or over) were more likely to leave the program at a healthy weight compared to non-Head Start peers.²⁵² Nationally representative findings indicate that Head Start participants are healthier, on average, than individuals who attended a preschool program other than Head Start or did not attend preschool at all.²⁵³ Researchers have also found impacts of Head Start on long-term health, including ratings of general health.²⁵⁴ For example, Head Start participants are 7% less likely to be in poor health as adults than their siblings who did not attend.²⁵⁵ Head Start participants also see reduced health care costs.²⁵⁶



3. Housing

Equitable Housing Policy means...

- **Access** to safe, supportive, and affordable housing
- **Experiences** with the housing system that are high quality, positive, and free of bias
- **Outcomes** in housing quality and stability that are not associated with race

This section covers Section 8 housing assistance programs. The United States Housing Act of 1937 created housing assistance programs to provide adequate and affordable housing to individuals and families from low-income backgrounds. The Housing Act has been amended



several times, with the last major reform in 1998. Through the Housing Act, there are four major housing assistance programs: two section 8 programs—Housing Choice Voucher (HCV) and Project-based Voucher (PBV)—and programs for supportive housing for persons with disabilities (Section 811) and the elderly (Section 202).

Eligibility criteria for the HCV and PBV programs are the same and are determined by total annual gross income and family size. In general, a family's income may not exceed 50% of the median income for the area in which the family chooses to live. The HCV program is the largest program and is tenant-based, as opposed to project-based, meaning recipients can use vouchers to rent any private residence that meets program guidelines. The PBV, on the other hand, is tied to place, and recipients must apply to live in specific units.²⁵⁷

HUD assists nearly 10 million individuals across 5 million households through these rental assistance programs.²⁵⁸ About 2.3 million households utilize HCVs, an additional 1.2 million households live in apartments subsidized through the PBV program, and 150,000 households live in units subsidized through the Section 202 and Section 811 programs. The HCV program impacts roughly 5 million people; about 34% of recipients are Black, and the majority of all recipients are families with children (70%).²⁵⁹ The PBV program impacts 2 million individuals; nearly half (48%) of recipients are Black and the majority of these families live in extreme-poverty neighborhoods, in which 40% or more of the residents are poor.²⁶⁰ Lastly, there are roughly 150,000 individuals served by Sections 811 and 202. Only 1 in 4 households eligible for assistance receives housing assistance through these programs.²⁶¹

What is the impact?

Nationally, millions of families and young children face poverty and homelessness due to rising rents. The cost of rent has increased 15% since 2001, despite largely stagnant wages, resulting in 23 million people in 11 million low-income households paying more than half their income for rent. Thirty-two percent of these are households with children, and 34% are working adults.²⁶² Some estimates suggest that rental assistance keeps roughly 3 million individuals, including 1 million children, out of poverty annually.

Despite this, only 25% of families eligible for assistance receive it. Families without rental assistance are far more likely to experience poverty, homelessness, housing instability, and negative health and education outcomes.²⁶³

Research indicates that rental assistance programs, specifically the HCV program, are primarily associated with a decrease in neighborhood disadvantage and an increase in economic mobility but have less impact on children's school and health outcomes.²⁶⁴ A recent study that examined the impact of project-based housing in comparison to tenant-based housing (vouchers) showed that, in general, living in project-based housing leads to greater exposure to neighborhood disadvantage for all children, while receiving vouchers leads to economic mobility.²⁶⁵





Neighborhood disadvantage has been defined by characteristics such as median household income, the poverty rate, the percentage of residents receiving public assistance, and the percentage of female-headed households.²⁶⁶ These patterns held true for Black children and families. Black children in families that used vouchers also had a higher median household income (by \$3,047) and a lower poverty rate (by 3.6 percentage points) compared to those who lived in project-based housing. Vouchers were also associated with a lower likelihood of Black children living in a high-poverty neighborhood.²⁶⁷

A recent groundbreaking study found that young children in families that used HCVs to move to higher-income, lower-poverty neighborhoods fared much better as young adults than similar children who remained in extremely poor neighborhoods or those in families that used project-based housing.²⁶⁸ In particular, girls were 30% less likely to be single parents as adults and children were 32% more likely to attend college. Among poor families with children using vouchers, 11.6% lived in low-poverty neighborhoods compared with 10.6% of all poor children.²⁶⁹ Unfortunately, the study did not compare outcomes between races/ethnicities.

The effects of these programs on educational child outcomes, specifically related to school success, including math and reading test scores, grades, attendance, and graduation status, are mixed. Findings from a study that examined the benefits of rental assistance on children's school attendance showed that overall children who receive rental assistance missed fewer days of school due to illness compared to other children of lower-income backgrounds; unfortunately, there was no effect found for Black children.²⁷⁰ Similarly, a study of Chicago's rental assistance program examined the long-term impact of rental assistance on an array of child school and health outcomes but revealed that rental assistance had little to no effect.²⁷¹ The sample in this study was majority Black female-headed households, with nearly four out of five receiving some form of public assistance. The research concludes that, in general, rental assistance programs are associated with moving into lower-poverty neighborhoods, thus providing children in these households access to lower-poverty and better-resourced schools.²⁷²

4. Wealth and Economic Mobility

Equitable Wealth and Economic Policies means...

- **Access** to a living wage, economic stability, and wealth-generation opportunities
- **Experiences** with financial systems that are fair and free of bias
- **Outcomes** in economic stability and total wealth that are not associated with race

Federal policies and programs reviewed in this section aim to improve economic well-being, including reducing poverty and promoting economic stability and wealth generation opportunities. This section reviews the minimum wage, the Child Tax Credit, Temporary Assistance for Needy Families (TANF), paid family and medical leave, and the Family Self-Sufficiency Program. We also discuss policies that are not widely scaled but have the potential to significantly advance racial equity in economic wellness. These include universal basic income, baby bonds, and reparations.

Policies and Programs that Support Economic Security and Wealth Accumulation

MINIMUM WAGE. One of the first policies to address economic well-being in the U.S. was the Fair Labor Standards Act (FLSA) of 1938, which included provisions for a federal minimum wage, among other worker protections. Unfortunately, and purposefully, the original legislation excluded several categories of workers, including agricultural and domestic workers, occupations that at the time accounted for almost a third of all Black workers.²⁷³ It was not until the 1966 Fair Labor Standards Act was passed that the majority of Black workers had access to the federal minimum wage. The positive effect of the minimum wage expansion was almost twice as large for Black workers as it was for White workers.²⁷⁴



Today, more than 143 million workers are covered by the FLSA and have access to a minimum wage. In the more than eight decades since its enactment, Congress has raised the federal minimum wage only nine times, most recently in 2009 when it was raised to \$7.25 per hour. In 2021, U.S. Congressman Bobby Scott introduced the Raise the Wage Act to increase the federal minimum wage. If enacted, the Raise the Wage Act would have immediately lifted the federal minimum wage to \$9.50 per hour and incrementally increased it to \$15 per hour over the course of five years.²⁷⁵ This legislation had the potential to close the wage gap. An analysis of the U.S. Census Bureau's American Community Survey and Current Population Survey showed 47% of Black workers made under \$15 an hour, compared to just 26% of White workers.²⁷⁶ Unfortunately, the bill did not pass either chamber of Congress. Many states have set their own minimum wages higher than the federal minimum wage. According to the National Conference of State Legislatures (NCSL), 29 states and the District of Columbia have minimum wages above the federal minimum wage.²⁷⁷

CHILD TAX CREDIT. In 1997, Congress passed the Child Tax Credit (CTC) to reduce the amount of federal income tax owed by families with children. The amount of the CTC and the parameters around who is eligible and who actually benefits have changed over time. At its onset, the tax credit was nonrefundable and was \$400 per child under age 17. A nonrefundable tax credit allows taxpayers to lower their tax liability to zero, but not below zero, whereas a refundable tax credit allows taxpayers to lower their tax liability to zero and receive a refund. In order to be eligible to receive a refund, families had to have earned income. Since its onset, there have been a number of changes to the original program. For example, in 2018 the income threshold to claim the credit was lowered to \$2,500 per family and was aligned with the earned income tax guidelines.²⁷⁸

Most recently, the American Rescue Plan Act (ARPA, 2021) included expansion of and changes to the CTC. ARPA temporarily increased the Child Tax Credit for more than 65 million U.S. children (roughly 90% of children in the country), 9.4 million of whom are Black.²⁷⁹ The legislation increased the amount (from \$2,000 to \$3,600 for qualifying children under age 6, and \$3,000 for other qualifying children under age 18); made the tax credit fully refundable, ensuring that if the credit a family qualified for exceeded the amount of taxes they owed, they could get the difference back; and eliminated the minimum amount of income needed to receive a refund, ensuring very low-income families have access to the benefit.

According to the IRS, about 35 million eligible families received the advanced CTC, up to \$300 monthly for each child under age 6 and up to \$250 monthly for each child ages 6 to 17, between July 2021 and December 2021.²⁸⁰ ARPA's temporary increases ended in December 2021. Today, the CTC has reverted to \$2,000 per child 16 and younger and will be refundable only up to \$1,500, depending on income. In addition, families must have earned income of at least \$2,500 to be eligible for the refund, which eliminates families with very low incomes from receiving the benefit.

In addition to the federal benefit, several states have created their own CTC. The National Conference of State Legislatures reports that seven states (California, Colorado, Idaho, Maine, Maryland, New York, and Oklahoma) have state-funded CTC with varying eligibility requirements. All seven states allow recipients to claim both the state and federal child

tax credit. Since 2019, nine additional states (Connecticut, Hawaii, Illinois, Iowa, Kansas, Michigan, Missouri, Oregon, and West Virginia) have introduced legislation to create state-level child tax credits. Additionally, both California and New York have introduced legislation to expand their current state child tax credits.²⁸¹

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF). TANF is a federal program that provides cash assistance to families with very low incomes or families where parents are out of work. TANF is available in all 50 states, the District of Columbia, U.S. territories, and Tribes. In 2021, \$16 million in total expenditures were allocated to TANF, which when adjusted for inflation equates to only 40% of the original block grant expenditures in 1996.²⁸² Roughly 437,000 adults and 1.6 million children were served by TANF, according to the most recently released data in 2019. Of those served, 29% were Black.²⁸³ Over half of those served were “child-only” families where the benefit was calculated only for the child, not the adult. The average benefit was \$447 per month, and participation in TANF is federally limited to 60 months with variation by state.²⁸⁴ The program was established in 1996 and has a history steeped in racist, anti-Black ideologies that stereotype Black mothers as unfit and uses tropes to justify harsh work requirements as a mechanism of behavioral control. This history is covered in more detail in the sections below.²⁸⁵

PAID FAMILY AND MEDICAL LEAVE. Another program that supports economic stability, among many other health- and education-related outcomes, is paid family and medical leave. The United States does not currently have a national paid family leave policy. In fact, the U.S. is one of only eight countries globally that do not even offer paid maternity leave.^{286,287} The only leave policy in the United States—the Family and Medical Leave Act (FMLA) of 1993—is not paid and covers a small proportion of employees. The law requires employers with 50 or more employees to provide up to 12 weeks of job-protected, unpaid leave during a 12-month period

for family or medical reasons, including childbirth, a serious health condition, and caring for an immediate family member with a serious health condition.

A recent survey of worksites and employees revealed that overall 7% of workers reported that they needed to take leave from work for a qualifying FMLA reason at some point in the past 12 months but did



not take any leave.²⁸⁸ Needing leave but not taking leave is referred to as unmet need for leave. Unmet need for leave is more common among low-wage workers than among higher-wage workers (9% versus 6%). Unmet need also varies by race and ethnicity, with lower rates of unmet need among White and Asian employees (6%) and higher rates among Black workers (11%).²⁸⁹ Survey data also show that 56.6% of Black workers and 58 % of White workers were eligible for FMLA, while 26% of Black workers were ineligible due to insufficient employment tenure or hours worked compared to just 20% of White workers who were ineligible for these same reasons.²⁹⁰

As of January 2022, the District of Columbia and seven states (California, Connecticut, Massachusetts, New Jersey, New York, Rhode Island, and Washington) offered some form of *paid* family and medical leave. Paid family leave began in Oregon in September 2023 and in Colorado in January 2024.²⁹¹ Paid family and medical leave programs typically provide a set number of weeks off for employees to use for their own or a family member's serious health condition, to care for a new child, or for military-related reasons. Employees usually receive a certain percentage of their paycheck during this time.²⁹² Specifically, policies typically provide a weekly "benefit payment" that's a percentage of the worker's usual income during their leave and ranges from 50% of a worker's average weekly wage (medical leave) and 67% of a worker's average weekly wage (family leave) in New York to 100% of a worker's average weekly wage (up to an amount equal to 65% of the statewide average weekly wage) and 50% of a worker's average weekly wage (above an amount equal to 65% of the statewide average weekly wage) in Oregon. Additionally, the length of benefits ranges from 12 weeks to 30 weeks (Rhode Island).²⁹³

According to the Bureau of Labor Statistics (BLS), about 6 % of civilian U.S. "industry" workers have access to *paid family leave*, though low-wage workers have much less access than their high-wage peers. Whereas 43% of workers in the highest 10% of weekly wages have access to paid leave, only 6% of workers in the bottom 10% of weekly wages do.²⁹⁴ Full-time employees and those who are employed by companies with 200 or more employees are also more likely to have access to paid family and sick leave.²⁹⁵ In 2019, BLS reported that the private sector was more likely to offer paid parental leave than the public sector,²⁹⁶ and those companies that employ more higher-wage workers were more likely to offer paid parental leave than employers with fewer high-wage workers.²⁹⁷ Taking a broader look at leave, the BLS' American Time Use Survey Leave Module indicates that 39% of workers have some type of paid leave available to them after the birth of a child.²⁹⁸ Some of these workers patch together sick or vacation days, short-term disability leave, paid time off, or make informal arrangements with their employers. Combined, these data indicate that low-wage workers, hourly workers, and workers employed by small businesses have less access to paid family and medical leave.²⁹⁹ Differences also exist between racial groups. In general, Black and Latine workers are less likely to have paid family leave than their White peers. However, after controlling for employment characteristics, the differences between Black and White workers are not statistically significant, though stark differences between Latine and White workers remain.³⁰⁰

There are also data that indicate that more than 6 in 10 leaves needed by Black women are not taken or are taken without pay. According to the Center for American Progress, in a given year approximately 2.9 million leaves are needed by working Black women, but 1.1 million—or 38%—are not taken. Of leaves not taken, 75,000 leaves are needed for parental leave (21%), 291,000 leaves are needed for caregiving (55%), and 721,000 leaves are needed for one’s own health (36%).³⁰¹

FAMILY SELF-SUFFICIENCY PROGRAM. The Family Self-Sufficiency (FSS) Program, administered by the U.S. Department of Housing and Urban Development, is aimed at increasing earned income and reducing the need for public benefits for public housing residents. In 2020, more than 65,000 households actively participated in FSS programs. Over 90% of those households were headed by women and roughly 60% were Black.³⁰² Average enrollees in FSS programs were female, in their late 30s, and had two children. Most households had children age 12 and younger and received SNAP benefits.³⁰³ The program was established by Section 554 of the Cranston-Gonzalez National Affordable Housing Act of 1990 to help residents of public housing and participants in the HCV program become economically self-sufficient. Once participants are enrolled in the program, an interest-bearing escrow account is established by the public housing authority. Any increase in the family’s rent as a result of increased earned income during the family’s participation in the program results in a credit to the family’s escrow account. Each participant enters a five-year contract and has an individualized self-sufficiency plan that guides their access to education, training, and employment opportunities to increase earned income. To graduate from the program, participants must be employed, and all household members must not have received cash assistance for 12 consecutive months leading up to graduation. Upon graduation, participants gain access to the funds in the escrow account.



What is the Impact of these Programs and Policies?

Poverty is inextricably linked to racism, historically and contemporarily, and is associated with nearly every other measure of child and family wellness. Children growing up in poverty are more likely to face an array of adverse experiences, including material hardship, food insecurity, housing instability, maltreatment, and poor-quality education. Living in poverty is associated with mental health challenges, physical health impairments, lower academic attainment, and lack of employment and economic stability in adulthood.³⁰⁴ In 2020, the U.S. poverty rate was 11.4% and the child poverty rate was 16%. The 2020 poverty rate represents the first increase since 2015. In 2020, of all racial/ethnic groups, Black Americans had the highest poverty rate (22%), more than double the rate of White Americans (10.6%).³⁰⁵ The poverty rate among Black children grew 2.8% but remained stagnant for White and Asian families. The poverty rate for single female-headed households with children under 6 was a staggering 46.2%, the highest of all family types. States in the southeast had higher poverty rates than the national average.³⁰⁶ Recent research indicates that less than 5% of Black children grow up in communities with a poverty rate under 10% compared to over 60% of White children.³⁰⁷

Beyond poverty, data indicate racial disparities in economic stability and mobility. Black Americans are overrepresented in many lower-wage jobs, a continuous trend across American history that is tied to slavery, sharecropping, Jim Crow laws, and other policies that excluded Black people from participating in other types of employment, devalued the work disproportionately done by Black people, and disproportionately left these workers with few, if any, labor protections.³⁰⁸ Beyond actual earned wages, Black Americans also have much lower upward economic mobility, but much higher downward economic mobility, than their White peers. In fact, a recent groundbreaking study found that a White child born to parents in the top fifth of the income distribution has a 40% chance of remaining at that level. Black children, on the other hand, have only an 18% chance of staying there. At the other end of the income distribution, of children who were born in the bottom fifth of the income distribution, over 10% of White children but only 2.5% of Black children make it to the top fifth as adults. This research also found that Black boys have less upward economic mobility than their White peers in 99% of census tracts.³⁰⁹

Finally, beyond wages and economic stability is the stark and longstanding racial wealth gap. The U.S. has a long history of excluding, exploiting, and marginalizing Black people from and in economic systems. Because wealth accumulates and appreciates over time, the racial wealth gap is the manifestation of hundreds of years of economic oppression, starting with slavery, and later, sharecropping and Jim Crow laws, including residential and educational segregation, the refusal to issue loans to Black citizens, the undervaluing of Black property, redlining, and the systematic exclusion of a disproportionate number of Black Americans from worker protections and Social Security. The racial wealth gap between Black and White families is intergenerational and entrenched in American society.³¹⁰ The racial wealth gap between Black and White families has remained persistent and widened over the past 30 years due to the continued presence of systemic racism across American institutions that results in major disparities across nearly every outcome between Black and White Americans, as well as other people of color.

The Brookings Institute reports that in 2016 the net worth of a typical White family was nearly ten times greater than that of a Black family. Also, from 2007 to 2013 the median net worth declined more for Black families (44.3% decline) than for White families (26.1% decline).³¹¹ The most recent figures from a National Bureau of Economic Research report show the racial wealth gap at a 6-to-1 ratio per capita of White to Black Americans.³¹²

Reducing poverty and increasing opportunities for economic stability and mobility, as well as wealth accumulation, are critical to promoting child and family wellness. The following section reviews the research on programs and policies that are intended to support economic stability and, in some cases, economic mobility and wealth-generation opportunities.

MINIMUM WAGE. Millions of families in the United States make minimum wage earnings, affecting their ability to afford basic necessities and support their families. Research indicates that today's federal minimum wage is a poverty wage, meaning that a person working full time would earn annual wages below the poverty line.³¹³ In fact, in every state in the nation, the federal minimum wage is less than half of what is needed to afford a two-bedroom apartment.³¹⁴ Estimates indicate that over 14% of Black workers are paid poverty wages compared to about 8% of White workers.³¹⁵ Researchers suggest that several factors contribute to this disparity, including Black workers being overrepresented in low-wage jobs and Black people being more likely to work in states that use the federal minimum wage and have not passed a higher state or local minimum wage.³¹⁶ Thus, increasing the federal minimum wage would have a disproportionate positive impact on Black workers. Raising the minimum wage to \$15, as has been proposed in Congress and by advocates, would increase the pay of over a third of all Black workers compared to about 23% of White workers.³¹⁷

Economists suggest that if minimum wage had remained at its 1968 inflation-adjusted level, the Black and Latin poverty rate would be almost 20% lower.³¹⁸ In 2017, a comprehensive study of the effect of minimum wage on family incomes showed that every 10% increase in the inflation-



adjusted minimum wage reduces Black and Hispanic poverty rates by about 11%.³¹⁹ In 2021, the Congressional Budget Office (CBO) calculated estimates of the effect of increasing the minimum wage on family income and reported an estimated reduction of 800,000 people in poverty.³²⁰

CHILD TAX CREDIT. Research on the impact of the CTC on child poverty and on other child and family education and health variables has shown compelling results in the short term, longitudinally, and even intergenerationally.^{321,322} The most recent expansion of the CTC, for example, lifted more than three million children out of poverty—disproportionately Black children and other children of color.³²³ Researchers estimate that extending the CTC more permanently could have slashed the child poverty rate by 40%³²⁴ or 45%,³²⁵ on average, and by more than 50% in 10 states.³²⁶ Data on the most recently expanded CTC, provided through ARPA and in place for about a year, indicates that over 90% of low-income families spent their monthly CTC payments on basic needs, including housing, food, utilities, and educational costs.³²⁷ Shortly after the expanded CTC ended, the U.S. Census Bureau surveyed families that were recipients of the credit using the Household Pulse Survey (HPS). Findings from the survey showed that in late January and early February 2022, 35% of families with children were struggling to cover basic costs after the payments ended.³²⁸ Indeed, researchers estimate that nearly 4 million children slid back into poverty after the expanded CTC expired.³²⁹

Longitudinal research has also found compelling results. One study found that an extra \$3,000 in annual family income between children’s prenatal year and fifth birthday was associated with an average 17% increase in annual earnings when they become adults compared to children whose families do not receive such an increase.³³⁰ Other studies have more deeply explored the effects on children’s learning and education. For example, national data indicate that for each \$1,000 increase in annual income over two to five years, children improve on a variety of school-related measures, including test scores.³³¹ The CTC also has also been found to be associated with children’s likelihood of attending college.³³²

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF). The TANF program has a long history steeped in racist ideology and policy that has disproportionately harmed Black women, children, and families. TANF has its origins in cash assistance programs introduced in the late 19th and early 20th centuries. Mothers’ pensions were established by many states to support women with children who were widowed or otherwise had no male earner in the household. However, these supports were administered at the state and local level, and only women deemed “deserving,” who were almost exclusively White, received the supports. Later, the federal government provided federal funding for these types of cash assistance programs targeted at single mothers through the Aid to Families with Dependent Children (AFDC) law. Like original mothers’ pension laws, the program was administered at the state and local level, and wide discretion was allowed in determining who was eligible or deserving of funding. In some southern states, in particular, Black women were denied support to prevent interfering with labor needs. During the Civil Rights era, greater federal protections were put into place to control eligibility and decrease racist implementation of cash assistance benefits. Around this period, as diversification of beneficiaries increased, a strong narrative advocating for harsh work requirements was introduced, based on racist ideologies and stereotypes that Black women in particular were lazy and dependent on public benefits, despite the fact that they had



higher employment numbers than White women. These debates reached a boiling point in 1996 when TANF replaced AFDC. The new law was a block grant, ensuring wide discretion in state and local implementation once again, and it instituted harsh work requirements and lengthy and burdensome rules that made it difficult to receive aid.

Data indicate that before this new law was passed, 68% of families in poverty received benefits. Over two decades later, only 23% of families in poverty receive benefits, with wide variation across state lines. In 14 states, many of them in the South, fewer

than 10% of families in poverty receive aid.³³³ Black people are more likely to live in states that reach fewer people in poverty with TANF.³³⁴ In fact, researchers have found a negative association between state cash assistance expenditure and the proportion of Black residents overall and those enrolled in TANF.³³⁵

Research during these years has found that Black women and other women of color disproportionately lose benefits for not meeting rules or for reaching time limits.³³⁶ Two studies around this time found evidence of disparities in employment for Black women who were TANF recipients.³³⁷ Even those who successfully find employment are likely to work unstable or low-paying jobs.³³⁸ Additionally, there are disparities in the services Black and Hispanic families receive in TANF.³³⁹ For example, Black TANF recipients were more likely to be sanctioned and less likely to receive supports that were at the discretion of caseworkers—such as child care, training, or education—than White recipients.³⁴⁰ Additional research is needed to understand the impact of TANF in early childhood and for Black families specifically. A recent study of Virginia’s SNAP and TANF programs found that these programs were potentially very important in early childhood to combat the influence of poverty on young children’s development. Ninety-two percent of children who received TANF also received SNAP. In Virginia, of those who received TANF or SNAP, 25% of White children and 75% of Black children were enrolled before the age of 6.³⁴¹ In a study of TANF recipients in Wisconsin, new mothers who received TANF work exemptions tended to have fewer and shorter periods of TANF enrollment.³⁴²

Research on the benefits of TANF specifically for children is limited in scope, but TANF has been associated with reduced child maltreatment.³⁴³ The research is clear regarding the detrimental effects of disruptions in cash benefits and punitive incentive policies on children.^{344,345} Disruptions to cash benefits that are a result of parental TANF sanctions negatively impact children's school attendance and enrollment.³⁴⁶ Additionally, researchers found that the decline in cash assistance between 2001 and 2015 was associated with increases in household food insecurity and child homelessness.³⁴⁷

Many existing TANF program methods of encouraging economic self-sufficiency rely on short-term job training and education that have little evidence of success in achieving the objectives of the program.³⁴⁸ Emerging research on trauma-informed programming for TANF participants suggests that enrollment in such a program compared to standard TANF programming was associated with higher levels of self-efficacy, improved mental health, and reduced economic struggles. Additionally, those in standard TANF programming reported higher child developmental risk than those in the treatment group.³⁴⁹ Another approach to improving the efficacy of TANF in achieving its stated aim of economic self-sufficiency is programming and structuring the TANF system to reduce stress and support the development of self-regulation among TANF recipients.³⁵⁰

Many opponents of cash assistance fear individual dependency or negative impacts of these policies. Some studies do find negative outcomes of cash assistance, but the effects are relatively small or limited to particular segments of the population. For example, a study of the Seattle-Denver income maintenance experiment found that after receiving extra benefits for three to five years, participants in their 50s and 60s (around retirement age) earned \$1800 less per month, but this effect did not impact their children.³⁵¹ During the height of the COVID-19 pandemic, cash assistance became the support mechanism of choice for many governments around the world.³⁵² For example, a study of unconditional cash transfers in Colombia beginning in March 2020 found modest but positive impacts on health and food access.³⁵³ The advantage of cash assistance in this context is that individuals have the flexibility and autonomy to decide when and how to use the assistance.

PAID FAMILY AND MEDICAL LEAVE. Paid family and medical leave enables families to remain economically afloat while they recover from childbirth, bond with new children, or care for themselves or a sick loved one.³⁵⁴ Paid leave is associated with economic security and increased employee retention and with a variety of other health benefits. Further, providing new parents with paid time off to care for their newborn contributes to healthy growth and development for infants and toddlers. For example, participation in California's paid leave program has been associated with better health outcomes among children in elementary school, especially among children from families with low incomes.³⁵⁵ Research findings suggest positive effects of paid leave during infancy, including lower prenatal stress levels, higher rates of breastfeeding, fewer infant hospitalizations, and increased parental involvement.³⁵⁶ There are also several benefits for parents' workforce participation, particularly mothers, including increased likelihood to return to work and increased workforce attachment, career advancements, and productivity.^{357,358}

Given that Black and Latine families disproportionately have lower wages,³⁵⁹ paid family medical leave is particularly essential for Black children and families. Research also finds that Black women are more likely to leave or lose their jobs after giving birth than White women.³⁶⁰ A report by researchers at the Center for Law and Social Policy (CLASP) revealed that only 43% of Black workers have access to any paid parental leave.³⁶¹ Similarly, the literature also shows that Black women are more likely to take unpaid leave, with 9.8 weeks of unpaid leave reported among Black women compared to 5.4 weeks of unpaid leave taken by White women, on average, resulting in approximately 5 more weeks of unpaid leave for Black women.³⁶²

Due to existing racialized socioeconomic disparities in access to paid leave, if leave were transitioned from unpaid to paid, Black workers would recover a greater percentage of their income relative to White workers. However, for Black and Latine workers it still may not be enough to cover short-term costs while not working because wage replacement is not typically 100%, and these families are more likely to have a smaller amount of disposable income.³⁶³ Implementing new paid leave policies may help to address issues that are disproportionately faced by Black women, including maternal morbidity, opportunities to access and build wealth, and economic support for child rearing.³⁶⁴ For example, under California's Paid Family Leave program, Black families reported improvements in infant health and maternal mental health.³⁶⁵ Further, the paid leave program lowered the risk of poverty among mothers of infants by 10.2% and increased household income for those mothers by 4.1% on average.³⁶⁶ California's program also significantly reduced food insecurity among households following childbirth.³⁶⁷ These effects were particularly strong for mothers from low-income backgrounds who have access to fewer resources.



FAMILY SELF-SUFFICIENCY. One program that has potential for narrowing the racial wealth gap, specifically for public housing residents, is the Family Self-Sufficiency (FSS) program. HUD has published three major evaluations on the FSS program since its inception.³⁶⁸ These evaluations have examined various outcomes, including whether the program increased participants' economic self-sufficiency, program features and family characteristics, participant engagement, and participants' reliance on Temporary Assistance for Needy Families (TANF). Earlier evaluations (2004, 2011) showed that the FSS program was meeting its goal of increasing participants' economic self-sufficiency.³⁶⁹ These studies found that the majority of FSS participants did better financially than non-FSS participants, increased employment and educational attainment, improved credit scores, increased savings, decreased reliance on TANF, and decreased their need for rental assistance.

Earlier evaluations also showed that FSS participants who graduated had higher levels of education, were more likely to be employed, and had higher incomes than non-FSS participants. Families that received TANF at enrollment more than doubled their median incomes over the course of the program. HUD reported that during the ten-year period from 2007 to 2016, nearly 37,000 households graduated from a FSS program. These graduates increased their income on average by 80% during their participation in FSS. Graduates received an average of \$6,270 in escrow savings at the end of the program. The findings also show that more than a third (37%) left housing assistance within a year of graduation, and 15% became homeowners.

HUD's national impact evaluation of FSS suggests mixed results, with some long-term benefits. For example, FSS participants experienced steady shifts from part-time to full-time employment. However, the control group engaged in more financial empowerment programs and had greater increases in employment and earnings than FSS participants.³⁷⁰ These findings may be partially explained by the control group receiving other non-FSS supports.

Beyond the HUD evaluations, researchers have also found that FSS participation is linked to increases in earnings and credit scores, decreases in receipt of cash assistance, success in paying down debt, and higher escrow balances.³⁷¹ In one study, nearly half of FSS participants held positive escrow balances after 12 months.³⁷² Additionally, research reveals that FSS programs are associated with future homeownership.³⁷³ For example, researchers conducted an evaluation of Denver's Housing Authority FSS program, which included incentives to participants to purchase a home. Findings revealed that the program not only increased economic security, but also increased the probability of becoming a homeowner within five years of program enrollment.³⁷⁴



Proposed Wealth and Economic Mobility Policies and Programs

This section includes a review of policies that have been proposed but not implemented or implemented in very few areas: universal basic income, baby bonds, and reparations. These policies have the potential to result in significant gains in advancing racial equity, but because of the lack of implementation, they have relatively smaller research bases.

UNIVERSAL BASIC INCOME. Universal basic income (UBI) programs supplement citizens' income with public payments to ensure all people stay at or above an established income "line" or "floor." The goal of these programs is to eliminate economic insecurity and poverty. Once dismissed as a utopian idea in political theory, UBI has now made its way into serious consideration and has been piloted in Namibia, India, Canada, Kenya, and Finland as well as some cities in the United States.³⁷⁵ Civil rights activists such as Martin Luther King Jr. and the Black Panther Party previously advocated for versions of this approach in the U.S. UBI has also been characterized as a potential policy solution to historic and present racial gaps in economic security created as a result of structural racism.³⁷⁶ Though the policy is not exclusively targeted at Black families, in practice it would benefit working-class families, many of whom are Black and other people of color. Today UBI is inaccessible to most Americans, but it is being piloted in some localities across the country.³⁷⁷

Research on UBI is still emerging due to its limited implementation, and therefore there is little to no research on direct experiences or outcomes. However, research from pilot studies can help to inform our knowledge about the potential of UBI policies. Some major cities, including Chicago and Stockton (California), are piloting versions of UBI policies.³⁷⁸ The Stockton program, Stockton Economic Empowerment Demonstration (SEED), was founded in 2019. Through SEED, 125 families received an unconditional \$500 per month for 24 months.³⁷⁹ Findings from Stockton's SEED program showed that recipients experienced reductions in month-to-month income fluctuations, increases in full-time employment by 12 percentage points, and a decrease in their measurable feelings of anxiety and depression compared with



their control-group counterparts.

The study also found that by alleviating financial hardship, the guaranteed income created "new opportunities for self-determination, choice, goal-setting, and risk-taking." It furthered recipients' ability to cover unexpected expenses. Individuals spent most of the money on basic needs, including food, merchandise, utilities, and auto costs, with less than 1% going toward alcohol and/or tobacco.³⁸⁰

In addition to guaranteed income pilots, there have been some UBI legislative efforts introduced at the federal level. One example is the Sending Unconditional Payments to People Overcoming Resistances to Triumph Act (SUPPORT), introduced by U.S. Representative Ilhan Omar in 2021. The SUPPORT Act would create a guaranteed income program of up to \$1,200 per month for adults and \$600 for children. This proposal would amount to a \$14,400 annual income guarantee for adults and \$7,200 for children, amounting to \$43,200 for an average family of four. The national guaranteed income program would start in 2028, sending \$1,200 per month to adults making up to \$75,000 per year, or heads of household making up to \$112,500 per year, as well as providing \$600 monthly per child. The payments would phase out for higher incomes. The bill was referred to a congressional committee in 2021.

Additionally, a research synthesis (seven peer-reviewed articles and eight governmental reports) of the mental health impacts of UBI suggests that the earlier UBI begins in a child's life, the more substantial the mental health benefits.³⁸¹ These studies were primarily conducted internationally (Finland, Barcelona, The Netherlands, and Canada) and found consistent evidence of a positive relationship between UBI (in various forms) and mental health outcomes. One study focused on UBI as rolled out in multiple counties in North Carolina to all members of the Eastern Cherokee Tribe as unconditional cash transfers. The study found that those who received the benefit as children were significantly less likely to have psychological or psychiatric disorders as adults.³⁸²

BABY BONDS. Recently, the proposal of baby bonds as a wealth-building mechanism has taken hold as one potential method of addressing the racial wealth gap. The idea was originally proposed by Darrick Hamilton and William Darity Jr. (2010) and involves giving every child a bond at birth and making contributions to the account throughout childhood, with contribution size based on family income or wealth.³⁸³ The key component of baby bonds is that it requires a substantial public investment at birth that is given time to mature.

Baby bonds are not currently in place nationwide in the U.S. but have recently been proposed at the federal level by U.S. Senator Cory Booker. His proposed legislation, the American Opportunity Accounts Act: Baby Bonds, would create a built-in savings account for every child by giving every child a bond of \$1,000 at birth, with additional deposits of up to \$2,000 each year, depending on household income. This fund could be used by a young adult for college tuition, a down payment for a house, or a business investment. Though this legislation would apply to every child, it is touted as a policy that would impact Black families in particular, because of the higher poverty rates among Black Americans due to the legacies and present-day impacts of racism. This legislation would provide widespread access to wealth-building and investment opportunities that are currently only afforded to wealthy individuals, who are overwhelmingly White. There are multiple versions of the policy proposal, some of which recommend baby bond eligibility be universal, while other strategies are based on family income or wealth, targeting the largest amounts to families with the greatest financial need. Additionally, experts differ on whether restrictions should be placed on how the bond may be used, with some favoring no restrictions and others favoring wealth-building or asset accumulation-based restrictions.

According to the Urban Institute, in 2021 the District of Columbia and Connecticut passed baby bond legislation that established publicly funded trusts for children in families with low incomes. California is applying a baby bond-type strategy to families that have suffered the loss of a parent due to COVID-19. Since then, seven additional states (Delaware, Iowa, Massachusetts, New Jersey, New York, Washington, and Wisconsin) have introduced bills proposing baby bond programs. Washington and Massachusetts have set up task forces with the goal of building wealth among residents and closing racial wealth gaps.³⁸⁴

Additionally, there are examples of baby bonds being applied successfully abroad. For example, Singapore, the United Kingdom, and South Korea have implemented versions of the policy. In the United Kingdom, the trust is administered to everyone, with no restrictions on usage once the individual reaches the eligible age. Alternatively, in Singapore the trust follows the individual throughout the life course. When the child is born, the funds can be used to cover health expenses similar to a child savings credit or they can be used for higher education when the child reaches 18. If there are additional funds available, they are allocated for an individual's retirement.³⁸⁵

There is little research examining the potential impacts associated with this legislation in the U.S. because it has yet to be enacted. However, one study conducted by Zewde (2020) used counterfactual statistical methods to estimate the potential impact of baby bonds on the racial wealth gap.³⁸⁶ Findings suggest that this policy would increase the wealth of Americans regardless of race, but the largest impact would be in narrowing the racial wealth gap between Black and White Americans. Without baby bonds, White Americans hold 16 times the wealth of Black Americans, but if baby bonds were put in place, by the time children reached young adulthood the racial wealth gap would drop, with White Americans holding 1.4 times the wealth of Black Americans. This change in the median wealth gap (White Americans \$46,000 and Black Americans \$2,900 to White Americans \$79,143 and Black Americans \$57,845) would provide a transformative opportunity across groups and would begin to address the continued barriers Black Americans experience related to wealth building.³⁸⁷ Additionally, Weller and colleagues (2022) conducted a study that simulated how policies affect the Black-White wealth gap and found that baby bonds would have the single largest effect on the racial wealth gap.³⁸⁸ The simulations assumed that a baby bonds proposal would be enacted in 2020 and applied retroactively to all individuals age 25 and younger based on income qualifications (which disproportionately affect Black families). This wealth transfer would translate to approximately \$79,170 in assets transferred to the typical Black household in which members are age 25, with \$39,585 for the typical White household in which members are age 25 in 2020.

OTHER POLICIES AND PROGRAMS ASSOCIATED WITH ECONOMIC WELL-BEING. There are several additional policies with primary aims in health or education that also have a positive impact on economic well-being. For example, Head Start has been shown to have a positive impact on poverty. In a recent study that examined the intergenerational effects of Head Start, Barr and Gibbs (2022) found that children of first-generation Head Start graduates had increased educational attainment (increased high school graduation rate by 11 percentage

points and college enrollment by 18 percentage points), which corresponded to an estimated 6 to 11% increase in wages through age 50.³⁸⁹ Other Head Start research has found that Black parents in particular were able to advance their education when their children were assigned to Head Start.³⁹⁰ At the end of the Head Start program (i.e., Year 1), these parents were more likely to be employed in a full-time job and have enrolled in educational courses (Long, 2015). Parents with some college experience but without degrees were more likely to advance their education and earn degrees if their children were assigned to Head Start.³⁹¹

Some home visiting models also have a goal of improving family economic wellness.³⁹² HHS' MIECHV review revealed that of the nine models with high- or moderate-quality studies that measured outcomes in family

self-sufficiency, six had favorable effects, specifically in income and earnings, receipt of public assistance, and access to resources such as housing and transportation. These include Early Head Start Home-based Option, Early Intervention Program for Adolescent Mothers, Early Start (New Zealand), Health Access Nurturing Development Services (HANDS), Healthy Families America, Nurse Family Partnership, Parents as Teachers, and SafeCare Augmented.³⁹³

Another policy that has economic implications for increasing economic security is CCDBG. Research shows that child care subsidy receipt is associated with earning increased wages, working more hours, working standard schedules, and sustaining employment.³⁹⁴ These outcomes were significant only when mothers received a subsidy for 12 months or more, pointing to the importance of subsidy stability.³⁹⁵ These findings were strongest for single mothers and for mothers with less education (e.g., without high school diplomas).

Finally, reparation is another potential policy to ameliorate the economic devastation and vulnerability experienced by Black Americans who are descendants of enslaved individuals. Future reports from the Equity Research Action Coalition and partners will conduct a deep-dive exploration of reparations, including the various forms, where they exist, and their impact, if any, on Black children, education, health, housing, and economic stability and mobility.



CONCLUSION

Government policies intended to enhance the lives of Americans and provide a social safety net, particularly for those facing adversity, rarely live up to their potential and, in particular, fail to serve Black families equitably.³⁹⁶ The exclusion of Black Americans from American systems, services, and benefits has evolved—but persisted—over the course of history. This exclusion began when the first Africans were brought to these lands as property and violently exploited for free labor for generations. Enslaved people were excluded from the most fundamental right of freedom and, along with that, from acquiring wealth, owning land, learning to read, and more. Over time these exclusions evolved from explicit exclusion in law to explicit exclusion in implementation, or some combination of both. Throughout this history, Black Americans have resisted, organized, and advocated for freedom and equal rights, from slave rebellions to literacy training (when it was illegal) to present-day protests and advocacy.³⁹⁷ Our review of the research finds that Black children and families, across income levels but especially lower-income Black individuals, in most cases have less access or more-burdensome access to programs and services intended to support health, education, housing, and economic well-being. In many cases, they have poorer and more unfair experiences within systems. The compounding nature of historical exclusion, less access to services and programs today, and poor experiences in systems drives disparities in outcomes, including those outcomes reviewed in this brief: education, health, economic well-being, and housing.

Research regarding education, health, housing, and economic well-being policies suggests that these policies may result in many potential benefits. However, we find a lack of research centering Black children and families, which impedes our knowledge of how these policies may serve to preserve, protect, and promote the thriving of Black families. In many cases,



researchers did not report disaggregated data. But even when they did, implications and conclusions pertaining to Black children and families were rarely thorough. Few studies considered critical context in their analyses and interpretations, including historical perspectives, the effects of racism and administrative burden on programmatic uptake, and the vast differences in implementation of policies and funding decisions across state lines. What's more, many of the policies and programs reviewed are administered at the state level. Many states do not collect or do not publish disaggregated data on their programs and services, creating a void in our understanding of proportionate access. This is even the case at the federal level in some instances.

Below we provide a brief summary of our domain-specific takeaways.

EDUCATION.

Early learning policies and programs are important for supporting children's healthy development and learning and also for supporting parents' ability to work outside the



home. In the Education section of this report, we explored the four major early childhood education programs and services: Head Start, child care and CCDBG, public pre-K, and IDEA Parts C and B Section 619. Research suggests that participation in high-quality and comprehensive public early care and learning programs is associated with many short- and long-term benefits across an array of domains for both parents and children. Broadly, some of these programs show promise in narrowing disparities between Black children and their non-Black peers in educational and well-being outcomes. Impacts are dependent on funding, access, and quality across programs. Black children's access varies across programs and, importantly, *access to quality* programs is a consistent challenge across all programs. In many studies, particularly those of Head Start programs, Black children benefited more than their peers. Specifically, Head Start benefits were seen in school readiness, pre-academic, and social-emotional outcomes for children and in educational attainment and involvement in children's learning for parents by the end of the program. Longer-term studies have found positive outcomes across health, education, and employment for children and their families, including the children of Head Start graduates. Despite these positive outcomes, Black children may be underrepresented in Head Start programs compared to their representation within the population of young children in poverty. Research has found that Black children have fewer Head Start slots available to them in their neighborhoods than their White peers. Public pre-K programs show important benefits for Black children, but these benefits are dependent on funding and quality. Math and reading gains seem to be particularly consistent among Black children in these programs. Data indicate that Black children are underrepresented in early childhood IDEA programs, including Parts C and B Section 619. Disaggregated data on child outcomes are not published by the federal government, indicating a significant missed opportunity to understand impact. With respect to CCDBG, Black families make up a greater proportion of subsidy recipients than White or Latine



children, despite being more likely to have their applications denied and facing administrative burdens. However, the quality of the programs Black children attend is in some cases unknown; in other cases, the programs are of lower quality than those attended by their White peers. This pattern ultimately makes care more affordable for Black families but has uncertain outcomes on Black children because of the variability in quality and, in particular, the lack of attention to equity and culturally responsive care in many settings. Across all of these programs, Black children are disproportionately subject to harsh and exclusionary discipline, which impacts their fundamental access to these opportunities, the quality of their experiences, and their outcomes.

HEALTH. Federal health policies and programs play an important role in the health and wellness of Black children and families, despite the unfair and

unnecessary administrative burdens required to enroll in many of these programs. Considering the continuing deep disparities in health outcomes between Black children and families and their non-Black peers—starting with maternal and infant mortality—it is clear that intentional strategies to eliminate disparities in outcomes are necessary. More than half of all Black children use CHIP or Medicaid for healthcare coverage compared to just 33% of all White children.³⁹⁸ Substantial differences in outcomes were observed between states that expanded Medicaid coverage through the ACA and those that did not. For example, states that expanded Medicaid under the ACA reduced infant mortality by 50% and reduced preterm births and low birth weight for Black babies, while increasing preventive care for Black children.³⁹⁹ SNAP and WIC are two critical nutritional supports for Black children and families, influencing health outcomes, including reducing Black infant and maternal mortality. Research suggests that SNAP is associated with reduced risk of low-weight births, a leading cause of infant mortality, for Black infants.⁴⁰⁰ WIC is associated with reduced infant mortality, more positive infant health outcomes, and a reduced gap in infant health between Black and White infants.⁴⁰¹ Finally, evidence-based home visiting is greatly lacking in research centering Black families. Existing research suggests that home visiting may positively impact infant and maternal health more broadly, but it does not focus on Black families specifically. Additional longitudinal research is needed, particularly for Black families.

Across health policies there is evidence suggesting that Medicaid, CHIP, and the ACA benefit Black children and families. However, there is a gap in the literature specifically examining Black children and families' outcomes in home visiting and experiences across all four policies. Making the issue more complex is the robust evidence base pointing to the effects of social determinants, including racism, financial stability, and education, on health over the life course.⁴⁰² Thus, policies that can affect maternal and infant mortality disparities may include those that address disparities in other facets of life, including education, housing, and economic well-being, which are addressed in the coming section.

HOUSING. Federal housing programs ensure that nearly 10 million individuals have access to affordable housing. Unfortunately, the research does not provide a meaningful understanding of Black families' experiences with these programs. This is in part due to how data have been collected. Most of the data on housing, homelessness, and poverty are collected by federal agencies (U.S. Census Bureau, HUD, NCHE) and are often discussed in the aggregate or in terms of families of color. In some cases, the research does highlight possible benefits to Black families specifically. For example, having a housing voucher reduces the likelihood that Black families will live in neighborhoods where 40% or more of residents are poor.⁴⁰³ Additionally, research indicates that HCVs have a substantial effect on Black households' access to low-poverty neighborhoods, especially among Black households with children. For example, 17% of Black children from low-income backgrounds in the voucher program live in neighborhoods where less than a tenth of residents are poor compared with just 7% of all Black children from low-income backgrounds.⁴⁰⁴ This finding is important because living in a lower-poverty neighborhood has been associated with a host of positive outcomes. While these findings are promising, Black families are less likely to receive HCV than White families and are more likely to receive project-based supports.



ECONOMIC WELL-BEING AND WEALTH.

Poverty, economic stability and mobility, and wealth are strongly associated with outcomes across nearly every other domain of life—education, health, housing, employment, and more. The impact of these financial structures on Black children and families today is substantial and is steeped in a racialized history beginning with slavery and the original exploitation of labor to

generate wealth and advantage for White men and, continuing over time, manifesting in various forms of exclusion from financial systems. Today, steep disparities across each of these areas of



economic wellness between Black and non-Black people remain. In this report, we reviewed several economic policies, including minimum wage, CTC, FSS, and TANF, as well as additional policies that are not yet widely scaled, including baby bonds, universal basic income, and reparations. Wage increases or supplements (e.g., CTC, universal basic income) would yield a disproportionate benefit for Black families because they are overrepresented in poverty and low-wage work. Data from the temporary CTC found that millions of Black families benefited from the tax credit, and the expiration of the CTC resulted in nearly 10 million children, over 2 million of whom are Black, falling back into poverty.⁴⁰⁵ TANF, in particular, has a strongly racialized history that persists today. Research indicates clear disparities in the administration of the

program, specifically in sanctions and benefits, between Black and non-Black beneficiaries. Research on the impact of TANF has largely focused on employment outcomes for adults and the impact of sanction policies for children. These studies don't show a substantial positive impact on employment but do show disparities in the treatment of Black families in the program. Additionally, losing TANF support due to sanctions detrimentally impacts children. Evidence on the impact of TANF is clear about the detrimental impact of losing TANF support rather than the benefits of the policy. Wealth-generation programs are few and far between and the least widely scaled. FSS, for example, is a promising program mostly shown to positively impact participants, including Black families, in increases in earnings and credit scores, decreases in receipt of cash assistance, success in paying down debt, and higher escrow balances.⁴⁰⁶ Baby bond policies are being piloted in Connecticut, Washington, the District of Columbia, and California, as well as being introduced in seven states and studied by two state task forces. Research suggests that implementing baby bonds widely can have a significant impact on increasing wealth for all groups and narrowing the wealth gap.

Overall, most of these programs demonstrate positive outcomes across an array of domains; the degree to which they are effective at narrowing disparities in outcomes between Black and non-Black participants, however, is highly variable and depends significantly on implementation. To precisely understand Black children and families' access to these programs, their experiences within these systems, and the outcomes resulting from these services, the federal government, states, and local communities must consistently and universally publish disaggregated data and also require all publicly funded research to include an analysis of differences and implications across groups. Researchers studying these policies should always consider the impact of historical context and contemporary racism on Black children and families' ability to access, enroll in, and succeed in these programs. More research is needed centering the experiences and outcomes of Black children and families in particular, in addition to comparing outcomes across groups. Finally, it must be noted that none of these programs are targeted specifically to repair and compensate for historical inequities in access to resources that Black children and families have experienced over the last four centuries in the United States. Until each of these programs has an articulated goal of closing racial disparities and an actionable plan with accountability measures, gaps will most likely persist. ■



ENDNOTES

- ¹ Iruka, I. U., Harper, K., Lloyd, C. M., Boddicker-Young, P., De Marco, A., & Jarvis, B. (2021). *Anti-racist policymaking to protect, promote, and preserve Black families and babies*. Chapel Hill, NC: Equity Research Action Coalition, Frank Porter Graham Child Development Institute, The University of North Carolina at Chapel Hill. https://equity-coalition.fpg.unc.edu/wp-content/uploads/LG21036-CT-Anti-Racist-Policymaking-for-Black-Fams-Final-r2_Web-1.pdf
- ² Iruka, I. U., James, C., Reaves, C., & Forte, A. (2021). *Black Child National Agenda: America Must Deliver on its Promise*. Chapel Hill, NC: Equity Research Action Coalition, Frank Porter Graham Child Development Institute, The University of North Carolina at Chapel Hill. <https://equity-coalition.fpg.unc.edu/resource/black-child-national-agenda-america-must-deliver-on-its-promise/>
- ³ In the fall of 2022, a UNC-Chapel Hill capstone team, composed of McKenzie Harris, Celeste Hinson, Katherine Jackson, Tristan Millsaps, Hannah Nelson, and Parisa Vahid, completed a project in PLCY 698: Senior Capstone in Public Policy. The product from this project is referenced because it provides updated figures for the Black Child National Agenda and actionable steps that relate to this report.
- ⁴ Iruka, I. U., Harper, K., Lloyd, C. M., Boddicker-Young, P., De Marco, A., & Blanding, J. (2021). *Anti-Racist Policymaking to Protect, Promote, and Preserve Black Families and Babies*.
- ⁵ National Head Start Association. (2022). *Head Start's model: Nationwide, comprehensive, multi-generational*. 2022 State Fact Sheet. <https://nhsa.org/resource/2022-state-fact-sheets/>
- ⁶ Herd, P., & Moynihan, D. (2018). *Administrative burden: Policymaking by other means*. Russell Sage Foundation. New York, NY
- ⁷ Office of Management and Budget. (2021). *Study to identify methods to assess equity: Report to the president*. https://www.whitehouse.gov/wp-content/uploads/2021/08/OMB-Report-on-E013985-Implementation_508-Compliant-Secure-v1.1.pdf
- ⁸ Office of Management and Budget. (2021). *Study to identify methods to assess equity: Report to the president*. https://www.whitehouse.gov/wp-content/uploads/2021/08/OMB-Report-on-E013985-Implementation_508-Compliant-Secure-v1.1.pdf
- ⁹ Herd, P., & Moynihan, D. (2018). *Administrative burden: Policymaking by other means*. Russell Sage Foundation. New York, NY
- ¹⁰ Haley, J. M., Long, J., & Kenney, G. M. (2022). *Parents with Low Incomes Faced Greater Health Challenges and Problems Accessing and Affording Needed Health Care in Spring 2021*. Urban Institute, January; Herd, P., & Moynihan, D. (2018). *Administrative burden: Policymaking by other means*. Russell Sage Foundation. New York, NY; Wickle, S., Wagner, J., Erzouki, F., & Sullivan, J. (2022). *States Can Reduce Medicaid's Administrative Burdens to Advance Health and Racial Equity* <https://www.cbpp.org/research/health/states-can-reduce-medicaids-administrative-burdens-to-advance-health-and-racial>; RaceForward. (2020). *What is racial equity?: Understanding key concepts related to race*. <https://www.raceforward.org/about/what-is-racial-equity-key-concepts>
- ¹¹ Haley, J. M., Long, J., & Kenney, G. M. (2022). *Parents with Low Incomes Faced Greater Health Challenges and Problems Accessing and Affording Needed Health Care in Spring 2021*. Urban Institute, January; Wickle, S., Wagner, J., Erzouki, F., & Sullivan, J. (2022). *States Can Reduce Medicaid's Administrative Burdens to Advance Health and Racial Equity* <https://www.cbpp.org/research/health/states-can-reduce-medicaids-administrative-burdens-to-advance-health-and-racial>.
- ¹² Herd, P. & Moynihan, D. (2020). *How administrative burdens can harm health*. <https://www.healthaffairs.org/doi/10.1377/hpb20200904.405159/>
- ¹³ Watts, T. W., Gandhi, J., Ibrahim, D. A., Masucci, M. D., & Raver, C. C. (2018). The Chicago School Readiness Project: Examining the long-term impacts of an early childhood intervention. *PLoS One*, 13(7), e0200144.
- ¹⁴ Hinitz, B. S. F. (2014). *Head Start: A Bridge From Past to Future*. *YC Young Children*, Vol. 69, No. 2 (May 2014), pp. 94-97 Published by: National Association for the Education of Young Children (NAEYC) Stable URL: <https://www.jstor.org/stable/10.2307/ycyoungchildren.69.2.94>. Love, J. M., Kisker, E. E., Ross, C., Raikes, H., Constantine, J., Boller, K., ... & Vogel, C. (2005). The effectiveness of early head start for 3-year-old children and their parents: lessons for policy and programs. *Developmental Psychology*, 41(6), 885.
- ¹⁵ Zigler, E., & Styfco, S. J. (2010). *The hidden history of Head Start*. Oxford University Press.
- ¹⁶ Early Childhood Learning and Knowledge Center (2019). *Head Start program facts fiscal year 2019*. Office of Head Start <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/hs-program-fact-sheet2019.pdf>
- ¹⁷ Early Childhood Learning and Knowledge Center (2019). *Head Start program facts fiscal year 2019*. Office of Head Start <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/hs-program-fact-sheet2019.pdf>. American Community Survey (2019). *ACS 5-Year Estimated Detailed Tables. Sex by age (Black or African American Alone)*. United States Census Bureau. American Community Survey (2019). *ACS 5-Year Estimated Subject Tables. Age and sex*. United States Census Bureau.
- ¹⁸ American Community Survey (2019). *ACS 5-Year Estimated Detailed Tables. Poverty status in the past 12 months by sex by age (Black or African American Alone)*. United States Census Bureau. American Community Survey (2019). *ACS 5-Year Estimated Detailed Tables. Poverty status in the past 12 months by sex by age (White Alone, Not Hispanic or Latino)*. United States Census Bureau. <https://data.census.gov/cedsci/table?q=poverity%20and%20age%20and%20race%20ethnicity&tid=ACSDT5Y2020.B17001H>
- ¹⁹ Hardy, E, Joshi, P., Geronimo, K., Huber, R., Acevedo-Garcia, D. (2020). *Unequal Availability of Head Start: How Neighborhood Matters*. diversitydatakids.org.
- ²⁰ Gebrekristos, S., & Adams, G. (2019). *Do Parents Get Child Care Assistance for Education and Training?*. Washington, DC: Urban Institute.

- ²¹ Administration for Children and Families. (2021). *Data fact sheet: CCDFquick facts FY 2019 data*. https://www.acf.hhs.gov/sites/default/files/documents/occ/Data_Fact_Sheet_FY2019.pdf Administration for Children and Families (2021). *Background and Summary, Child Care and Development Fund (CCDF) FY 2019 Expenditure Data*. <https://www.acf.hhs.gov/occ/data/background-and-summary-child-care-and-development-fund-ccdf-fy-2019-expenditure-data>
- ²² Administration for Children and Families. (2021). *Data fact sheet: CCDFquick facts FY 2019 data*. https://www.acf.hhs.gov/sites/default/files/documents/occ/Data_Fact_Sheet_FY2019.pdf
- ²³ Administration for Children and Families. (2021). *Data fact sheet: CCDFquick facts FY 2019 data*. https://www.acf.hhs.gov/sites/default/files/documents/occ/Data_Fact_Sheet_FY2019.pdf
- ²⁴ Health and Human Services. (2021). *Factsheet: Estimates of Child Care Eligibility & Receipt for Fiscal Year 2018*. <https://aspe.hhs.gov/sites/default/files/2021-08/cy-2018-child-care-subsidy-eligibility.pdf>
- ²⁵ Administration of Children and Families. (2020). *CCDF Data tables*. <https://www.acf.hhs.gov/occ/data/fy-2020-ccdf-data-tables-preliminary>; Lloyd, C. M., Carlson, J., & Alvira-Hammond, M. (2021). *Federal Policies Can Address the Impact of Structural Racism on Black Families' Access to Early Care and Education*. *Child Trends*. https://www.childtrends.org/wp-content/uploads/2021/02/FederalPoliciesStructuralRacism_ChildTrends_March2021.pdf
- ²⁶ Lloyd, C. M., Carlson, J., & Alvira-Hammond, M. (2021). *Federal Policies Can Address the Impact of Structural Racism on Black Families' Access to Early Care and Education*; Ullrich, R., Schmit, S., & Cosse, R. (2019). *Inequitable access to child care subsidies*. Center for Law and Social Policy (CLASP).
- ²⁷ Friedman-Krauss, A. H., Barnett, W. S., Garver, K. A., Hodges, K. S., Weisenfeld, G. G., & DiCrecchio, N. (2022). *The State of Preschool 2021: State Preschool Yearbook*. National Institute for Early Education Research. https://nieer.org/wp-content/uploads/2022/04/YB2021_Full_Report.pdf
- ²⁸ Friedman-Krauss, A. H., Barnett, W. S., Garver, K. A., Hodges, K. S., Weisenfeld, G. G., & DiCrecchio, N. (2022). *The State of Preschool 2021: State Preschool Yearbook*. National Institute for Early Education Research. https://nieer.org/wp-content/uploads/2022/04/YB2021_Full_Report.pdf
- ²⁹ Friedman-Krauss, A. H., Barnett, W. S., Garver, K. A., Hodges, K. S., Weisenfeld, G. G., & DiCrecchio, N. (2022). *The State of Preschool 2021: State Preschool Yearbook*. National Institute for Early Education Research. https://nieer.org/wp-content/uploads/2022/04/YB2021_Full_Report.pdf
- ³⁰ Friedman-Krauss, A. H., Barnett, W. S., Garver, K. A., Hodges, K. S., Weisenfeld, G. G., & DiCrecchio, N. (2022). *The State of Preschool 2021: State Preschool Yearbook*. National Institute for Early Education Research. https://nieer.org/wp-content/uploads/2022/04/YB2021_Full_Report.pdf
- ³¹ CityHealth. (2020). *2020 policy assessment*. <https://www.cityhealth.org/2020annualreport>
- ³² Friedman-Krauss, A. H., Barnett, W. S., Garver, K. A., Hodges, K. S., Weisenfeld, G. G., & DiCrecchio, N. (2022). *The State of Preschool 2021: State Preschool Yearbook*. National Institute for Early Education Research. https://nieer.org/wp-content/uploads/2022/04/YB2021_Full_Report.pdf
- ³³ Friedman-Krauss, A. H., Barnett, W. S., Garver, K. A., Hodges, K. S., Weisenfeld, G. G., & DiCrecchio, N. (2022). *The State of Preschool 2021: State Preschool Yearbook*. National Institute for Early Education Research. https://nieer.org/wp-content/uploads/2022/04/YB2021_Full_Report.pdf
- ³⁴ U.S. Census Bureau (2019). *School Enrollment in the United States: October 2018 – Detailed Tables Table 3. Nursery and Primary School Enrollment of People 3 to 6 Years Old, by Control of School, Attendance Status, Age, Race, Hispanic Origin, Mother's Labor Force Status and Education, and Family Income: October 2018*. <https://www.census.gov/data/tables/2018/demo/school-enrollment/2018-cps.html>
- ³⁵ This number comes from the United States Census Bureau estimates of Black children ages 3–6 enrolled in public nursery school.
- ³⁶ Gillispie, C. (2019). *Young Learners, Missed Opportunities: Ensuring That Black and Latino Children Have Access to High-Quality State-Funded Preschool*. Education Trust.
- ³⁷ United States Department of Education. (2022). Sec. 303.13 Early intervention services. <https://sites.ed.gov/idea/regs/c/a/303.13>
- ³⁸ United States Department of Education. (2022). Sec. 300.39 Special education services. <https://sites.ed.gov/idea/regs/b/a/300.39>
- ³⁹ United States Department of Education. (2022). Sec. 300.34 Related services. <https://sites.ed.gov/idea/regs/b/a/300.34>
- ⁴⁰ Office of Special Education Programs. (2022). IDEA Section 618 Data Products: Static Tables — Part C <https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-c>
- ⁴¹ Office of Special Education Programs. (2022). IDEA Section 618 Data Products: Static Tables — Part B <https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-b>
- ⁴² Lipkin, P. H., Macias, M. M., Norwood, K. W., Brei, T. J., Davidson, L. F., Davis, B. E., ... & Voigt, R. G. (2020). Promoting optimal development: identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*, 145(1); Young, A. R., Beitchman, J. H., Johnson, C., Douglas, L., Atkinson, L., Escobar, M., & Wilson, B. (2002). Young adult academic outcomes in a longitudinal sample of early identified language impaired and control children. *Journal of Child Psychology and Psychiatry*, 43(5), 635–645.
- ⁴³ Congressional Research Office (August 29, 2019). *The Individuals with Disabilities Education Act Funding: A Primer*.

- ⁴⁴ Dragoo, K. E. (2018). The Individuals with Disabilities Education Act (IDEA) Funding: A Primer. CRS Report R44624, Version 4. Updated. Congressional Research Service.
- ⁴⁵ Education Policy and Practice. (2021). IDEA funding gap. <https://www.nea.org/sites/default/files/2021-01/IDEA%20Funding%20Gap%20by%20State%20FY%202020.pdf>
- ⁴⁶ Perlman, S., & Fantuzzo, J. (2010). Timing and influence of early experiences of child maltreatment and homelessness on children's educational well-being. *Children and Youth Services Review*, 32(6), 874–883.; <https://nche.ed.gov/wp-content/uploads/2019/09/Early-Care-and-Education-for-Young-Children-Experiencing-Homelessness.pdf>
- ⁴⁷ Perlman, S.M. & Fantuzzo, J.W. (2010). Timing and impact of homelessness and maltreatment on school readiness. *Children and Youth Services Review*, 32, 874–883
- ⁴⁸ National Center for Homeless Education (2022). *National Overview*. <https://profiles.nche.seiservices.com/ConsolidatedStateProfile.aspx>
- ⁴⁹ National Center for Homeless Education. (2021). *Student homelessness in America*. <https://nche.ed.gov/wp-content/uploads/2021/12/Student-Homelessness-in-America-2021.pdf>
- ⁵⁰ Manfra, L. (2019). Impact of homelessness on school readiness skills and early academic achievement: A systematic review of the literature. *Early Childhood Education Journal*, 47(2), 239–249. Clark, R. E., Weinreb, L., Flahive, J. M., & Seifert, R. W. (2019). Infants exposed to homelessness: health, health care use, and health spending from birth to age six. *Health Affairs*, 38(5), 721–728.
- ⁵¹ Sandel, M; Sheward, R; and Sturtevant, L. (2015) *Compounding Stress: The Timing and Duration Effects of Homelessness on Children's Health*. Center for Housing Policy and Children's HealthWatch. Available at http://www.childrenshealthwatch.org/wpcontent/uploads/Compounding-Stress_2015.pdf
- ⁵² Haskett, M. E., Armstrong, J. M., & Tisdale, J. (2016). Developmental status and social-emotional functioning of young children experiencing homelessness. *Early Childhood Education Journal*, 44(2), 119–125.
- ⁵³ Brumley, B., Fantuzzo, J., Perlman, S., & Zager, M. L. (2015). The unique relations between early homelessness and educational well-being: An empirical test of the continuum of risk hypothesis. *Children and Youth Services Review*, 48, 31–37.; National Center for Homeless Education. (2019). *Early care and education for young children experiencing homelessness*. <https://nche.ed.gov/wp-content/uploads/2019/09/Early-Care-and-Education-for-Young-Children-Experiencing-Homelessness.pdf>
- ⁵⁴ Fantuzzo, J., LeBoeuf, W., Brumley, B., & Perlman, S. (2013). A population-based inquiry of homeless episode characteristics and early educational well-being. *Children and Youth Services Review*, 35(6), 966–972.
- ⁵⁵ Manfra, L. (2019). Impact of homelessness on school readiness skills and early academic achievement: A systematic review of the literature. *Early Childhood Education Journal*, 47(2), 239–249.; De Gregorio, S., Dhaliwal, T. K., Owens, A., & Painter, G. (2020). *Growing up homeless: Student homelessness and educational outcomes in Los Angeles*.
- ⁵⁶ Brown, S. R., Shinn, M., & Khadduri, J. (2017). *Well-being of young children after experiencing homelessness*. Homeless Families Research Brief (OPRE Report No. 2017-06) retrieved from https://www.acf.hhs.gov/sites/default/files/opre/opre_homefam_brief3_hhs_children_02_24_2017_b508.pdf.
- ⁵⁷ National Association for the Education of Homeless Children and Youth and Health and Human Services. (2016). *Aligning Early Childhood Programs to Serve Children Experiencing Homelessness: A Comparison of Preschool, Head Start, and Child Care Policies*. <https://secureservercdn.net/198.71.233.148/Ova.b42.myftpupload.com/wp-content/uploads/2018/04/ECEcrosswalkFINAL1042016-v2018.pdf>
- ⁵⁸ National Association for the Education of Homeless Children and Youth and Health and Human Services. (2016). *Preschool and the McKinney-Vento Homeless Assistance Act*. <https://secureservercdn.net/198.71.233.148/Ova.b42.myftpupload.com/wp-content/uploads/2018/02/preschoolMV2016.pdf>
- ⁵⁹ National Association for the Education of Homeless Children and Youth and Health and Human Services. (2016). *Summary of Final Head Start Regulations Related to Homelessness*. <https://secureservercdn.net/198.71.233.148/Ova.b42.myftpupload.com/wp-content/uploads/2018/02/Summary-of-Final-Head-Start-Regulations-Related-to-Homelessness-FINAL.pdf>
- ⁶⁰ National Association for the Education of Homeless Children and Youth and Health and Human Services. (2016). *Final Child Care and Development Fund Regulations Published: Summary of Regulations Specific to Children and Families Experiencing Homelessness*. <https://secureservercdn.net/198.71.233.148/Ova.b42.myftpupload.com/wp-content/uploads/2018/02/CCDFRegsFINAL9262016.pdf>
- ⁶¹ National Association for the Education of Homeless Children and Youth and Health and Human Services. (2016). *Summary of Final Head Start Regulations Related to Homelessness*. <https://secureservercdn.net/198.71.233.148/Ova.b42.myftpupload.com/wp-content/uploads/2018/02/Summary-of-Final-Head-Start-Regulations-Related-to-Homelessness-FINAL.pdf>
- ⁶² National Association for the Education of Homeless Children and Youth and Health and Human Services. (2016). *Final Child Care and Development Fund Regulations Published: Summary of Regulations Specific to Children and Families Experiencing Homelessness*. <https://secureservercdn.net/198.71.233.148/Ova.b42.myftpupload.com/wp-content/uploads/2018/02/CCDFRegsFINAL9262016.pdf>
- ⁶³ National Association for the Education of Homeless Children and Youth and Health and Human Services. (2016). *Preschool and the McKinney-Vento Homeless Assistance Act*. <https://secureservercdn.net/198.71.233.148/Ova.b42.myftpupload.com/wp-content/uploads/2018/02/preschoolMV2016.pdf>
- ⁶⁴ National Center for the Coalition on Homelessness (June, 2006). *McKinney-Vento Act NCH Fact Sheet #18*. <https://www.nationalhomeless.org/publications/facts/McKinney.pdf>

- ⁶⁵ Friedman-Krauss, A. H., Barnett, W. S., Garver, K. A., Hodges, K. S., Weisenfeld, G. G., & DiCrecchio, N. (2022). *The State of Preschool 2021: State Preschool Yearbook*. National Institute for Early Education Research. https://nieer.org/wp-content/uploads/2022/04/YB2021_Full_Report.pdf
- ⁶⁶ Currie, J., & Neidell, M. (2007). Getting inside the “Black Box” of head start quality: What matters and what doesn’t. *Economics of Education Review*, 26, 83–99.; Love, J., Kisker, E., Ross, C., Raikes, H., Constantine, J., Boller, K., ... Vogel, C. (2005). The effectiveness of early head start for 3-year-old children and their parents: Lessons for policy and programs. *Developmental Psychology*, 41(6), 885–901.
- ⁶⁷ Lee, S. Y., Kim, R., Rodgers, J., & Subramanian, S. V. (2021). Treatment effect heterogeneity in the head start impact study: A systematic review of study characteristics and findings. *SSM-population health*, 16, 100916.
- ⁶⁸ Barr, A., & Gibbs, C. (2022). Breaking the cycle? Intergenerational effects of an anti-poverty program in early childhood. *Journal of Political Economy*. <https://doi-org.ezproxy1.lib.asu.edu/10.1086/720764>
- ⁶⁹ US Department of Health and Human Services. (2010). *Head Start impact study: Final report, executive summary*. Retrieved March, 19, 2010.
- ⁷⁰ Johnson, Rucker C. and C. Kirabo Jackson (2019). Reducing Inequality Through Dynamic Complementarity: Evidence from Head Start and Public School Spending. *American Economic Journal: Economic Policy*.
- ⁷¹ Lee, S. Y., Kim, R., Rodgers, J., & Subramanian, S. V. (2021). Treatment effect heterogeneity in the head start impact study: A systematic review of study characteristics and findings. *SSM-population health*, 16, 100916.
- ⁷² Connolly, F., and Olson, L.S. (2012). *Early elementary performance and attendance in Baltimore City Schools’ pre-kindergarten and kindergarten*
- ⁷³ Barr, A., & Gibbs, C. (2017). *Breaking the cycle? Intergenerational effects of an anti-poverty program in early childhood*.
- ⁷⁴ Bauer, L., & Schanzenbach, D. W. (2016). *The long-term impact of the Head Start program*. The Hamilton Project.
- ⁷⁵ Deming, D. (2009). Early childhood intervention and life-cycle skill development: Evidence from Head Start. *American Economic Journal: Applied Economics*, 1(3), 111–34.; Johnson, R.C. (2010). The Health Returns of Education Policies from Preschool to High School and Beyond. *American Economic Review: Papers & Proceedings*, 188–194.
- ⁷⁶ Lee, S. Y., Kim, R., Rodgers, J., & Subramanian, S. V. (2021). Treatment effect heterogeneity in the head start impact study: A systematic review of study characteristics and findings. *SSM-population health*, 16, 100916.
- ⁷⁷ Deming, D. (2009). Early childhood intervention and life-cycle skill development: Evidence from Head Start. *American Economic Journal: Applied Economics*, 1(3), 111–34
- ⁷⁸ Deming, D. (2009). Early childhood intervention and life-cycle skill development: Evidence from Head Start. *American Economic Journal: Applied Economics*, 1(3), 111–34.
- ⁷⁹ Deming, D. (2009). Early childhood intervention and life-cycle skill development: Evidence from Head Start. *American Economic Journal: Applied Economics*, 1(3), 111–34.
- ⁸⁰ Gelber, A., & Isen, A. (2013). Children’s schooling and parents’ behavior: Evidence from the Head Start Impact Study. *Journal of Public Economics*, 101, 25–38.
- ⁸¹ Gelber, A., & Isen, A. (2013). Children’s schooling and parents’ behavior: Evidence from the head start impact study. *Journal of Public Economics*, 101(1), 25–38.
- ⁸² Ansari, A., & Gershoff, E. (2016). Parent involvement in head start and children’s development: Indirect effects through parenting. *Journal of Marriage and Family*, 78(2), 562–579.
- ⁸³ Lee, K., & Rispoli, K. (2019). Head start impact on fathers’ involvement and Black children’s development. *Journal of Social Work Education*, 55(4), 777–797.
- ⁸⁴ Kuhns, C., Cabrera, N., Hennigar, A., West, J., & Acosta, J. (2018). Latino and African-American parental resources, investments, and socialization practices: Supporting toddler’s language and social skills. In *Academic socialization of young Black and Latino children* (pp. 5–37). Springer, Cham.
- ⁸⁵ Harden, B. J., Sandstrom, H., & Chazan-Cohen, R. (2012). Early Head Start and African American families: Impacts and mechanisms of child outcomes. *Early Childhood Research Quarterly*, 27(4), 572–581.
- ⁸⁶ Heberle, A. E., & Chazan-Cohen, R. (2022). Longitudinal and Reciprocal Relations Among Parent and Child Outcomes for Black Early Head Start Families. *Early Education and Development*, 1–21.
- ⁸⁷ Sabol, T. J., & Chase & Lansdale, P. L. (2015). The influence of low-income children’s participation in Head Start on their parents’ education and employment. *Journal of Policy Analysis and Management*, 34(1), 136–161.
- ⁸⁸ De Haan, M., & Leuven, E. (2020). Head start and the distribution of long-term education and labor market outcomes. *Journal of Labor Economics*, 38(3), 727–765.
- ⁸⁹ Harden, B. J., Sandstrom, H., & Chazan-Cohen, R. (2012). Early Head Start and African American families: Impacts and mechanisms of child outcomes. *Early Childhood Research Quarterly*, 27(4), 572–581.; Sabol, T. J., & Chase-Lansdale, P. L. (2015). The influence of low-income children’s participation in Head Start on their parents’ education and employment. *Journal of Policy Analysis and Management*, 34(1), 136–161.
- ⁹⁰ Adams, G., & Pratt, E. (2021). *Executive Summary: Assessing Child Care Subsidies through an Equity Lens: A Review of Policies and Practices in the Child Care and Development Fund*.
- ⁹¹ Morrissey, T., Heflin, C., & Clay Fanning, W. (2021). *The U.S. Child Care Subsidy Program Is Underused but Well-Positioned to Promote Racial Equity*. <https://lernercenter.syr.edu/2021/10/12/rb-54-2/>

- ⁹² De Marco, A., & Vernon-Feagans, L. (2015). Child care subsidy use and child care quality in low-wealth, rural communities. *Journal of Family and Economic Issues*, 36(3), 383–395.; Jones-Branch, J. A., Torquati, J. C., Raikes, H., & Pope Edwards, C. (2004). Child care subsidy and quality. *Early Education and Development*, 15(3), 327–342
- ⁹³ Jones-Branch, J. A., Torquati, J. C., Raikes, H., & Pope Edwards, C. (2004). Child care subsidy and quality. *Early Education and Development*, 15(3), 327–342.
- ⁹⁴ Ryan, R. M., Johnson, A., Rigby, E., & Brooks-Gunn, J. (2011). The impact of child care subsidy use on child care quality. *Early Childhood Research Quarterly*, 26(3), 320–331.
- ⁹⁵ Hollett, K. B., & Frankenberg, E. (2022). A critical analysis of racial disparities in ECE subsidy funding. *Education Policy Analysis Archives*, 30, 14–14.
- ⁹⁶ Hatfield, B. E., Lower, J. K., Cassidy, D. J., & Faldowski, R. A. (2015). Inequities in access to quality early care and education: Associations with funding and community context. *Early Childhood Research Quarterly*, 30, 316–326.
- ⁹⁷ Shonkoff, J. P., Phillips, D. A., & National Research Council. (2000). Growing up in child care. In *From neurons to neighborhoods: The science of early childhood development*. National Academies Press (US).
- ⁹⁸ Swenson, K. (2014). *Child Care Subsidy Duration and Caseload Dynamics: A Multi-State Examination*. Report, US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Washington, DC.
- ⁹⁹ Michalopoulos, C., Lundquist, E., & Castells, N. (2010). *The effects of child care subsidies for moderate-income families in Cook County, Illinois*. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services, 2011–3.
- ¹⁰⁰ Henly, J. R., Kim, J., Sandstrom, H., Pilarz, A. R., & Claessens, A. (2017). What explains short spells on child-care subsidies?. *Social Service Review*, 91(3), 488–533.
- ¹⁰¹ Bratsch-Hines, M. E., Mokrova, I., Vernon-Feagans, L., & Family Life Project Key Investigators. (2015). Child care instability from 6 to 36 months and the social adjustment of children in prekindergarten. *Early Childhood Research Quarterly*, 30, 106–116.; Krafft, C., Davis, E. E., & Tout, K. (2017). Child care subsidies and the stability and quality of child care arrangements. *Early Childhood Research Quarterly*, 39, 14–34; A.R. Pilarz, H.D. Hill; Unstable and multiple child care arrangements and young children's behavior. *Early Childhood Research Quarterly*, 29 (4) (2014), pp. 471–483 <http://doi.org/10.1016/j.ecresq.2014.05.007>
- ¹⁰² Pilarz, A. R., Sandstrom, H., & Henly, J. R. (2022). Making Sense of Childcare Instability Among Families with Low Incomes:(Un) desired and (Un) planned Reasons for Changing Childcare Arrangements. *RSF: The Russell Sage Foundation Journal of the Social Sciences*, 8(5), 120–142.
- ¹⁰³ Pilarz, A. R., Sandstrom, H., & Henly, J. R. (2022). Making Sense of Childcare Instability Among Families with Low Incomes:(Un) desired and (Un) planned Reasons for Changing Childcare Arrangements. *RSF: The Russell Sage Foundation Journal of the Social Sciences*, 8(5), 120–14
- ¹⁰⁴ Herbst, C. M., & Tekin, E. (2010). *The impact of child care subsidies on child well-being: Evidence from geographic variation in the distance to social service agencies* (No. w16250). National Bureau of Economic Research.
- ¹⁰⁵ Herbst, C. M., & Tekin, E. (2010). *The impact of child care subsidies on child well-being: Evidence from geographic variation in the distance to social service agencies* (No. w16250). National Bureau of Economic Research.
- ¹⁰⁶ Zaroni, W., & Johnson, A. D. (2019). Child Care Subsidy Use and Children's Outcomes in Middle School. *AERA Open*, 5(4), 2332858419884540.
- ¹⁰⁷ Herbst, C. M., & Tekin, E. (2010). *The impact of child care subsidies on child well-being: Evidence from geographic variation in the distance to social service agencies* (No. w16250). National Bureau of Economic Research.; Johnson, A. D., Martin, A., & Brooks-Gunn, J. (2013). Child-care subsidies and school readiness in kindergarten. *Child Development*, 84(5), 1806–1822.; Zaroni, W., & Johnson, A. D. (2019). Child Care Subsidy Use and Children's Outcomes in Middle School. *AERA Open*, 5(4), 2332858419884540.
- ¹⁰⁸ Hawkinson, L. E., Griffen, A. S., Dong, N., & Maynard, R. A. (2013). The relationship between child care subsidies and children's cognitive development. *Early Childhood Research Quarterly*, 28(2), 388–404.
- ¹⁰⁹ Herbst, C. M., & Tekin, E. (2010). *The impact of child care subsidies on child well-being: Evidence from geographic variation in the distance to social service agencies* (No. w16250). National Bureau of Economic Research.
- ¹¹⁰ Baker, M., Gruber, J., & Milligan, K. (2008). Universal childcare, maternal labor supply, and family well-being. *Journal of Political Economy*, 116, 709–745.; Gupta, N.D., & Simonsen, M. (2007). *Non- cognitive child outcomes and universal high quality child care*. IZA discussion papers 3188. Institute for the Study of Labor (IZA).; Herbst, C. M., & Tekin, E. (2010). Child care subsidies and child development. *Economics of Education Review*, 29(4), 618–638.
- ¹¹¹ Education Trust (November 6, 2019). *No State Provides Both High-Quality and High-Access State-Funded Preschool for Black and Latino 3- and 4-Year-Olds*. <https://edtrust.org/press-release/no-state-provides-both-high-quality-and-high-access-state-funded-preschool-for-black-and-latino-3-and-4-year-olds/>
- ¹¹² Latham, S., Corcoran, S. P., Sattin-Bajaj, C., & Jennings, J. L. (2021). Racial disparities in pre-k quality: Evidence from New York City's universal pre-k program. *Educational Researcher*, 50(9), 607–617.
- ¹¹³ Valentino, R. (2018). Will public pre-K really close achievement gaps? Gaps in prekindergarten quality between students and across states. *American Educational Research Journal*, 55(1), 79–116.
- ¹¹⁴ Bassok, D., & Galdo, E. (2016). Inequality in preschool quality? Community-level disparities in access to high-quality learning environments. *Early Education and Development*, 27(1), 128–144.

- ¹¹⁵ Bassok, D., & Galdo, E. (2016). Inequality in preschool quality? Community-level disparities in access to high-quality learning environments. *Early Education and Development*, 27(1), 128-144.
- ¹¹⁶ Burchinal, M., Vandergrift, N., Pianta, R., & Mashburn, A. (2010). Threshold analysis of association between child care quality and child outcomes for low-income children in pre-kindergarten programs. *Early Childhood Research Quarterly*, 25(2), 166-176.
- ¹¹⁷ Burchinal, M., Vandergrift, N., Pianta, R., & Mashburn, A. (2010). Threshold analysis of association between child care quality and child outcomes for low-income children in pre-kindergarten programs. *Early Childhood Research Quarterly*, 25(2), 166-176.
- ¹¹⁸ Rothwell, J. T. (2016). Classroom inequality and the cognitive race gap: Evidence from 4-year olds in public PreK. Available at SSRN 2740527.
- ¹¹⁹ Barnett, W. S. (2008). *Preschool education and its lasting effects: Research and policy implications*. Boulder and Tempe: Education and the Public Interest Center & Education Policy Research Unit. Retrieved from <http://nepc.colorado.edu/publication/preschool-education>. DeAngelis, C. A., Holmes Erickson, H., & Ritter, G. W. (2020). What's the state of the evidence on pre-K programmes in the United States? A systematic review. *Educational Review*, 72(4), 495-519. <https://doi.org/10.1080/00131911.2018.1520688>. Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M. R., Espinosa, L. M., Gormley, W. T., ... & Zaslow, M. J. (2013). *Investing in our future: The evidence base on preschool education*.
- ¹²⁰ Hustedt, J. T., Jung, K., Barnett, W. S., & Williams, T. (2015). Kindergarten readiness impacts of the Arkansas Better Chance state prekindergarten initiative. *The Elementary School Journal*, 116(2), 198-216.
- ¹²¹ Early, D. M., Li, W., Maxwell, K. L., & Ponder, B. D. (2019). Participation in Georgia's pre-k as a predictor of third-grade standardized test scores. *AERA Open*, 5(2), 1-16. <https://doi.org/10.1177/2332858419848687>
- ¹²² Hustedt, J., Jung, K., Friedman-Krauss, A., Barnett, S., & Slicker, G. (2021). Impacts of the New Mexico pre-k initiative by children's race/ethnicity. *Early Childhood Research Quarterly*, 54(1), 194-203. <https://doi.org/10.1016/j.ecresq.2020.09.006>.
- ¹²³ Pion, G. M., & Lipsey, M. W. (2021). Impact of the Tennessee Voluntary Prekindergarten Program on children's literacy, language, and mathematics skills: Results from a regression-discontinuity design. *AERA Open*. Advance online publication. <https://doi.org/10.1177/23328584211041353>
- ¹²⁴ Wong, V. C., Cook, T. D., Barnett, W. S., & Jung, K. (2008). An effectiveness-based evaluation of five state pre-kindergarten programs. *Journal of Policy Analysis and Management*, 27(1), 122-154. <https://doi.org/10.1002/pam.20310>
- ¹²⁵ Weiland, C., Unterman, R., Shapiro, A., Staszak, S., Rochester, S., & Martin, E. (2020). The effects of enrolling in oversubscribed pre-Kindergarten programs through third grade. *Child Development*, 91(5), 1401-1422. <https://doi.org/10.1111/cdev.1330>
- ¹²⁶ Bartik, T. (2013). *Effects of the pre-k program of Kalamazoo County Ready 4s on kindergarten entry test scores: Estimates based on data from the fall of 2011 and the fall of 2012*.
- ¹²⁷ Amadon, S., Gormley, W. T., Claessens, A., Magnuson, K., Hummel & Price, D., & Romm, K. (2022). Does early childhood education help to improve high school outcomes? Results from Tulsa. *Child Development*. <https://doi.org/10.1111/cdev.13752>
- ¹²⁸ Ladd, H. F., Muschkin, C. G., & Dodge, K. A. (2014). From birth to school: Early childhood initiatives and third-grade outcomes in North Carolina. *Journal of Policy Analysis and Management*, 33(1), 162-187.
- ¹²⁹ Montrosse-Moorhead, B., Dougherty, S., La Salle, T., Weiner, J., & Dostal, H. (2019). The overall and differential effects of a targeted pre-Kindergarten program: Evidence from Connecticut. *Early Childhood Research Quarterly*, 48(1), 134-145. <https://doi.org/10.1016/j.ecresq.2019.02.006>
- ¹³⁰ Gormley, W. T., Jr., Gayer, T., Phillips, D., & Dawson, B. (2005). The effects of universal pre-K on cognitive development. *Developmental Psychology*, 41(6), 872-884. <https://doi.org/10.1037/0012-1649.41.6.872>. Weiland, C., Unterman, R., Shapiro, A., Staszak, S., Rochester, S., & Martin, E. (2020). The effects of enrolling in oversubscribed pre-Kindergarten programs through third grade. *Child Development*, 91(5), 1401-1422. <https://doi.org/10.1111/cdev.13308>
- ¹³¹ Early, D. M., Li, W., Maxwell, K. L., & Ponder, B. D. (2019). Participation in Georgia's pre-k as a predictor of third-grade standardized test scores. *AERA Open*, 5(2), 1-16. <https://doi.org/10.1177/2332858419848687>
- ¹³² Montrosse-Moorhead, B., Dougherty, S., La Salle, T., Weiner, J., & Dostal, H. (2019). The overall and differential effects of a targeted pre-Kindergarten program: Evidence from Connecticut. *Early Childhood Research Quarterly*, 48(1), 134-145. <https://doi.org/10.1016/j.ecresq.2019.02.006>
- ¹³³ Durkin, K., Lipsey, M. W., Farran, D. C., & Wiesen, S. E. (2022). Effects of a statewide pre-kindergarten program on children's achievement and behavior through sixth grade. *Developmental Psychology*.
- ¹³⁴ Bai, Y., Ladd, H. F., Muschkin, C. G., & Dodge, K. A. (2020). Long-term effects of early childhood programs through eighth grade: Do the effects fade out or grow?. *Children and Youth Services Review*, 112, 104890.
- ¹³⁵ Lipsey, M. W., Farran, D. C., & Durkin, K. (2018). Effects of the Tennessee Prekindergarten Program on children's achievement and behavior through third grade. *Early Childhood Research Quarterly*, 45, 155-176.
- ¹³⁶ Lipsey, M. W., Farran, D. C., & Durkin, K. (2018). Effects of the Tennessee Prekindergarten Program on children's achievement and behavior through third grade. *Early Childhood Research Quarterly*, 45, 155-176.
- ¹³⁷ Lipsey, M. W., Farran, D. C., & Durkin, K. (2018). Effects of the Tennessee Prekindergarten Program on children's achievement and behavior through third grade. *Early Childhood Research Quarterly*, 45, 155-176.
- ¹³⁸ Pearman, F. A., Springer, M., Lipsey, M., Lachowicz, M., Swain, W., & Farran, D. (2020). Teachers, schools, and pre-K effect persistence: An examination of the sustaining environment hypothesis. *Journal of Research on Educational Effectiveness*, 13(4), 547-573. <https://doi.org/10.1080/19345747.2020.1749740>

- ¹³⁹ Durkin, K., Lipsey, M. W., Farran, D. C., & Wiesen, S. E. (2022). Effects of a statewide pre-kindergarten program on children's achievement and behavior through sixth grade. *Developmental Psychology*.
- ¹⁴⁰ Wright, B. L., & Ford, D. Y. (2016). "This Little Light of Mine": Creating Early Childhood Education Classroom Experiences for African American Boys PreK-3. *Journal of African American Males in Education*, 7(1), 5-19.; DeAngelis, C. A., Holmes Erickson, H., & Ritter, G. W. (2020). What's the state of the evidence on pre-K programmes in the United States? A systematic review. *Educational Review*, 72(4), 495-519. <https://doi.org/10.1080/00131911.2018.1520688>.; Durkin, K., Lipsey, M. W., Farran, D. C., & Wiesen, S. E. (2022). Effects of a statewide pre-kindergarten program on children's achievement and behavior through sixth grade. *Developmental Psychology*.; Lipsey, M. W., Farran, D. C., & Durkin, K. (2018). Effects of the Tennessee Prekindergarten Program on children's achievement and behavior through third grade. *Early Childhood Research Quarterly*, 45, 155-176.
- ¹⁴¹ Gormley Jr, W. T., & Phillips, D. (2005). The effects of universal prek in Oklahoma: Research highlights and policy implications. *Policy Studies Journal*, 33(1), 65-82.
- ¹⁴² Majnemer, A. (1998, March). Benefits of early intervention for children with developmental disabilities. In *Seminars in pediatric neurology* (Vol. 5, No. 1, pp. 62-69). WB Saunders.; Harvard Center on the Developing Child (n.d.). *Brain Architecture*. <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>; Center on the Developing Child (2007). *The Science of Early Childhood Development* (InBrief). Retrieved from www.developingchild.harvard.edu
- ¹⁴³ McCormick, M. C., Brooks-Gunn, J., Buka, S. L., Goldman, J., Yu, J., Salganik, M., ... & Casey, P. H. (2006). Early intervention in low birth weight premature infants: results at 18 years of age for the Infant Health and Development Program. *Pediatrics*, 117(3), 771-780.0; Herrod, H. G. (2007). Do first years really last a lifetime?. *Clinical pediatrics*, 46(3), 199-205.; Walker, S. P., Chang, S. M., Vera-Hernández, M., & Grantham-McGregor, S. (2011). Early childhood stimulation benefits adult competence and reduces violent behavior. *Pediatrics*, 127(5), 849-857.
- ¹⁴⁴ Strain, P. S., Bovey, E. H., Wilson, K., & Roybal, R. (2009). LEAP preschool: Lessons learned over 28 years of inclusive services for young children with autism. *Young Exceptional Children Monograph Series* 11, 49-68
- ¹⁴⁵ Guralnick, M. J. (2001). A developmental systems model for early intervention. *Infants and Young Children*, 14(2), 1-18; National Professional Development Center on Inclusion. (2011). Research synthesis points on quality inclusive practices. Chapel Hill: The University of North Carolina, FPG Child Development Institute, Author; Strain, P. S., Bovey, E. H., Wilson, K., & Roybal, R. (2009). LEAP preschool: Lessons learned over 28 years of inclusive services for young children with autism. *Young Exceptional Children Monograph Series* 11, 49-68; Wolery-Allegheny, M., & Wilbers, J. S. (1994). Including children with special needs in early childhood programs (pp. 6, 1-22). National Association for T.H.E. Education of Young Children
- ¹⁴⁶ Strain, P. S. (1983). Generalization of autistic children's social behavior change: Effects of developmentally integrated and segregated settings. *Analysis and intervention in Developmental Disabilities*, 3(1), 23-34; Holahan, A., & Costenbader, V. (2000). A comparison of developmental gains for preschool children with disabilities in inclusive and self-contained classrooms. *Topics in Early Childhood Special Education*, 20(4), 224-235; Justice, L. M., Logan, J. A., Lin, T. J., & Kaderavek, J. N. (2014). Peer effects in early childhood education: Testing the assumptions of special-education inclusion. *Psychological Science*, 25(9), 1722-1729.
- ¹⁴⁷ Office of Special Education Programs. (2022). IDEA Section 618 Data Products: Static Tables — Part B <https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-b>
- ¹⁴⁸ U.S. Department of Education, Office for Civil Rights. (2021). Civil Rights Data Collection, 2017-18. <https://ocrdata.ed.gov/estimations/2017-2018>
- ¹⁴⁹ Office of Special Education Programs. IDEA Section 618 Data Products: Static Tables — Part B <https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-b>
- ¹⁵⁰ U.S. Department of Education, Office for Civil Rights. (2021). Civil Rights Data Collection, 2017-18. <https://ocrdata.ed.gov/estimations/2017-2018>
- ¹⁵¹ U.S. Department of Education, Office for Civil Rights. (2021). Civil Rights Data Collection, 2017-18. <https://ocrdata.ed.gov/estimations/2017-2018>
- ¹⁵² Artiles, A. J., Klingner, J. K., & Tate, W. F. (2006). Representation of minority students in special education: Complicating traditional explanations: Editors' introduction. *Educational Researcher*, 35(6), 3-5.; Artiles, Alfredo J., Janette K. Klingner, and William F. Tate. "Representation of minority students in special education: Complicating traditional explanations: Editors' introduction." *Educational Researcher* 35, no. 6 (2006): 3-5.
- ¹⁵³ Ferri, B. A. & Connor, D. J. (2005). Tools of Inclusion: Race, disability, and (re)segregated in education. *Teachers College Record*, 107(3), 453-474.; O'Connor, C. & Fernandez, S. D. (2016). Race, class, and disproportionality: Reevaluating the relationship between poverty and special education placement. *Educational Researcher*, 35(6), 6-11.
- ¹⁵⁴ Early Childhood Technical Assistance Center. IDEA Child Outcomes Highlights for FFY2019. <https://ectacenter.org/eco/pages/childoutcomeshighlights.asp>
- ¹⁵⁵ Meek et al., (2020). Start with equity: From the early years to early grades. Children's Equity Project. Arizona State University, AZ.
- ¹⁵⁶ U.S. Department of Education, Office for Civil Rights. (2018). Civil Rights Data Collection, 2015-16. <https://www2.ed.gov/ocr/docs/crcd-2015-16.html>
- ¹⁵⁷ Meek, S., Allen, R., Catherine, E., Fabes, R., McIntosh, K., Gordon, ...Gilliam, W. (2020). Harsh discipline and its disproportionate application in learning settings. In *Start with equity: From the early grades to the early grades*. (pp. 26-58) Washington, DC: The Children's Equity Project, & Bipartisan Policy Center

- ¹⁵⁸ Gilliam, W. S. (2005). *Pre-Kindergarteners left behind: Expulsion rates in state Pre-kindergarten systems*. New York, NY: Foundation for Child Development.
- ¹⁵⁹ Browne, J. A., Losen, D. J., & Wald, J. (2002). Zero tolerance: Unfair, with little recourse. In R. J. Skiba & G. G. Noam (Eds.), *Zero tolerance: Can suspension and expulsion keep schools safe?* *New Directions for Youth Development*, 92, 73–99. Jossey-Bass; Losen, D. J., & Skiba, R. J. (2010). *Suspended education: Urban middle schools in crisis*. The Civil Rights Project at UCLA. https://civilrightsproject.ucla.edu/research/k-12-education/school-discipline/suspended-education-urban-middle-schools-in-crisis/Suspended-Education_FINAL-2.pdf; Morris, E. W., & Perry, B. L. (2016). The Punishment gap: School suspension and racial disparities in achievement. *Social Problems*, 63(1), 68–86; Gregory, A., Skiba, R. J., & Noguera, P. A. (2010). The achievement gap and the discipline gap: Two sides of the same coin?. *Educational Researcher*, 39(1), 59–68; Gregory, J. F. (1997). Three strikes and they're out: African American boys and American schools' responses to misbehavior. *International Journal of Adolescence and Youth*, 7, 25–34; Skiba, R. J., Arredondo, M. I., & Williams, N. T. (2014). More than a metaphor: The contribution of exclusionary discipline to a school-to-prison pipeline. *Equity & Excellence in Education*, 47(4), 546–564; Skiba, R. J., Arredondo, M. I., & Rausch, M. K. (2014). *New and developing research on disparities in discipline*. The Equity Project at Indiana University Center for Evaluation and Education Policy.
- ¹⁶⁰ Office of Civil Rights (June, 2021). An Overview Of Exclusionary Discipline Practices In Public Schools For The 2017–18 School Year. *United States Department of Education*. <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-exclusionary-school-discipline.pdf>
- ¹⁶¹ Rafa, A. (2019). *The status of school discipline in state policy*. Education Commission of the States.
- ¹⁶² Meek et al. (2020). *Start with equity: From the early years to the early grades*. Children's Equity Project, Arizona State University
- ¹⁶³ Gilliam, W. S., & Shahar, G. (2006). Preschool and child care expulsion and suspension: Rates and predictors in one state. *Infants & Young Children*, 19(3), 228–245. Clayback, K. A., & Hemmeter, M. L. (2021). Exclusionary discipline practices in early childhood settings: A survey of child care directors. *Early Childhood Research Quarterly*, 55, 129–136.
- ¹⁶⁴ Hong, Y. S., & Henly, J. R. (2020). Supplemental nutrition assistance program and school readiness skills. *Children and Youth Services Review*, 114, 105034.
- ¹⁶⁵ Hong, Y. S., & Henly, J. R. (2020). Supplemental nutrition assistance program and school readiness skills. *Children and Youth Services Review*, 114, 105034.
- ¹⁶⁶ Administration for Children and Families (2019). *Child development and school readiness*. In Brief. <https://homvee.acf.hhs.gov/outcomes/child%20development%20and%20school%20readiness/In%20brief>
- ¹⁶⁷ Early Childhood Learning and Knowledge Center (2019). *Head Start program facts fiscal year 2019*. Office of Head Start <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/hs-program-fact-sheet2019.pdf>
- ¹⁶⁸ This number was calculated using the Office of Head Start reported total number of individuals (1,047,00 children birth-5 and pregnant women served in the 2018–19 program year) served and the reported percentage of Black individuals served (30%).
- ¹⁶⁹ Office of Child Care (2022). *FY 2020 Preliminary Data Table 1 - Average Monthly Adjusted Number of Families and Children Served*. <https://www.acf.hhs.gov/occ/data/fy-2020-preliminary-data-table-1>; Office of Child Care (2022). *FY 2020 Preliminary Data Table 12a - Average Monthly% of Children In Care By Race and Ethnicity*. <https://www.acf.hhs.gov/occ/data/fy-2020-preliminary-data-table-12a>.
- ¹⁷⁰ This number was calculated using the Office of Child Care's reported average monthly percentage of children served by race (38% Black) and the average monthly adjusted total number of children served (1,489,200) in FY 2020.
- ¹⁷¹ Gillispie, C. (2019). Young Learners, Missed Opportunities: Ensuring That Black and Latino Children Have Access to High-Quality State-Funded Preschool. *Education Trust*. <https://edtrust.org/resource/young-learners-missed-opportunities/>
- ¹⁷² Sommers, B. D., Blendon, R. J., Orav, E. J., & Epstein, A. M. (2016). Changes in utilization and health among low-income adults after Medicaid expansion or expanded private insurance. *JAMA Internal Medicine*, 176(10), 1501–1509.
- ¹⁷³ Baicker, K., Taubman, S. L., Allen, H. L., Bernstein, M., Gruber, J. H., Newhouse, J. P., ... & Finkelstein, A. N. (2013). The Oregon experiment—effects of Medicaid on clinical outcomes. *New England Journal of Medicine*, 368(18), 1713–1722.
- ¹⁷⁴ Sommers, B. D., Long, S. K., & Baicker, K. (2014). Changes in mortality after Massachusetts health care reform: a quasi-experimental study. *Annals of Internal Medicine*, 160(9), 585–593.; Sommers, B. D., Maylone, B., Blendon, R. J., Orav, E. J., & Epstein, A. M. (2017). Three-year impacts of the Affordable Care Act: improved medical care and health among low-income adults. *Health Affairs*, 36(6), 1119–1128.
- ¹⁷⁵ Sommers, B. D., Gawande, A. A., & Baicker, K. (2017). Health insurance coverage and health—what the recent evidence tells us. *New England Journal of Medicine*, 377(6), 586–593.; Allen, H., Baicker, K., Finkelstein, A., Taubman, S., Wright, B. J., & Oregon Health Study Group. (2010). What the Oregon health study can tell us about expanding Medicaid. *Health Affairs*, 29(8), 1498–1506.
- ¹⁷⁶ U.S. Census Bureau (2019). *Health Insurance Coverage in the United States: 2018*. <https://www.census.gov/library/publications/2019/demo/p60-267.html>
- ¹⁷⁷ National Health Expenditure Accounts. (2021). *National Health Expenditures 2020 Highlights* <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical>
- ¹⁷⁸ Centers for Medicare and Medicaid Services. (2022). *April 2022 Medicaid & CHIP Enrollment Data Highlights*. <https://www.medicare.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

- ¹⁷⁹ Rudowitz, R., Garfield, R., & Hinton, E. (2019). *10 Things to Know about Medicaid: Setting the Facts Straight*. Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/#:~:text=Medicaid%20covers%201%20in%205.75%20million%20low%20income%20Americans>.
- ¹⁸⁰ Brooks, T., & Gardner, A. (2020). *Medicaid and CHIP Provide Health Coverage to More than Half of Children of Color*. Georgetown University Health Policy Institute Center for Children and Families. <https://ccf.georgetown.edu/2020/07/27/medicaid-and-chip-provide-health-coverage-to-more-than-half-of-children-of-color/>
- ¹⁸¹ Georgetown University Health Policy Institute: Center for Children and Families (2018). *Snapshot of Children's Coverage by Race and Ethnicity*. <https://ccf.georgetown.edu/wp-content/uploads/2018/05/Kids-coverage-by-race-ethnicity-update-v2.pdf>
- ¹⁸² Rudowitz, R., Garfield, R., & Hinton, E. (2019). *10 Things to Know about Medicaid: Setting the Facts Straight*. Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/#:~:text=Medicaid%20covers%201%20in%205.75%20million%20low%20income%20Americans>.
- ¹⁸³ Kaiser Family Foundation. (2021). *A Closer Look at the Remaining Uninsured Population Eligible for Medicaid and CHIP*. <https://www.kff.org/uninsured/issue-brief/a-closer-look-at-the-remaining-uninsured-population-eligible-for-medicaid-and-chip/>.; Chaudry, A., Jackson, A., & Glied, S. A. (2019). Did the affordable care act reduce racial and ethnic disparities in health insurance coverage. New York, NY, The Commonwealth Fund, 10
- ¹⁸⁴ Solomon, J. (2021). Closing the Coverage Gap Would Improve Black Maternal Health. *Center on Budget and Policy Priorities*.
- ¹⁸⁵ Georgetown University Health Policy Institute. (2014). *Medicaid Expansion: Good for Parents and Children*. <https://ccf.georgetown.edu/wp-content/uploads/2013/12/Expanding-Coverage-for-Parents-Helps-Children-2013.pdf>
- ¹⁸⁶ KFF (Kaiser Family Foundation). (2019). *Status of State Medicaid Expansion Decisions: Interactive Map*.
- ¹⁸⁷ Kaiser Family Foundation. (2022). *Status of State Medicaid Expansion Decisions: Interactive Map*. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>
- ¹⁸⁸ Reisman, M. (2015). The Affordable Care Act, five years later: policies, progress, and politics. *Pharmacy and Therapeutics*, 40(9), 575.
- ¹⁸⁹ Chaudry, A., Jackson, A., & Glied, S. A. (2019). Did the affordable care act reduce racial and ethnic disparities in health insurance coverage. New York, NY, The Commonwealth Fund, 10.; Finegold, K., Conmy, A., Chu, R. C., Bosworth, A., & Sommers, B. D. (2021). Trends in the US Uninsured Population.
- ¹⁹⁰ Bailey, P., Broadus, M., Gonzales, S., & Hayes, K. (2017). African American Uninsured Rate Dropped By More than a Third under the Affordable Care Act. *Center on Budget and Policy Priorities*, June, 1.
- ¹⁹¹ Health and Human Services. (2022). *New HHS Report Highlights 40% Decline in Uninsured Rate Among Black Americans Since Implementation of the Affordable Care Act*. [https://www.hhs.gov/about/news/2022/02/23/new-hhs-report-highlights-40-percent-decline-in-uninsured-rate-among-black-americans-since-implementation-affordable-care-act.html#:~:text=Since%20the%20implementation%20of%20the%20ACA's%20coverage%20provisions%2C%20the%20uninsured,\(approximately%204.4%20million%20people\)](https://www.hhs.gov/about/news/2022/02/23/new-hhs-report-highlights-40-percent-decline-in-uninsured-rate-among-black-americans-since-implementation-affordable-care-act.html#:~:text=Since%20the%20implementation%20of%20the%20ACA's%20coverage%20provisions%2C%20the%20uninsured,(approximately%204.4%20million%20people)).
- ¹⁹² Administration of Children and Families (December, 2021). *Home Visiting Evidence of Effectiveness: Maternal Health In Brief*. <https://homvee.acf.hhs.gov/outcomes/maternal%20health/In%20brief#SummaryofFindings>
- ¹⁹³ Office of Head Start (2022). *Early Head Start Services Snapshot National 2020-21*. *Administration of Children and Families*. <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/service-snapshot-ehs-2020-2021.pdf>
- ¹⁹⁴ Claffey, B. A., & Stucker, T. A. (1982). The Food Stamp Program. *Proceedings of the Academy of Political Science*, 34(3), 40-53.
- ¹⁹⁵ Rosenbaum, D. (2008). Food stamp provisions of the final 2008 Farm Bill Center on Budget and Policy Priorities. <https://www.cbpp.org/research/food-stamp-provisions-of-the-final-2008-farm-bill>
- ¹⁹⁶ United States Department of Agriculture. (2021). *SNAP data tables: National level annual summary FY19-22*. <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>; United States Department of Agriculture. (2021). *SNAP data tables: National level annual summary 1969-2021*. <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>
- ¹⁹⁷ <https://www.cbpp.org/research/food-assistance/snap-benefit-boost-in-2009-recovery-act-provided-economic-stimulus-and>
- ¹⁹⁸ United States Department of Agriculture. (2021). Thrifty food plan re-evaluation puts nutrition in reach for SNAP participants. <https://www.usda.gov/media/blog/2021/08/30/thrifty-food-plan-re-evaluation-puts-nutrition-reach-snap-participants>
- ¹⁹⁹ Cronquist K, Lauffer S. *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2019*. Alexandria, VA: US Department of Agriculture, Food and Nutrition Service; 2021
- ²⁰⁰ Cronquist K, Lauffer S. *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2019*. Alexandria, VA: US Department of Agriculture, Food and Nutrition Service; 2021
- ²⁰¹ <http://www.fns.usda.gov/wic/wic-eligibility-requirements>; Andreyeva, T., Luedicke, J., Middleton, A. E., Long, M. W., & Schwartz, M. B. (2012). Positive influence of the revised Special Supplemental Nutrition Program for Women, Infants, and Children food packages on access to healthy foods. *Journal of the Academy of Nutrition and Dietetics*, 112(6), 850-858.
- ²⁰² Stitzel, K. F. (2004). Child nutrition programs legislation: past and present. *Topics in Clinical Nutrition*, 19(1), 9-19. Pub L No. 94-105, 94th Cong (October 7, 1975).; Pub L No. 92-433, 92nd Cong.
- ²⁰³ Hall, L., & Neuberger, Z. (2021). Eligible Low-Income Children Missing Out on Crucial WIC Benefits During Pandemic. <https://www.cbpp.org/research/food-assistance/eligible-low-income-children-missing-out-on-crucial-wic-benefits-during>

- ²⁰⁴ WIC Participant and Program Characteristics 2018: Final Report," U.S. Department of Agriculture, May 2020, <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICPC2018.pdf>; Volume I: National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2018 with Updated Estimates for 2016 36 and 2017: Final Report <https://www.fns.usda.gov/sites/default/files/resource-files/WICEligibles2018-Volumel.pdf>
- ²⁰⁵ U.S. Department of Agriculture, May 2020, National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2018 with Updated Estimates for 2016 and 2017. <https://www.fns.usda.gov/sites/default/files/resource-files/WICEligibles2018-Volumel.pdf>
- ²⁰⁶ Sommers, B. D., Gawande, A. A., & Baicker, K. (2017). Health insurance coverage and health — what the recent evidence tells us. *New England Journal of Medicine*, 377(6), 586–593.
- ²⁰⁷ Hoyert, D. L. (2022). Maternal Mortality Rates in the United States, 2020. *Centers for Disease Control and Prevention*. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/E-stat-Maternal-Mortality-Rates-2022.pdf>
- ²⁰⁸ Admon et al., 2018; Centers for Disease Control and Prevention [CDC], 2020; Creanga et al., 2015
- ²⁰⁹ Artiga, S., Pham, O., Orgera, K., Ranji, U. (Nov 10, 2020). Racial Disparities in Maternal and Infant Health: An overview. *Kaiser Family Foundation*. <https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>
- ²¹⁰ Brown Speights, J. S., Goldfarb, S. S., Wells, B. A., Beitsch, L., Levine, R. S., & Rust, G. (2017). State-level progress in reducing the Black-White infant mortality gap, United States, 1999–2013. *American Journal of Public Health*, 107(5), 775–782.
- ²¹¹ Ely, D. M., Driscoll, A., K. (Dec. 8, 2021). Infant Mortality in the United States, 2019: Data from the period linked birth/infant death file. *National Vital Statistics Reports*, 70(14). <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-14.pdf>
- ²¹² Congressional Budget Office (February 14, 2021). *CBO Cost Estimate Reconciliation Recommendations of the House Committee on Energy and Commerce*. <https://www.cbo.gov/system/files/2021-02/EnergyandCommerceReconciliationEstimate.pdf#page=5>.
- ²¹³ Centers for Disease Control and Prevention. (2019). *Pregnancy-related deaths: Saving women's lives before, during and after delivery*. <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html#:~:text=about%201%2F3%20of%20deaths,week%20to%201%20year%20postpartum>
- ²¹⁴ Centers for Medicare & Medicaid Services (July 26, 2022). *HHS Approves 12-Month Extension of Postpartum coverage in Connecticut, Massachusetts, and Kansas*. https://www.cms.gov/newsroom/press-releases/hhs-approves-12-month-extension-postpartum-coverage-connecticut-massachusetts-and-kansas?utm_campaign=Newsletter%20-%20PN3&utm_medium=email&_hsmi=221629558&_hsenc=p2ANqtz-WppG6d_6lLhVWYTFtL2D4ZuyL6j06h0fdIKW7FMbz9nChCRwJu0qS Ue_EwkZuvU26bFP_r0XdXPzA8bcPTHpagGb04A&utm_content=221629558&utm_source=hs_email
- ²¹⁵ Eliason, E. L. (2020). Adoption of Medicaid expansion is associated with lower maternal mortality. *Women's Health Issues*, 30(3), 147-152.; Searing, A., & Ross, D. C. (2019). *Medicaid expansion fills gaps in maternal health coverage leading to healthier mothers and babies*. Washington, DC: Georgetown University Health Policy Institute Center for Children and Families.
- ²¹⁶ Erica L. Eliason (2020). Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality. *Women's Health Issues*. [https://www.whijournal.com/article/S1049-3867\(20\)30005-0/fulltext](https://www.whijournal.com/article/S1049-3867(20)30005-0/fulltext).
- ²¹⁷ Searing, A., & Ross, D. C. (2019). *Medicaid expansion fills gaps in maternal health coverage leading to healthier mothers and babies*. Washington, DC: Georgetown University Health Policy Institute Center for Children and Families.
- ²¹⁸ Bhatt, C. B., & Beck-Sagué, C. M. (2018). Medicaid expansion and infant mortality in the United States. *American Journal of Public Health*, 108(4), 565–567.
- ²¹⁹ Searing, A., & Ross, D. C. (2019). *Medicaid expansion fills gaps in maternal health coverage leading to healthier mothers and babies*. Washington, DC: Georgetown University Health Policy Institute Center for Children and Families.
- ²²⁰ Shailender Swaminathan, Benjamin D. Sommers, and Rebecca Thorsness, "Association of Medicaid Expansion With 1-Year Mortality Among Patients With End-Stage Renal Disease," *JAMA Network*, December 4, 2018, <https://jamanetwork.com/journals/jama/fullarticle/2710505>.
- ²²¹ Erica L. Eliason, "Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality," *Women's Health Issues*, February 25, 2020, [https://www.whijournal.com/article/S1049-3867\(20\)30005-0/fulltext](https://www.whijournal.com/article/S1049-3867(20)30005-0/fulltext).
- ²²² Minal R. Patel, Renuka Tipirneni, and Edith C. Kieffer, "Examination of Changes in Health Status Among Michigan Medicaid Expansion Enrollees From 2016 to 2017," *JAMA Network*, July 10, 2020, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768102>.
- ²²³ Bauchner, H., & Maddox, K. J. (2019). Medicaid expansion and birth outcomes. *JAMA*, 321(16), 1609-1609.; Brown, C. C., Moore, J. E., Felix, H. C., Stewart, M. K., Mac Bird, T., Lowery, C. L., & Tilford, J. M. (2019). Association of state Medicaid expansion status with low birth weight and preterm birth. *JAMA*, 321(16), 1598-1609.
- ²²⁴ Roy, S., Wilson, F. A., Chen, L. W., Kim, J., & Yu, F. (2020). The Impact of Medicaid Expansion for Adults Under the Affordable Care Act on Preventive Care for Children: Evidence From the Southern United States. *Medical Care*, 58(11), 945-951.
- ²²⁵ Artiga S, Ubri P. (February 15, 2017). *Key issues in children's health coverage*. Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/key-issues-in-childrens-health-coverage>
- ²²⁶ Dalpiaz, E. & Gomez, O. (November 10, 2021). *Policy Brief: 10 Ways to Improve the Health Coverage of America's Children*. First Focus on Children. <https://firstfocus.org/resources/fact-sheet/fact-sheet-10-ways-to-improve-the-health-coverage-of-americas-children>

- ²²⁷ Corallo, B. & Moreno, S. (August 3, 2022). *Analysis of Recent National Trends in Medicaid and CHIP Enrollment*. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>
- ²²⁸ Flores, G., Lin, H., Walker, C., Lee, M., Currie, J. M., Allgeyer, R., ... & Massey, K. (2017). The health and healthcare impact of providing insurance coverage to uninsured children: A prospective observational study. *BMC Public Health*, 17(1), 1-14.; Holl, J. L., Szilagyi, P. G., Rodewald, L. E., Shone, L. P., Zwanziger, J., Mukamel, D. B., ... & Raubertas, R. F. (2000). Evaluation of New York State's Child Health Plus: access, utilization, quality of health care, and health status. *Pediatrics*, 105(Supplement_E1), 711-718.; Szilagyi, P. G., Dick, A. W., Klein, J. D., Shone, L. P., Zwanziger, J., & McInerney, T. (2004). Improved access and quality of care after enrollment in the New York State Children's Health Insurance Program (SCHIP). *Pediatrics*, 113(5), e395-e404.; Kempe, A., Beaty, B. L., Crane, L. A., Stokstad, J., Barrow, J., Belman, S., & Steiner, J. F. (2005). Changes in access, utilization, and quality of care after enrollment into a state child health insurance plan. *Pediatrics*, 115(2), 364-371.; Szilagyi, P. G., Dick, A. W., Klein, J. D., Shone, L. P., Zwanziger, J., Bajorska, A., & Yoos, H. L. (2006). Improved asthma care after enrollment in the State Children's Health Insurance Program in New York. *Pediatrics*, 117(2), 486-496.
- ²²⁹ Shone, L. P., Dick, A. W., Klein, J. D., Zwanziger, J., & Szilagyi, P. G. (2005). Reduction in racial and ethnic disparities after enrollment in the State Children's Health Insurance Program. *Pediatrics*, 115(6), e697-e705.
- ²³⁰ Health and Human Services (2022). What is home visiting evidence of effectiveness. <https://homvee.acf.hhs.gov/>
- ²³¹ Administration of Children and Families (December, 2021). *Home Visiting Evidence of Effectiveness: Maternal Health In Brief*. <https://homvee.acf.hhs.gov/outcomes/maternal%20health/In%20brief#SummaryofFindings>
- ²³² Administration of Children and Families (December, 2021). *Home Visiting Evidence of Effectiveness: Child Health In Brief*. <https://homvee.acf.hhs.gov/outcomes/child%20health/In%20Brief>
- ²³³ Avellar, S.A. & Supplee, L. (2013). Effectiveness of home visiting in improving child health and reducing child maltreatment. *Pediatrics*, 132 (Supplement 2), S90-S99. doi: 10.1542/peds.2013-1021G; Williams, K., Ruiz, F., Hernandez, F., & Hancock, M. (2020). Home visiting: A lifeline for families during the COVID-19 pandemic. *Archives of Psychiatric Nursing*, 35(1), 129-133. doi: 10.1016/j.apnu.2020.10.013
- ²³⁴ National Home Visiting Resource Center (2021). *2021 Home Visiting Yearbook*. <https://nhvrc.org/yearbook/2021-yearbook/>
- ²³⁵ Lee, E., Mitchell-Herzfeld, S. D., Lowenfels, A. A., Greene, R., Dorabawila, V., & DuMont, K. A. (2009). Reducing low birth weight through home visitation: a randomized controlled trial. *American Journal of Preventive Medicine*, 36(2), 154-160.
- ²³⁶ Wells, N., Sbrocco, T., Hsiao, C. W., Hill, L. D., Vaughn, N. A., & Lockley, B. (2008). The impact of nurse case management home visitation on birth outcomes in African-American women. *Journal of the National Medical Association*, 100(5), 547-552.
- ²³⁷ Fettes, D. L., Sklar, M., Green, A. E., Sandhu, A., Hurlburt, M. S., & Aarons, G. A. (2021). Racial and ethnic differences in depressive profiles of child welfare-involved families receiving home visitation services. *Psychiatric Services*, 72(5), 539-545.
- ²³⁸ Michalopoulos, C., Faucetta, K., Hill, C.J., Portilla, X.A., Burrell, L., Lee, H., Duggan, A., & Knox, V. (2019). *Impacts on family outcomes of evidence-based early childhood home visiting: Results from the Mother and Infant Home Visiting Program Evaluation*. OPRE Report 2019-07. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- ²³⁹ Roben, C.K. & Costello, A.H. (2022). *Increasing Support for Home Visiting Innovation is Critical for Young Children and Their Families*. Society for Research in Child Development Child Evidence Brief. <https://www.srcd.org/research/increasing-support-home-visiting-innovation-critical-young-children-and-their-families>
- ²⁴⁰ Economic Research Service (2021). *Food Security Status of U.S. Households in 2020*. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#householdtype>
- ²⁴¹ Mablí J, Ohls J, Dragoset L, Castner L, Santos B. *Measuring the Effect of SNAP Participation on Food Security*. Alexandria, VA: US Department of Agriculture, Food and Nutrition Service; 2013; National Academies of Sciences, Engineering, and Medicine. *A Roadmap to Reducing Child Poverty*. Washington, DC: National Academies Press; 2019;
- ²⁴² Kreider, B., Pepper, J. V., & Roy, M. (2016). Identifying the effects of WIC on food insecurity among infants and children. *Southern Economic Journal*, 82(4), 1106-1122.
- ²⁴³ Almond D, Hoynes HW, Schanzenbach DW. Inside the War on Poverty: the impact of food stamps on birth outcomes. *Rev Econ Stat*. 2011;93(2):387-403.
- ²⁴⁴ Mablí J, Ohls J, Dragoset L, Castner L, Santos B. *Measuring the Effect of SNAP Participation on Food Security*. Alexandria, VA: US Department of Agriculture, Food and Nutrition Service; 2013
- ²⁴⁵ Wehby, G. L., Dave, D. M., & Kaestner, R. (2020). Effects of the minimum wage on infant health. *Journal of Policy Analysis and Management*, 39(2), 411-443.
- ²⁴⁶ Chatterji, P., Markowitz, S., & Brooks-Gunn, J. (2013). Effects of early maternal employment on maternal health and well-being. *Journal of Population Economics*, 26(1), 285-301.
- ²⁴⁷ Pihl, A. M., & Basso, G. (2019). Did California paid family leave impact infant health?. *Journal of Policy Analysis and Management*, 38(1), 155-180.
- ²⁴⁸ CLASP. *Paid Family Leave: A Crucial Support for Breastfeeding*. <https://www.clasp.org/sites/default/files/public/resources-and-publications/files/Breastfeeding-Paid-Leave.pdf>
- ²⁴⁹ Hamad, R., Modrek, S., & White, J. S. (2019). Paid family leave effects on breastfeeding: a quasi-experimental study of US policies. *American Journal of Public Health*, 109(1), 164-166.

- ²⁵⁰ Aitken, Z., Garrett, C. C., Hewitt, B., Keogh, L., Hocking, J. S., & Kavanagh, A. M. (2015). The maternal health outcomes of paid maternity leave: A systematic review. *Social Science & Medicine*, *130*, 32–41.
- ²⁵¹ Hardy, E, Joshi, P., Geronimo, K., Huber, R., Acevedo-Garcia, D. (2020). *Unequal Availability of Head Start: How Neighborhood Matters*. diversitydatakids.org.
- ²⁵² Lumeng, J. C., Kaciroti, N., Sturza, J., Krusky, A. M., Miller, A. L., Peterson, K. E., Lipton, R., & Reischl, T. M. (2015). Changes in body mass index associated with Head Start participation. *Pediatrics*, *135*(2), 449–456.
- ²⁵³ Lumeng, J. C., Kaciroti, N., Sturza, J., Krusky, A. M., Miller, A. L., Peterson, K. E., Lipton, R., & Reischl, T. M. (2015). Changes in body mass index associated with Head Start participation. *Pediatrics*, *135*(2), 449–456. <https://doi.org/10.1542/peds.2014-1725>
- ²⁵⁴ Alford, M. T. (2009). Long-term benefits of Head Start: Evidence from the Panel Study of Income Dynamics. [Doctoral dissertation, Mississippi State University]. <https://ir.library.msstate.edu/bitstream/handle/11668/19360/etd-06122008-210057.pdf?sequence=1&isAllowed=y>
- ²⁵⁴ Deming, D. (2009). Early Childhood Intervention and Life-Cycle Skill Development: Evidence from Head Start. *American Economic Journal: Applied Economics*, *1*:3, 111–134.; Johnson, R. C. (2011). *Long-run impacts of school desegregation & school quality on adult attainments* (No. w16664). National Bureau of Economic Research.
- ²⁵⁵ Johnson, R. C. (2011). *Long-run impacts of school desegregation & school quality on adult attainments* (No. w16664). National Bureau of Economic Research.
- ²⁵⁶ Anderson, K.H., Foster, J.E., & Frisvold, D.E. (2010). Investing in Health: the Long-term Impact of Head Start on Smoking. *Economic Inquiry*, *48*(3), 587–602
- ²⁵⁷ United States Department of Housing and Urban Development. *A Snapshot of HUD-Assisted Households* <https://www.huduser.gov/portal/datasets/assthsg.html>
- ²⁵⁸ Center on Budget and Policy Priorities. (2022). *Policy Basics: Project-Based Vouchers* <https://www.cbpp.org/research/housing/project-based-vouchers>
- ²⁵⁹ Center on Budget and Policy Priorities (2017). *Housing Choice Voucher Fact Sheet* <https://www.cbpp.org/housing-choice-voucher-fact-sheets>; Center on Budget and Policy Priorities. (2019). *Federal rental assistance fact sheets*. <https://www.cbpp.org/research/housing/federal-rental-assistance-fact-sheets#>
- ²⁶⁰ United States Department of Housing and Urban Development. (2021). *A Snapshot of HUD-Assisted Households* <https://www.huduser.gov/portal/datasets/assthsg.html>
- ²⁶¹ Steffen, B. L. (2011). *Worst case housing needs 2009: Report to Congress*. DIANE Publishing.
- ²⁶² Center on Budget and Policy Priorities. (2019). *Federal rental assistance fact sheets*. <https://www.cbpp.org/research/housing/federal-rental-assistance-fact-sheets#US>
- ²⁶³ Fischer, W. (2014). *Rental Assistance Kept Over 3 Million People Out of Poverty Last Year, New Census Data Show*. Washington, DC: Center on Budget and Policy Priorities.
- ²⁶⁴ Chetty, R., Hendren, N., & Katz, L.F. (2015). *The Effects of Exposure to Better Neighborhoods on Children: New Evidence from the Moving to Opportunity Experiment*. Cambridge, M.A.: Harvard University and National Bureau of Economic Research. http://www.equality-of-opportunity.org/images/mto_paper.pdf; Fenelon, A., Slopen, N., & Newman, S. J. (2022). The Effects of Rental Assistance Programs on Neighborhood Outcomes for US Children: Nationwide Evidence by Program and Race/Ethnicity. *Urban Affairs Review*, *10780874221098376*.; Sard, B., & Rice, D. (2016). *Realizing the housing voucher program's potential to enable families to move to better neighborhoods*. Washington, DC: Center on Budget and Policy Priorities.; Jacob, B. A., Kapustin, M., & Ludwig, J. (2015). The impact of housing assistance on child outcomes: Evidence from a randomized housing lottery. *The Quarterly Journal of Economics*, *130*(1), 465–506.
- ²⁶⁵ Fenelon, A., Slopen, N., & Newman, S. J. (2022). The Effects of Rental Assistance Programs on Neighborhood Outcomes for US Children: Nationwide Evidence by Program and Race/Ethnicity. *Urban Affairs Review*, *10780874221098376*.
- ²⁶⁶ Fenelon, A., Slopen, N., & Newman, S. J. (2022). The Effects of Rental Assistance Programs on Neighborhood Outcomes for US Children: Nationwide Evidence by Program and Race/Ethnicity. *Urban Affairs Review*, *10780874221098376*.
- ²⁶⁷ Fenelon, A., Slopen, N., & Newman, S. J. (2022). The Effects of Rental Assistance Programs on Neighborhood Outcomes for US Children: Nationwide Evidence by Program and Race/Ethnicity. *Urban Affairs Review*, *10780874221098376*.
- ²⁶⁸ Chetty, R., Hendren, N., & Katz, L.F. (2015). The Effects of Exposure to Better Neighborhoods on Children: New Evidence from the Moving to Opportunity Experiment. Cambridge, M.A.: Harvard University and National Bureau of Economic Research. http://www.equality-of-opportunity.org/images/mto_paper.pdf
- ²⁶⁹ Sard, B., & Rice, D. (2016). *Realizing the housing voucher program's potential to enable families to move to better neighborhoods*. Washington, DC: Center on Budget and Policy Priorities.
- ²⁷⁰ Fenelon, A., Boudreaux, M., Slopen, N., & Newman, S. J. (2021). The Benefits of Rental Assistance for Children's Health and School Attendance in the United States. *Demography*, *58*(4), 1171–1195.
- ²⁷¹ Jacob, B. A., Kapustin, M., & Ludwig, J. (2015). The impact of housing assistance on child outcomes: Evidence from a randomized housing lottery. *The Quarterly Journal of Economics*, *130*(1), 465–506.
- ²⁷² Chetty, R., Hendren, N., & Katz, L.F. (2015). The Effects of Exposure to Better Neighborhoods on Children: New Evidence from the Moving to Opportunity Experiment. Cambridge, M.A.: Harvard University and National Bureau of Economic Research. http://www.equality-of-opportunity.org/images/mto_paper.pdf; Fenelon, A., Slopen, N., & Newman, S. J. (2022). The Effects of Rental Assistance Programs on Neighborhood Outcomes for US Children: Nationwide Evidence by Program and Race/Ethnicity. *Urban Affairs Review*, *10780874221098376*.; Office of Policy Development and Research. (2014). *How Housing Mobility Affects Education Outcomes for Low- Income Children*. <https://www.huduser.gov/portal/periodicals/em/fall14/highlight2.html>

- ²⁷³ Derenoncourt, E., & Montialoux, C. (2021). Minimum wages and racial inequality. *The Quarterly Journal of Economics*, 136(1), 169–228.; Palmer, P. (1995). Outside the law: Agricultural and domestic workers under the fair labor standards act. *Journal of Policy History*, 7(4), 416–440.
- ²⁷⁴ Derenoncourt, E., & Montialoux, C. (2021). Minimum wages and racial inequality. *The Quarterly Journal of Economics*, 136(1), 169–228.
- ²⁷⁵ Draeger, S. (2021). *Increasing The Minimum Wage*. The National Conference for State Legislatures. <https://www.ncsl.org/research/labor-and-employment/increasing-the-minimum-wage.aspx>
- ²⁷⁶ Oxfam America. (2022). *Why do women and people of color face a wage gap?* <https://politicsofpoverty.oxfamamerica.org/how-do-employers-get-away-with-paying-lower-wages/>; Ruiz-Grossman, S. (2022). *Half Of Women Of Color In U.S. Make Less Than \$15 An Hour*. Huffington Post. https://www.huffpost.com/entry/oxfam-report-raise-minimum-wage_n_622fa61be4b0d1329e895f82
- ²⁷⁷ Draeger, S. (2021). *Increasing The Minimum Wage*. The National Conference for State Legislatures. <https://www.ncsl.org/research/labor-and-employment/increasing-the-minimum-wage.aspx>
- ²⁷⁸ Internal Revenue Service. (2018). What's new with the child tax credit after tax reform.
- ²⁷⁹ Marr, C., Cox, K., & Sherman, A. (2021). Build Back Better's Child Tax Credit Changes Would Protect Millions from Poverty-Permanently. *Center for Budget and Policy Priorities*.
- ²⁸⁰ Cox, K., Marr, C., Sherman, A., & Hingtgen, S. (2021). *If Congress Fails to Act, Monthly Child Tax Credit Payments Will Stop, Child Poverty Reductions Will Be Lost*. *Center on Budget and Policy Priorities*.; Perez-Lopez, D. & Mayol-Garcia, Y. (2021). *Parents with young children used child tax credit payments for child care*. U.S. Census Bureau. <https://www.census.gov/library/stories/2021/10/nearly-a-third-of-parents-spent-child-tax-credit-on-school-expenses.html#:~:text=According%20to%20the%20IRS%2C%20about,continue%20every%20month%20through%20December.>
- ²⁸¹ National Conference of State Legislatures (2022). *Child Tax Credit Overview*. <https://www.ncsl.org/research/human-services/child-tax-credit-overview.aspx>
- ²⁸² Congressional Research Service (March 30, 2021). *The Temporary Assistance for Needy Families (TANF) Block Grant: Responses to Frequently Asked Questions*. <https://sgp.fas.org/crs/misc/RL32760.pdf>
- ²⁸³ Office of Family Assistance (2020). *OFA Releases FY 2019 Characteristics and Financial Circumstances of TANF Recipients Data*. <https://www.acf.hhs.gov/ofa/data/ofa-releases-fy-2019-characteristics-and-financial-circumstances-tanf-recipients-data>
- ²⁸⁴ Office of Family Assistance (2020). *OFA Releases FY 2019 Characteristics and Financial Circumstances of TANF Recipients Data*. <https://www.acf.hhs.gov/ofa/data/ofa-releases-fy-2019-characteristics-and-financial-circumstances-tanf-recipients-data>; McDaniel, M., Woods, T., Pratt, E., & Simms, M. C. (November, 2017). *Identifying Racial and Ethnic Disparities in Human Services: A conceptual framework and literature review*. Office of Planning Research and Evaluation Report #2017-69 https://www.urban.org/sites/default/files/publication/94986/identifying-racial-and-ethnic-disparities-in-human-services_1.pdf
- ²⁸⁵ Floyd, I., Pavetti, P., Meyer, L., Safawi, A., Schott, L., Bellew, E., Magnus, A. (August 4, 2021). *TANF Policies Reflect Racist Legacy of Cash Assistance Reimagined Program Should Center Black Mothers*. Center on Budget and Policy Priorities
- ²⁸⁶ World Policy Analysis Center. University of California Los Angeles. <https://www.worldpolicycenter.org/policies/is-paid-leave-available-for-mothers-of-infants>.
- ²⁸⁷ Kaiser Family Foundation (2021). *Paid leave in the U.S.* <https://www.kff.org/womens-health-policy/fact-sheet/paid-leave-in-u-s/>
- ²⁸⁸ Brown, S., Herr, J., Roy, R., & Klerman, J. A. (2020). Employee and worksite perspectives of the Family and Medical Leave Act: Results from the 2018 surveys. *Abt Associates Report*: https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHD_FMLA2018SurveyResults_FinalReport_Aug2020.pdf.
- ²⁸⁹ Brown, S., Herr, J., Roy, R., & Klerman, J. A. (2020). Employee and worksite perspectives of the Family and Medical Leave Act: Results from the 2018 surveys. *Abt Associates Report*: https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHD_FMLA2018SurveyResults_FinalReport_Aug2020.pdf.
- ²⁹⁰ Brown, S., Herr, J., Roy, R., & Klerman, J. A. (2020). Employee and worksite perspectives of the Family and Medical Leave Act: Results from the 2018 surveys. *Abt Associates Report*: https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHD_FMLA2018SurveyResults_FinalReport_Aug2020.pdf.
- ²⁹¹ <https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/>
- ²⁹² Kaiser Family Foundation (2021). *Paid leave in the U.S.* <https://www.kff.org/womens-health-policy/fact-sheet/paid-leave-in-u-s>
- ²⁹³ Williams, W., & Scott, M. (2022). Investopedia. <https://www.investopedia.com/paid-family-and-medical-leave-by-state-5089907>
- ²⁹⁴ Bureau of Labor Statistics, (March, 2022). A look at paid family leave by wage category in 2021. <https://www.bls.gov/opub/ted/2022/a-look-at-paid-family-leave-by-wage-category-in-2021.htm>.
- ²⁹⁵ Kaiser Family Foundation (2021). *Paid leave in the U.S.* <https://www.kff.org/womens-health-policy/fact-sheet/paid-leave-in-u-s/>
- ²⁹⁶ Kaiser Family Foundation (2021). *Paid leave in the U.S.* <https://www.kff.org/womens-health-policy/fact-sheet/paid-leave-in-u-s/>
- ²⁹⁷ Kaiser Family Foundation (2021). *Paid leave in the U.S.* <https://www.kff.org/womens-health-policy/fact-sheet/paid-leave-in-u-s/>

- ²⁹⁸ Council of Economic Advisers. (2015). *The Economics of Paid and Unpaid Leave*. <https://archive.org/details/TheEconomicEffectsOfPaidAndUnpaidLeave>
- ²⁹⁹ Glynn, S. J., & Farrell, J. (2012). Latinos least likely to have paid leave or workplace flexibility. *Center for American Progress*, 20.
- ³⁰⁰ Bureau of Labor Statistics (2019). Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets. <https://www.bls.gov/opub/mlr/2019/article/racial-and-ethnic-disparities-in-access-to-and-use-of-paid-family-and-medical-leave.htm>
- ³⁰¹ Center for American Progress. (2022). *Black Women Need Access to Paid Family and Medical Leave*. <https://www.americanprogress.org/article/black-women-need-access-to-paid-family-and-medical-leave/>
- ³⁰² Housing and Urban Development. *Data Inventory Management System/Public and Indian Housing Information Center (IMS/PIC) Family Self-Sufficiency (FSS) Reporting (monthly aggregate)* https://www.hud.gov/program_offices/public_indian_housing/systems/pic/50058
- ³⁰³ Freedman, S., Tessler, B., Fink, B., & Navarro, D. (2021). *Work, engagement, and well-being at the midpoint: Findings from the family self sufficiency evaluation*. US Department of Housing and Urban Development, Office of Policy Development and Research
- ³⁰⁴ National Academies of Sciences, Engineering, and Medicine (2019). *A Roadmap to Reducing Child Poverty*. Washington, DC: The National Academies Press.
- ³⁰⁵ U.S. Census Bureau (2022). *2020 ACS 5 year: Estimate Detailed Tables. Poverty Status In The Past 12 Months By Sex By Age (White Alone)*. <https://data.census.gov/cedsci/table?q=povrty%20and%20age%20and%20race%20ethnicity&tid=ACSDT5Y2020.B17001A>. U.S. Census Bureau (2022). *2020 ACS 5 year: Estimate Detailed Tables. Poverty Status In The Past 12 Months By Sex By Age (Black Alone)*. <https://data.census.gov/cedsci/table?q=povrty%20and%20age%20and%20race%20ethnicity&tid=ACSDT5Y2020.B17001B>.
- ³⁰⁶ U.S. Census. (2022). *National Poverty in America Awareness Month: January 2022*. <https://www.census.gov/newsroom/stories/poverty-awareness-month.html#:~:text=Poverty%20rates%20for%20people%20under,to%2010.4%20percent%20in%202020>.
- ³⁰⁷ Chetty, R., Hendren, N., Jones, M. R., & Porter, S. R. (2020). Race and economic opportunity in the United States: An intergenerational perspective. *The Quarterly Journal of Economics*, 135(2), 711-783.
- ³⁰⁸ Solomon, D., Maxwell, C., & Castro, A. (2019). *Systematic inequality and economic opportunity*. Center for American Progress, 7.
- ³⁰⁹ Chetty, R., Hendren, N., Jones, M. R., & Porter, S. R. (2020). Race and economic opportunity in the United States: An intergenerational perspective. *The Quarterly Journal of Economics*, 135(2), 711-783.
- ³¹⁰ McIntosh, K., Moss, E., Nunn, R., & Shambaugh, J. (2020). *Examining the Black-white wealth gap*. Washington DC: Brookings Institutes.
- ³¹¹ McIntosh, K., Moss, E., Nunn, R., & Shambaugh, J. (2020). *Examining the Black-white wealth gap*. Washington DC: Brookings Institutes.
- ³¹² Derenoncourt, E., Kim, C. H., Kuhn, M., & Schularick, M. (2022). *Wealth of two nations: The US racial wealth gap, 1860-2020* (No. w30101). National Bureau of Economic Research.
- ³¹³ Zipperer, B. (2018). The erosion of the federal minimum wage has increased poverty, especially for black and Hispanic families.
- ³¹⁴ Statista. (2021). *Hourly wages needed to afford a two-bedroom apartment in the United States in 2021, by state*. <https://www.statista.com/statistics/203384/us-two-bedroom-housing-wage-by-state/>
- ³¹⁵ Economic Policy Institute. (2018). *Workers of color are far more likely to be paid poverty-level wages than white workers*. <https://www.epi.org/blog/workers-of-color-are-far-more-likely-to-be-paid-poverty-level-wages-than-white-workers/>
- ³¹⁶ Economic Policy Institute. (2019). *The Raise the Wage Act of 2019 would give black workers a much-needed boost in pay*. <https://www.epi.org/publication/the-raise-the-wage-act-of-2019-would-give-black-workers-a-much-needed-boost-in-pay/>; Washington Center for Equitable Growth. (2020). *Why minimum wages are a critical tool for achieving racial justice in the U.S. labor market*. <https://equitablegrowth.org/why-minimum-wages-are-a-critical-tool-for-achieving-racial-justice-in-the-u-s-labor-market/>
- ³¹⁷ Economic Policy Institute. (2019). *The Raise the Wage Act of 2019 would give black workers a much-needed boost in pay*. <https://www.epi.org/publication/the-raise-the-wage-act-of-2019-would-give-black-workers-a-much-needed-boost-in-pay/>;
- ³¹⁸ DeSilver, D. (2017). *5 facts about the minimum wage*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2017/01/04/5-facts-about-the-minimum-wage/>
- ³¹⁹ Dube, A. (2019). Minimum wages and the distribution of family incomes. *American Economic Journal: Applied Economics*, 11(4), 268-304.
- ³²⁰ Congressional Budget Office. (2021). *How increasing the federal minimum wage could affect employment and family income*. <https://www.cbo.gov/publication/55681#:~:text=How%20would%20increasing%20the%20minimum%20wage%20affect%20the%20number%20of,number%20of%20people%20in%20poverty>.
- ³²¹ Chetty, R., Friedman, J. N., & Rockoff, J. (2011). *New evidence on the long-term impacts of tax credits*. In Proceedings. Annual Conference on Taxation and Minutes of the Annual Meeting of the National Tax Association (Vol. 104, pp. 116-124). National Tax Association.; Duncan, G., Magnuson, K., Murnane, R., & Votruba-Drzal, E. (2019). Income inequality and the well-being of American families. *Family Relations*, 68(3), 313-325; Duncan, G. J., Ziol & Guest, K. M., & Kalil, A. (2010). Early-childhood poverty and adult attainment, behavior, and health. *Child Development*, 81(1), 306-325.; Duncan, G. J., Morris, P. A., & Rodrigues, C. (2011).

Does money really matter? Estimating impacts of family income on young children's achievement with data from random-assignment experiments. *Developmental Psychology*, 47(5), 1263.

³²² Duncan, G. J., Ziol-Guest, K. M., & Kalil, A. (2010). Early childhood poverty and adult attainment, behavior, and health. *Child Development*, 81(1), 306-325.

³²³ Center on Poverty and Social Policy, Columbia University. (2021). *A Poverty Reduction Analysis of the American Family Act*. Poverty and Social Policy Fact Sheet. <https://www.povertycenter.columbia.edu/news-internal/2019/3/5/the-afa-and-child-poverty>

³²⁴ Acs, G., & Werner, K. (2021). *Expanding the Child Tax Credit Could Lift Millions of Children out of Poverty*.

³²⁵ Center on Poverty & Social Action. (2022). *An expanded and inclusive Child Tax Credit would cut child poverty by 45%: a national and state-by-state analysis*. <https://www.povertycenter.columbia.edu/news-internal/poverty-impact/expanded-child-tax-credit>

³²⁶ Acs, G., & Werner, K. (2021). *Expanding the Child Tax Credit Could Lift Millions of Children out of Poverty*.

³²⁷ Zippel, C. (2021). *9 in 10 Families With Low Incomes Are Using Child Tax Credits to Pay for Necessities and Education*. Center on Budget and Policy Priorities.

³²⁸ Giefer, K. (2022). *Households with children that struggled to cover household expenses were at least twice as likely to rely on CTC*. United Census Bureau. Retrieved from: https://www.census.gov/library/stories/2022/02/harder-to-pay-bills-now-that-child-tax-credit-payments-have-ended.html?utm_campaign=20220228msacos1ccstors&utm_medium=email&utm_source=govdelivery; Wilson, R. (2022). *Rising number of families struggle to meet expenses after expiration of child tax credit*. The Hill. <https://thehill.com/homenews/state-watch/596295-rising-number-of-families-struggle-to-meet-expenses-after-expiration-of>

³²⁹ Center on Poverty & Social Action. (2022). *3.7 million more children in poverty in Jan 2022 without monthly Child Tax Credit*. <https://www.povertycenter.columbia.edu/news-internal/monthly-poverty-january-2022>

³³⁰ Chetty, R., Friedman, J. N., & Rockoff, J. (2011). *New evidence on the long-term impacts of tax credits*. In Proceedings. Annual Conference on Taxation and Minutes of the Annual Meeting of the National Tax Association (Vol. 104, pp. 116-124). National Tax Association.

³³¹ Marr, C., Huang, C. C., Sherman, A., & Debot, B. (2015). *EITC and child tax credit promote work, reduce poverty, and support children's development, research finds*. Washington, DC: Center on Budget and Policy Priorities. <https://www.cbpp.org/sites/default/files/atoms/files/6-26-12tax.pdf>

³³² Duncan, G. J., & Magnuson, K. (2011). *The long reach of early childhood poverty*. Pathways, pp. 22-27. http://www.stanford.edu/group/scspi/_media/pdf/pathways/winter_2011/PathwaysWinter11_Duncan.pdf; Duncan, G. J., Morris, P. A., & Rodrigues, C. (2011). Does money really matter? Estimating impacts of family income on young children's achievement with data from random-assignment experiments. *Developmental Psychology*, 47(5), 1263.

³³³ Floyd, I., Pavetti, L., Meyer, L., Safawi, A., Schott, L., Bellew, E., & Magnus, A. (1995). TANF policies reflect racist legacy of cash assistance. *Fordham Urban Law Journal*, 22(4).

³³⁴ Meyer, L. & Floyd, I. (2020). *Cash assistance should reach millions more families to lessen hardship*. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/family-income-support/cash-assistance-should-reach-millionsmore-families-to-lesser>; Safawi, A. & Floyd, I. (2020). *TANF Benefits Still Too Low to Help Families, Especially Black Families Avoid Increased Hardship*. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/family-incomesupport/tanf-benefits-still-too-low-to-help-families-especially-black>.

³³⁵ Hardy, B. L., Samudra, R., & Davis, J. A. (2019). Cash assistance in America: The role of race, politics, and poverty. *The Review of Black Political Economy*, 46(4), 306-324.

³³⁶ Floyd, I., Pavetti, L., Meyer, L., Safawi, A., Schott, L., Bellew, E., & Magnus, A. (1995). TANF policies reflect racist legacy of cash assistance. *Fordham Urban Law Journal*, 22(4).

³³⁷ Gooden, S. T. (2000). Race and welfare: Examining employment outcomes of white and black welfare recipients. *Journal of Poverty*, 4(3), 21-41.; Holzer, Harry, and Michael A. Stoll. 2002. *Employer Demand for Welfare Recipients by Race*. Washington, DC: Urban Institute

³³⁸ Safawi, A., & Pavetti, L. (2020). *Most Parents Leaving TANF Work, But in Low-Paying, Unstable Jobs, Recent Studies Find*. CBPP, Washington, DC, <https://www.cbpp.org/research/family-income-support/most-parents-leaving-tanf-work-but-in-low-paying-unstable-jobs>.

³³⁹ McDaniel, M., Woods, T., Pratt, E., & Simms, M. C. (November, 2017). *Identifying Racial and Ethnic Disparities in Human Services: A conceptual framework and literature review*. Office of Planning Research and Evaluation Report #2017-69 https://www.urban.org/sites/default/files/publication/94986/identifying-racial-and-ethnic-disparities-in-human-services_1.pdf; Monnat, S. M., & Bunyan, L. A. (2008). Capitalism and welfare reform: Who really benefits from welfare-to-work policies?. *Race, Gender & Class*, 115-133.

³⁴⁰ McDaniel, M., Woods, T., Pratt, E., & Simms, M. C. (November, 2017). *Identifying Racial and Ethnic Disparities in Human Services: A conceptual framework and literature review*. Office of Planning Research and Evaluation Report #2017-69 https://www.urban.org/sites/default/files/publication/94986/identifying-racial-and-ethnic-disparities-in-human-services_1.pdf

³⁴¹ Heflin, C., Rothbart, M.W., Mackenzie-Liu, M. (September, 2021). *Strengthening SNAP and TANF is Essential to Support Children in Early Childhood*. Lerner Center for Public Health Promotion. <https://surface.syr.edu/cgi/viewcontent.cgi?article=1149&context=lerner>

- ³⁴² Ybarra, M., & Noyes, J. L. (2019). Program and economic outcomes by TANF work exemption status. *Journal of the Society for Social Work and Research, 10*(1), 97-125.
- ³⁴³ Maguire-Jack, K., Johnson-Motoyama, M., & Parmenter, S. (2021). A scoping review of economic supports for working parents: The relationship of TANF, child care subsidy, SNAP, and EITC to child maltreatment. *Aggression and Violent Behavior, 101639*; Kim, H., Drake, B., & Jonson-Reid, M. (2022). Neighborhood contexts and child maltreatment reports among families receiving AFDC/TANF: A longitudinal and multilevel study. *Child Maltreatment, 27*(1), 12-24.
- ³⁴⁴ Aizer, A., Hoynes, H., & Lleras-Muney, A. (2022). Children and the US social safety net: Balancing disincentives for adults and benefits for children. *Journal of Economic Perspectives, 36*(2), 149-74.
- ³⁴⁵ Heflin, C., Rothbart, M.W., Mackenzie-Liu, M. (September, 2021). *Strengthening SNAP and TANF is Essential to Support Children in Early Childhood*. Lerner Center for Public Health Promotion. <https://surface.syr.edu/cgi/viewcontent.cgi?article=1149&context=lerner>
- ³⁴⁶ Larson, A. M., Singh, S., & Lewis, C. (2011). Sanctions and education outcomes for children in TANF families. *Child & Youth Services, 32*(3), 180-199.
- ³⁴⁷ Shaefer, H. L., Edin, K., Fusaro, V., & Wu, P. (2020). The decline of cash assistance and the well-being of poor households with children. *Social Forces, 98*(3), 1000-1025.
- ³⁴⁸ Pavetti, L. (June, 2016). *Work Requirements Don't Cut Poverty, Evidence Shows*. Washington, DC: Center on Budget and Policy Priorities; Vollmer, L., A. Mastri, A. Maccarone, E. Sama-Miller (May, 2017). *The Right Tool for the Job: A meta-regression of employment strategies' effects on different outcomes*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.
- ³⁴⁹ Booshehri, L. G., Dugan, J., Patel, F., Bloom, S., & Chilton, M. (2018). Trauma-informed Temporary Assistance for Needy Families (TANF): a randomized controlled trial with a two-generation impact. *Journal of Child and Family Studies, 27*(5), 1594-1604.
- ³⁵⁰ Derr, M., McCay, J., Person, A., Anderson, M. A. (November, 2018). *Using the Science About Self-Regulation to Improve Economic Outcomes for TANF Families*. Mathematica. OPRE Report #2018-88.
- ³⁵¹ Price, D. J., & Song, J. (2018). The long-term effects of cash assistance. *Industrial Relations Section working paper, 621*.
- ³⁵² Lawson & McDowall, J., McCormack, R., & Tholstrup, S. (2021). The use of cash assistance in the Covid-19 humanitarian response: accelerating trends and missed opportunities. *Disasters, 45*, S216-S239.
- ³⁵³ Londoño-Vélez, J., & Querubin, P. (2022). The impact of emergency cash assistance in a pandemic: experimental evidence from Colombia. *Review of Economics and Statistics, 104*(1), 157-165.
- ³⁵⁴ Rossin-Slater, M. (2017). *Maternity and family leave policy* (No. w23069). National Bureau of Economic Research.
- ³⁵⁵ Rossin-Slater, M. (2017). *Maternity and family leave policy* (No. w23069). National Bureau of Economic Research.
- ³⁵⁶ National Partnership for Women & Families (December, 2018). *The Child Development Case for a National Paid Family and Medical Leave Program*. <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/the-child-development-case-for-a-national-paid-family-and-medical-leave-insurance-program.pdf>.
- ³⁵⁷ Baum, C. L., & Ruhm, C. J. (2016). The effects of paid family leave in California on labor market outcomes. *Journal of Policy Analysis and Management, 35*(2), 333-356.; Byker, T. S. (2016). Paid parental leave laws in the United States: Does short-duration leave affect women's labor-force attachment?. *American Economic Review, 106*(5), Rossin-Slater, M., Ruhm, C. J., & Waldfogel, J. (2013). The effects of California's paid family leave program on mothers' leave-taking and subsequent labor market outcomes. *Journal of Policy Analysis and Management, 32*(2), 224-245.
- ³⁵⁸ Baum, C. L., & Ruhm, C. J. (2016). The effects of paid family leave in California on labor market outcomes. *Journal of Policy Analysis and Management, 35*(2), 333-356. Bullinger, L. R. (2019). The effect of paid family leave on infant and parental health in the United States. *Journal of Health Economics, 66*, 101-116. Rossin-Slater, M. (2017). *Maternity and family leave policy* (No. w23069). National Bureau of Economic Research.
- ³⁵⁹ Bartel, A. P., Kim, S., & Nam, J. (2019). Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets. *Monthly Lab. Rev., 142*, 1.
- ³⁶⁰ Laughlin, L. (2011). *Maternity Leave and Employment Patterns of First-Time Mothers: 1961-2008*, Current Population Report: P70-128, U.S. Census Bureau, <https://www.census.gov/prod/2011pubs/p70-128.pdf>.
- ³⁶¹ Laughlin, L. (2011). *Maternity Leave and Employment Patterns of First-Time Mothers: 1961-2008*, Current Population Report: P70-128, U.S. Census Bureau, <https://www.census.gov/prod/2011pubs/p70-128.pdf>.
- ³⁶² Slopen, M. (2020). Type and lengths of family leave among New York City women: exploring the composition of paid and unpaid leave. *Maternal and Child Health Journal, 24*(4), 514-523.
- ³⁶³ Joshi, P., Baldiga, M., Earle, A., Huber, R., Osypuk, T., & Acevedo-Garcia, D. (2021). How much would family and medical leave cost workers in the US? Racial/ethnic variation in economic hardship under unpaid and paid policies. *Community, Work & Family, 24*(5), 517-540.
- ³⁶⁴ Aitken, Z., Garrett, C. C., Hewitt, B., Keogh, L., Hocking, J. S., & Kavanagh, A. M. (2015). The maternal health outcomes of paid maternity leave: A systematic review. *Social Science & Medicine, 130*, 32-41.; Stanczyk, A. B. (2019). Does paid family leave improve household economic security following a birth? Evidence from California. *Social Service Review, 93*(2), 262-304.
- ³⁶⁵ Bullinger, L. R. (2019). The effect of paid family leave on infant and parental health in the United States. *Journal of Health Economics, 66*, 101-116.; Byker, T. S. (2016). Paid parental leave laws in the United States: Does short-duration leave affect women's labor-force attachment?. *American Economic Review, 106*(5), 242-46.

- ³⁶⁶ Alexandra Boyle Stancyk, "Does Paid Family Leave Improve Household Economic Security Following a Birth? Evidence from California," *Social Service Review*, Vol. 93, No. 2, June 2019.
- ³⁶⁷ Lenhart O., (January 7, 2021). The effects of paid family leave on food insecurity — evidence from California. *Review of Economics of the Household*.
- ³⁶⁸ Ficke, R., & Piesse, A. (2004). *Evaluation of the Family Self-Sufficiency Program: Retrospective analysis 1996–2000*. US Department of Housing and Urban Development, Office of Policy Development and Research.; Silva, L. D., Wijewardena, I., Wood, M., & Kaul, B. (2011). *Evaluation of the family self-sufficiency program: Prospective study*. US Department of Housing and Urban Development, Office of Policy Development and Research.; Verma, N., Freedman, S., Tessler, B., Fink, B., & Navarro, D. (2021). *Work, engagement, and well-being at the midpoint: Findings from the family self sufficiency evaluation*. US Department of Housing and Urban Development, Office of Policy Development and Research.
- ³⁶⁹ Ficke, R., & Piesse, A. (2004). *Evaluation of the Family Self-Sufficiency Program: Retrospective analysis 1996–2000*. US Department of Housing and Urban Development, Office of Policy Development and Research.; Silva, L. D., Wijewardena, I., Wood, M., & Kaul, B. (2011). *Evaluation of the family self-sufficiency program: Prospective study*. US Department of Housing and Urban Development, Office of Policy Development and Research.
- ³⁷⁰ Verma, N., Freedman, S., Tessler, B., Nunez, A., & Fink, B. (2019). *Promoting work and self-sufficiency for housing voucher recipients: Early findings from the family self-sufficiency program evaluation*. MDRC: Washington D.C.; Verma, N., Freedman, S., Tessler, B., Fink, B., & Navarro, D. (2021). *Work, engagement, and well-being at the midpoint: Findings from the family self-sufficiency evaluation*. MDRC: Washington, D.C.; Department of Housing and Urban Development (2021). Department of Housing and Urban Development. Development, Office of Public and Indian Housing, fiscal year 2021 congressional justifications for "Self-Sufficiency Programs." Washington D.C. Retrieved from https://www.hud.gov/sites/dfiles/CFO/documents/12_2022CJ-Self-SufficiencyPrograms.pdf
- ³⁷¹ Geyer, J., Freiman, L., Lubell, J., & Villarreal, M. (2019). Using the Family Self-Sufficiency Program to Help Families with Housing Assistance Improve Earnings, Credit Score, and Debt Levels: A Quasi-Experimental Analysis. *Journal of Consumer Affairs*, 53(3), 796–824.; Santiago, A. M., Galster, G. C., & Smith, R. J. (2017). Evaluating the impacts of an enhanced family self-sufficiency program. *Housing Policy Debate*, 27(5), 772–788.
- ³⁷² Santiago, A. M., Galster, G. C., & Smith, R. J. (2017). Evaluating the impacts of an enhanced family self-sufficiency program. *Housing Policy Debate*, 27(5), 772–788.
- ³⁷³ Ficke, R. C., & Piesse, A. (2004). *Evaluation of the family self-sufficiency program: Retrospective analysis 1996–2000*. Washington, DC: U.S. Department of Housing and Urban Development Office of Poverty Development and Research.; Gibson, K. J. (2003). *Raising assets, earnings, and esteem: The housing authority of Portland's family self-sufficiency program*. Paper presented at the 2003 IAFFE Conference on Feminist Economics.
- ³⁷⁴ Santiago, A. M., Galster, G. C., & Smith, R. J. (2017). Evaluating the impacts of an enhanced family self-sufficiency program. *Housing Policy Debate*, 27(5), 772–788.
- ³⁷⁵ Bidadanure, J. U. (2019). The political theory of universal basic income. *Annual Review of Political Science*, 22, 481–501.
- ³⁷⁶ Oliver, M. L., & Shapiro, T. M. (2019). Disrupting the racial wealth gap. *Contexts*, 18(1), 16–21.
- ³⁷⁷ Ludden, J. (2024, March 5). Places across the U.S. are testing no-strings cash as part of the social safety net. National Public Radio.
- ³⁷⁸ Guarino, MI. (October 25, 2021). *Chicago poised to create one of the nation's largest 'guaranteed basic income' programs*. The Washington Post. <https://www.washingtonpost.com/nation/2021/10/25/chicago-poised-create-one-nations-largest-guaranteed-basic-income-programs/>; Ho, V. (March 23, 2021). *Oakland to launch one of the largest US universal basic income programs yet*. The Guardian. <https://www.theguardian.com/us-news/2021/mar/23/oakland-california-universal-basic-income-program>; University of California Press (February 7, 2021). *The Black Panther Party's Ten-Point Program*.
- ³⁷⁹ West, S., Baker, A., Samra, S., & Coltrera, E. (2021)
- ³⁸⁰ West, S. & Castro, A. (2023). Impact of Guaranteed Income on Health, Finances, and Agency: Findings from the Stockton Randomized Controlled Trial. *Journal of Urban Health* 100, 227–244 (2023). <https://doi.org/10.1007/s11524-023-00723-0>
- ³⁸¹ Wilson, N., & McDaid, S. (2021). The mental health effects of a Universal Basic Income: A synthesis of the evidence from previous pilots. *Social Science & Medicine*, 287, 114374.
- ³⁸² Costello, E. J., Erkanli, A., Copeland, W., & Angold, A. (2010). Association of family income supplements in adolescence with development of psychiatric and substance use disorders in adulthood among an American Indian population. *JAMA*, 303(19), 1954–1960.
- ³⁸³ Hamilton, D., & Darity Jr, W. (2010). Can 'baby bonds' eliminate the racial wealth gap in putative post-racial America?. *The Review of Black Political Economy*, 37(3–4), 207–216. <https://link.springer.com/content/pdf/10.1007/s12114-010-9063-1.pdf>
- ³⁸⁴ Brown, M., & Harvey, C. (2022). *As Baby Bonds Gain Momentum, States Must Grapple with These Four Implementation Questions*. Urban Institute. <https://www.urban.org/urban-wire/baby-bonds-gain-momentum-states-must-grapple-these-four-implementation-questions>; Urban Institute (August, 2022 DRAFT). What are baby bonds?
- ³⁸⁵ Cassidy, C., Heydemann, R., Price, A., Unah, N., & Darity Jr, W. (2019). *Baby Bonds: A Universal Path to Ensure the Next Generation Has the Capital to Thrive*. Available from Samuel Dubois Cook Center on Social Equity at Duke University and the Insight Center for Community Economic Development website at https://insightccd.org/wp-content/uploads/2019/12/ICCED-Duke_BabyBonds_December2019-Linked.pdf.

- ³⁸⁶ Zewde, N. (2020). Universal Baby Bonds Reduce Black-White Wealth Inequality, Progressively Raise Net Worth of All Young Adults. *The Review of Black Political Economy*, 47(1), 3-19. <https://journals.sagepub.com/doi/pdf/10.1177/0034644619885321>
- ³⁸⁷ Zewde, N. (2020). Universal Baby Bonds Reduce Black-White Wealth Inequality, Progressively Raise Net Worth of All Young Adults. *The Review of Black Political Economy*, 47(1), 3-19. <https://journals.sagepub.com/doi/pdf/10.1177/0034644619885321>
- ³⁸⁸ Weller, C. E., Maxwell, C., & Solomon, D. (2021). Simulating how large policy proposals affect the Black-White wealth gap. *Journal of Economics, Race, and Policy*, 4(3), 196-213.
- ³⁸⁹ Barr, A., & Gibbs, C. (2017). *Breaking the cycle? Intergenerational effects of an anti-poverty program in early childhood*
- ³⁹⁰ Sabol, T. J., & Chase-Lansdale, P. L. (2015). The influence of low-income children's participation in Head Start on their parents' education and employment. *Journal of Policy Analysis and Management*, 34(1), 136-161.
- ³⁹¹ Sabol, T. J., & Chase-Lansdale, P. L. (2015). The influence of low-income children's participation in Head Start on their parents' education and employment. *Journal of Policy Analysis and Management*, 34(1), 136-161.
- ³⁹² Administration of Children and Families (December, 2021). *Family economic self-sufficiency In Brief*. <https://homvee.acf.hhs.gov/outcomes/Family%20Economic%20Self-Sufficiency/In%20Brief>
- ³⁹³ Administration of Children and Families (December, 2021). *Family economic self-sufficiency In Brief*. <https://homvee.acf.hhs.gov/outcomes/Family%20Economic%20Self-Sufficiency/In%20Brief>
- ³⁹⁴ Goerge, R., Harris, A., Bilaver, L. M., Franzetta, K., Reidy, M., Schexnayder, D., ... & Resnick, D. M. (2009). *Employment outcomes for low-income families receiving child care subsidies in Illinois, Maryland, and Texas*. Chapin Hall for Children, University of Chicago.; Ha, Y., & Miller, D. P. (2015). Child care subsidies and employment outcomes of low-income families. *Children and Youth Services Review*, 59, 139-148.; Schaefer, S. A., Kreader, J. L., & Collins, A. (2006). *Parent employment and the use of child care subsidies*.
- ³⁹⁵ Schaefer, S. A., Kreader, J. L., & Collins, A. (2006). Parent employment and the use of child care subsidies.
- ³⁹⁶ We note that racism in the U.S. is often viewed through the Black-White binary, which further serves to benefit white supremacy. Other groups such as Latine, Asian, and Native American people are racialized within this broader system of racism as well. The focus of this report was specifically on Black families, and therefore we discuss the ways that racism marginalizes Black people and privileges white people in the domains and policies covered.
- ³⁹⁷ Takaki, R. (2012). *A different mirror: A history of multicultural America (Revised edition)*.
- ³⁹⁸ Brooks, T., & Gardner, A. (2020). *Medicaid and CHIP Provide Health Coverage to More than Half of Children of Color*. Georgetown University Health Policy Institute Center for Children and Families. <https://ccf.georgetown.edu/2020/07/27/medicaid-and-chip-provide-health-coverage-to-more-than-half-of-children-of-color/>
- ³⁹⁹ Brooks, T., & Gardner, A. (2020). *Medicaid and CHIP Provide Health Coverage to More than Half of Children of Color*. Georgetown University Health Policy Institute Center for Children and Families. <https://ccf.georgetown.edu/2020/07/27/medicaid-and-chip-provide-health-coverage-to-more-than-half-of-children-of-color/>. Brown, C. C., Moore, J. E., Felix, H. C., Stewart, M. K., Bird, T. M., Lowery, C. L., & Tilford, J. M. (2019). Association of state Medicaid expansion status with low birth weight and preterm birth. *JAMA*, 321(16), 1598-1609. Searing, A., & Ross, D. C. (2019). *Medicaid expansion fills gaps in maternal health coverage leading to healthier mothers and babies*. Washington, DC: Georgetown University Health Policy Institute Center for Children and Families.
- ⁴⁰⁰ Almond, D., Hoynes, H.W., Schanzenbach, D.W. (2011). Inside the War on Poverty: the impact of food stamps on birth outcomes. *Rev Econ Stat*. 93(2):387-403.
- ⁴⁰¹ Mabli J, Ohls J, Dragoset L, Castner L, Santos B. *Measuring the Effect of SNAP Participation on Food Security*. Alexandria, VA: US Department of Agriculture, Food and Nutrition Service; 2013
- ⁴⁰² Wehby, G. L., Dave, D. M., & Kaestner, R. (2020). Effects of the minimum wage on infant health. *Journal of Policy Analysis and Management*, 39(2), 411-443.
- ⁴⁰³ Fischer, W. (2015). *Research shows housing vouchers reduce hardship and provide platform for long-term gains among children*. Washington, DC: Center on Budget and Policy Priorities.; Sard, B., & Rice, D. (2016). *Realizing the housing voucher program's potential to enable families to move to better neighborhoods*. Washington, DC: Center on Budget and Policy Priorities.
- ⁴⁰⁴ Fischer, W. (2015). *Research shows housing vouchers reduce hardship and provide platform for long-term gains among children*. Washington, DC: Center on Budget and Policy Priorities.; Sard, B., & Rice, D. (2016). *Realizing the housing voucher program's potential to enable families to move to better neighborhoods*. Washington, DC: Center on Budget and Policy Priorities.
- ⁴⁰⁵ Cox, K., Marr, C., Sherman, A., & Hingtgen, S. (2021). *If Congress Fails to Act, Monthly Child Tax Credit Payments Will Stop, Child Poverty Reductions Will Be Lost*. Center on Budget and Policy Priorities.
- ⁴⁰⁶ Geyer, J., Freiman, L., Lubell, J., & Villarreal, M. (2019). Using the Family Self-Sufficiency Program to Help Families with Housing Assistance Improve Earnings, Credit Score, and Debt Levels: A Quasi-Experimental Analysis. *Journal of Consumer Affairs*, 53(3), 796-824.; Santiago, A. M., Galster, G. C., & Smith, R. J. (2017). Evaluating the impacts of an enhanced family self-sufficiency program. *Housing Policy Debate*, 27(5), 772-788.