

Racial and Ethnic Disparities in Human Services

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Contents

Acknowledgments	x
Executive Summary	xiii
Racial and Ethnic Disparities in Human Services	1
Background	1
ACF Mission and Interest in Racial and Ethnic Disparities	4
The Selected Human Services Programs	6
Objectives of Literature Review and Approach	8
Defining Racial and Ethnic Disparities	8
Distinguishing Disproportionality from Disparities	10
Conceptual Framework	14
Program Design and Implementation	15
Racial and Ethnic Differences Caused by Eligibility Screening and Program Access?	15
Racial and Ethnic Differences in Services and Treatment?	15
Racial and Ethnic Differences in Outcomes?	16
ACF Interest in Program Access and Services and Treatment	16
A Note of Caution: Limitations of Focusing on Disparities within ACF Programs Alone	17
Research on Racial and Ethnic Disparities	19
Temporary Assistance for Needy Families	20
Mission and Goals	20
Underlying Need	21
Access	22
Services and Treatment	23
Outcomes	27
Summary	28
Child Support Enforcement	28
Mission and Goals	28
Underlying Need	29
Access	30
Services and Treatment	31
Outcomes	33
Summary	35
Child Care and Development Fund	36
Mission and Goals	36
Underlying Need	37

Access	37
Services and Treatment	41
Outcomes	42
Summary	43
Head Start	43
Mission and Goals	43
Underlying Need	44
Access	45
Services and Treatment	46
Outcomes	46
Summary	48
Family and Youth Services Bureau Programs	48
Adolescent Pregnancy Prevention	49
Runaway and Homeless Youth	55
Conclusions	62
Using Data to Build Better Research Evidence	62
Estimating Underlying Population Need	63
Assessing Program Access and Participation, Services and Treatment, and Outcomes	63
Current Data Challenges	64
Challenges Producing National Estimates	65
Small Sample Sizes Limit Subgroup Analyses	65
Reliance on Self-Reported Measures	65
Appendix A. Program Profiles	67
Temporary Assistance for Needy Families (TANF)	67
Program Overview	67
Literature Landscape	68
Child Support Enforcement	68
Program Overview	68
Literature Landscape	70
Child Care and Development Fund (CCDF)	71
Program Overview	71
Literature Landscape	73
Head Start	73
Program Overview	73
Literature Landscape	74
Adolescent Pregnancy Prevention	75
Program Overview	75
Literature Landscape	78

Runaway and Homeless Youth	78
Program Overview	78
Literature Landscape	79
References	81
About the Authors	98
Statement of Independence	99

Executive Summary

The US Department of Health and Human Services' Administration for Children and Families (ACF) is interested in investigating how existing work on racial and ethnic disparities could inform more accurate identification and interpretation of ethnic and racial differences in programs administered by ACF. The Office of Planning, Research and Evaluation (OPRE) in the US Department of Health and Human Services' Administration for Children and Families (ACF) contracted the Urban Institute (Urban) to develop a better understanding of racial and ethnic disparities within human services programs and to design a plan to identify and analyze disparities in access to and take-up of services, the nature and quality of services received, and service outcomes in ACF programs.

Although US laws and policies forbid discrimination based on race and ethnicity, institutional policies and practices can still fuel, magnify, and perpetuate existing inequities—even if an organization or agency applies its policies and practices equally without regard to race, ethnicity, gender, or other demographic difference (Pager and Shepherd 2008). Even policies and practices that are, by all appearances, neutral can deepen existing disparities. For example, an agency's application process may unintentionally and disproportionately limit access for some racial or ethnic groups if the process fails to take into account underlying and often historical factors that make the application less accessible for some groups (e.g., promoting information about a program's services only online or only in English).

This report summarizes existing research on racial and ethnic disparities in six programs administered by ACF: Temporary Assistance for Needy Families (TANF), the Child Support Enforcement Program, the Child Care and Development Fund (CCDF), Head Start, and programs for runaway and homeless youth and adolescent pregnancy prevention programs administered by ACF's Family and Youth Services Bureau (FYSB). The report also introduces a conceptual framework to distinguish racial and ethnic "disparities" from "differences." The framework suggests that disparities may exist at different points along the service delivery path, from initial program access to program services and treatment to outcomes.

For each program, we reviewed available studies on several topics (program eligibility and participation, access and identification, services and treatment, and outcomes) for information related to race and ethnicity. In total, we reviewed approximately 350 articles and reports written from 1986 to 2016 to see what the literature concludes on the following topics:

- How are racial and ethnic disparities defined? How are they identified?

- Do the selected human services programs show evidence of racial and ethnic disparities in access, services and treatment, or outcomes?
- Does a program's operation or implementation contribute to or alleviate disparities?
- What does the literature tell us about racial and ethnic disparities in human services? What doesn't the literature tell us?
- What additional information, data, or evidence would help us better understand racial and ethnic disparities in human services?

The Selected Human Services Programs

The Administration for Children and Families selected six programs for review. The programs are among ACF's largest and cut across the different populations ACF serves: children, youth, and families.¹

- Temporary Assistance for Needy Families provides time-limited cash and noncash assistance to needy families and aims to support work and marriage.
- The Child Care and Development Fund provides subsidies to eligible low-income working families to defray or completely cover child care costs.
- Head Start provides early education and family services for young children in low-income families.
- The Child Support Enforcement Program facilitates child support payments from noncustodial to custodial parents.
- Runaway and homeless youth programs provide emergency shelters, longer-term transitional living, counseling, and other services to unaccompanied runaway and homeless youth.
- Adolescent pregnancy prevention programs provide evidence-based programming to help reduce teen pregnancy.

¹ Child welfare is not a program area included in this review, but we draw on approaches researchers have used to examine racial and ethnic disparities within the child welfare system. For this review, ACF has identified program areas without similarly strong corresponding bodies of work.

Defining Racial and Ethnic Disparities

The Oxford English Dictionary defines “disparity” as “a great difference.”² The health care and child welfare systems distinguish between racial and ethnic “differences” and more consequential and harmful “disparities.” In a 2003 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*, the Health and Medicine Division of the National Academies, formerly the Institute of Medicine, defined racial and ethnic disparities within the health care context as “racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention” (Smedley, Stith, and Nelson 2003, 3–4, 32). The report examined racial and ethnic differences in treatment within the health care system, focusing on how the system operates and whether health care providers and services demonstrate bias or discrimination. The study concluded that the health care system provides treatment unequally, particularly to the detriment of African Americans and Hispanics.

For this report, we apply the Institute of Medicine’s definition to focus on how ACF programs serve children, youth, and families and whether a person’s race or ethnicity appears to determine his or her treatment. We also broaden our scope to consider racial and ethnic differences in program access and to identify areas in which ACF may have capacity to control or influence outcomes.³ We define “disparity” as “all things being equal—including need, eligibility, and preferences—one group systematically fares worse than another.” We apply this definition below as we describe our approach to measuring racial and ethnic disparities.

Distinguishing Disproportionality from Disparities

Racial and ethnic differences in program participation do not automatically indicate a disparity. Research examining why African American children are overrepresented in the child welfare system has lent substantial conceptual thinking to how to recognize racial and ethnic disparities and what disproportionality versus disparity means in a given context.

² *Oxford Living Dictionaries Online*, s.v. “disparity,” accessed May 25, 2017, <https://en.oxforddictionaries.com/definition/disparity>.

³ In *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* (Smedley, Stith, and Nelson 2003), the researchers expressly focused on understanding the extent of racial and ethnic differences in health treatment that were not otherwise explained by differences in access to health care.

In the child welfare system, African American children are overrepresented compared with white children (Derezotes, Poertner, and Testa 2005; Drake et al. 2011; Rolock 2011). Although African American children represent 14 percent of children in the United States, they make up 24 percent of all children in foster care, a disproportionate share relative to their presence in the general population (Children’s Bureau 2015).⁴ If higher involvement is proportionate to the group’s need, then overrepresentation (in relation to general population size) may be an appropriate difference rather than a disparity (Barth 2005). To know whether population discrepancies are a difference or disparity, we would need to understand the true underlying risk of abuse and neglect for African American children compared with other children.⁵

Child welfare system scholars conclude that researchers need at least three pieces of information to best detect disproportionality by race and ethnicity: (1) the racial and ethnic distribution of the general population, (2) the demographic group’s underlying risk or need for the program or service, and (3) the racial and ethnic distribution of program participants (including take-up rates, types and usage of services, and outcomes). With this information, we can see how each group’s presence in the program compares with its level of need (e.g., whether more or fewer group members need the help than are receiving it) relative to its presence in the general population.

In both the child welfare and health disparities literature, researchers point out that understanding disparities requires us to first understand the extent of disproportionality at each point within a system (e.g., at the access and identification phase, the services and treatment phase, and the outcome phase) and determine what contributes to the racial and ethnic differences we observe at each point (Derezotes, Poertner, and Testa 2005).

Conceptual Framework

Our conceptual framework suggests that racial and ethnic disparities may exist at any point along the service delivery path outlined in figure ES.1.

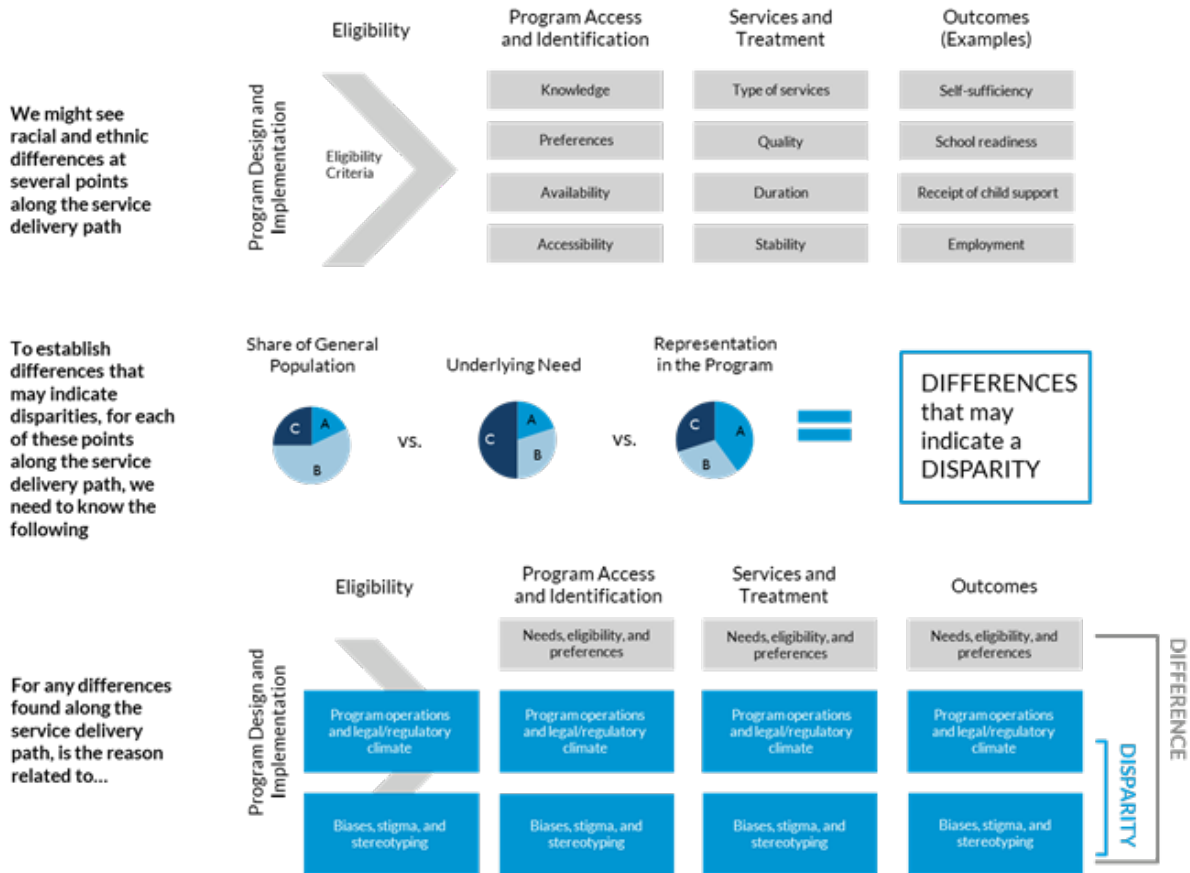
⁴ Our example describes overrepresentation. When groups are underrepresented in relation to their presence in the general population, we also consider that disproportionality.

⁵ Within the child welfare scholarship, however, some have argued that even if the populations show potential differences in underlying need, such large numbers of African American children and families experiencing the impact of state intervention indicates a systematic disparity (Roberts 2002). From this perspective, the imbalance of the share of African American children in the child welfare system constitutes a “group harm” that negatively affects the broader African American community.

FIGURE ES.1

A Conceptual Framework for Identifying Racial and Ethnic Disparities in Human Services Delivery

Points along the service delivery path where we may see disparities and how we might recognize them



Program Design and Implementation

The ACF programs reviewed in this report all have some combination of eligibility criteria, application processes, program requirements, and other rules and conditions, such as termination, sanction, and appeal steps, that influence what services clients access and receive and how. These institutional and programmatic features may not overtly discriminate, and they are often ostensibly race neutral. But as we describe places along the conceptual framework where we might find racial and ethnic differences and disparities, we also recognize that actors design and implement programs through administrative decisions and practices that can produce, contribute to, or possibly minimize disparities.

Eligibility, Program Access and Identification, Services and Treatment, and Outcomes

If one group systematically has a harder time demonstrating eligibility or accessing a program, then its members will represent a smaller share of all eligible participants than what we might predict based on the group's underlying need. Once people or families are in a program, they are exposed to a set of services. According to our framework, services (i.e., what people receive and how they are treated) are the next place where we may see disparities. We could also see disparities in program outcomes. As in the access and services and treatment phases, we would look at the racial and ethnic differences in outcomes.

Interest in Program Access and Services and Treatment

The Administration for Children and Families' Office of Planning, Research, and Evaluation is interested in understanding what the literature concludes about racial and ethnic disparities in areas that it has the capacity and influence to change, specifically those related to the program access and services and treatment components of the conceptual model. These range from areas that the agency may control directly through regulations and incentives to areas the federal government may be able to leverage through legislative actions.

A Note of Caution: Limitations of Focusing on Disparities within ACF Programs Alone

If programs focus on understanding disparities only within their own operations and practices, program administrators may misinterpret or misunderstand some differences. Specifically, service provision may appear disparate—even if it is not—if clients enter with underlying needs that program operators cannot adequately measure. Some groups may disproportionately require certain services or remain in services longer. For example, TANF spells may be longer for clients who have a harder time getting hired; without this understanding of the role of the job market, disparities in program outcomes may appear to stem from the TANF program. Similarly, clients may have disparate outcomes because of different underlying needs and risks. Even if clients technically receive equal services, these services may not be equally beneficial for all clients. For example, children for whom English is a second language may receive the same services and instructions as their peers in their Head Start classroom, but they

may show less academic gain because of language barriers. Although programs may not have the resources to address each participant’s underlying needs, assessing those needs to the extent possible will allow them to better understand program operations and practices and the barriers that prevent families from achieving desired outcomes.

An Overview of Findings from the Review of Research on Racial and Ethnic Disparities

In the literature on ACF human services programs, we did not find a systematic definition or body of research focused on understanding racial and ethnic disparities (unlike what we see in child welfare and health services research). In fact, several studies describe racial differences without using the term “disparities,” and we did not see information about underlying level of need or eligibility. As a result, the studies did not shed light on whether different rates in participation, services, or outcomes were disproportionate to need and were, thus, disparities. For example, racial and ethnic differences in TANF participation may be caused by higher need in one population compared with another.

Although the focus of this review was on racial and ethnic disparities, it can be challenging to untangle the intersection of race or ethnicity and poverty. The literature highlights how groups that are disproportionately poor are also disproportionately served and sometimes affected differently by program practices. Generally, the literature across programs focuses on comparing African Americans, whites, and to a lesser extent, Hispanics and Latinos (and much less on Asian Americans and American Indian and Alaska Native populations). Further, the data are better for program participation among African Americans, whites, and some Latino populations than other typically smaller racial and ethnic groups.

In several program reviews, we include studies that do not explicitly examine racial and ethnic disparities. However, they critically analyze the likely consequences of such differences and illustrate how some racial and ethnic groups would be disproportionately affected (e.g., the child support literature discusses higher shares of noncustodial fathers among some groups, and the child care literature discusses poor access to high-quality child care for some groups). We include these studies because they help us better understand the potential costs or consequences of racial and ethnic differences that we might find in future studies with better data.

Temporary Assistance for Needy Families

The literature on racial and ethnic differences in TANF covers sanctions, employment outcomes, caseworker-client relationships, policy decisions, and welfare leavers. Although researchers generally use terms like “difference” and “gap” to describe differential experiences and outcomes by race and ethnicity, many also use “racial disparity” to describe racial differences in employment, sanctioning, and client treatment and outcomes.

SUMMARY

- Many studies examine racial and ethnic differences in TANF access, services and treatment, and outcomes, but they generally do not use the term “disparities.”
- African Americans and Hispanics are disproportionately poor, and some evidence suggests that higher shares of eligible African American and Hispanic families are enrolled in TANF.
- Research points to consistent racial and ethnic differences in services and treatment and outcomes. Generally, African Americans and Hispanics are sanctioned at higher rates than whites after controlling for factors like their work history and the ages of their children. African Americans have less stable employment, are hired less often, and are more likely to cycle back to TANF.
- Temporary Assistance for Needy Families operates through caseworker discretion, most notably for services like child care, work readiness programs, education and training, and other supports that the literature suggests are offered more often to white recipients than to African American and Hispanic recipients.

Child Support Enforcement

The literature on child support enforcement rarely uses the terms “disparity” and “disproportionality.” Studies that do discuss disproportionality typically refer to factors that affect a family’s experience with child support—namely, that low-income noncustodial fathers are disproportionately African American (Sorensen 1999), African American fathers are disproportionately poor (Threlfall and Kohl 2015), and children raised in custodial families are disproportionately poor (Cuesta and Cancian 2015).⁶

⁶ Custodial families are defined as single-parent families or households that include a custodial parent.

The literature discusses gaps in payment receipt, racial differences in the ability of noncustodial parents to pay child support, differences between chronically unemployed and working-poor noncustodial fathers (Mincy, Jethwani, and Klempin 2014), and the effects of enforcement measures on low-income fathers of color.

SUMMARY

- Custodial parents are disproportionately African American and Hispanic, and so higher shares of custodial parents in those groups are eligible for child support.
- Much of the literature examines how the program affects low-income fathers differently and how African Americans, who are disproportionately low-income, experience extra burdens in the custodial parent's need for support and the noncustodial parent's ability to pay.

Child Care and Development Fund

The research on child care subsidies addresses barriers to access, factors shaping child care decisions, subsidy knowledge and use, subsidy duration, patterns of child care arrangements using subsidies, quality of child care accessed on subsidies, and child and family outcomes of subsidy use (Blau and Tekin 2007; Capizzano, Adams, and Ost 2006; Ehrle, Tout, and Adams 2001; Forry, Daneri, and Howarth 2013; Fram and Kim 2008; GAO 2016; Ha 2009; Henly, Ananat, Danziger 2006; Herbst and Tekin 2010; Laughlin 2013; Liang, Fuller, and Singer 2001; Schmit and Walker 2016; Shlay, Weinraub, and Harmon 2007; Weber 2011; Weinraub et al. 2005). Generally, researchers do not use the term "disparity" but instead describe racial "differences," as in Herbst (2008).

SUMMARY

- Controlling for characteristics such as age, education, and family size, most studies find that African Americans are more likely to receive child care subsidies than other racial groups. The research on Hispanic participation in child care subsidies is mixed: some studies show that Hispanic families use child care subsidies at lower rates than non-Hispanic families, but others indicate that Hispanic families may use child care subsidies at slightly higher rates.
- African Americans tend to have more spells and more cumulative months of subsidy receipt than other racial groups. African Americans are also more likely to experience greater instability in their child care arrangements.

- There is no easily identified research on racial and ethnic differences in outcomes associated with receiving child care subsidies.

Head Start

The literature on Head Start addresses several topics related to racial and ethnic differences, including access and enrollment, quality of Head Start centers, and the program’s impact on school readiness (Barnett, Carolan, and Johns 2013; Barnett and Hustedt 2005; Currie and Thomas 1996, 1999; Hofferth 1994; Joshi et al. 2014; Laughlin 2013; Puma et al. 2010; Schmit and Walker 2016; Schnur, Brooks-Gunn, and Shipman 1992). Generally, researchers do not use the term “disparity” but instead describe racial “differences,” as in Puma and colleagues (2010), or “gaps,” as in Magnuson and Waldfogel (2005).

SUMMARY

- Disproportionate shares of African American and Hispanic families are eligible for Head Start compared with white families.
- Eligible African Americans, Hispanics, and American Indians and Alaska Natives enroll in Head Start at higher rates than eligible whites and Asian Americans.
- Research on racial and ethnic differences in services and treatment in Head Start is limited, but some studies find that African American children are more likely to be enrolled in medium- or low-quality Head Start centers compared with white or Hispanic children.
- Recent studies have shown that African American children experience more social-emotional gains than their Hispanic and non-Hispanic white peers in attentiveness, parent and peer interaction, and relationships with teachers. Most of the differences only lasted until the end of kindergarten.

Adolescent Pregnancy Prevention

The research on adolescent pregnancy prevention addresses teen pregnancy rates, culturally tailored pregnancy prevention programs, and differential outcomes by race and ethnicity (Alford 2009; Browne et al. 2001; de Ravello, Tulloch, and Taylor 2012; Garwick et al. 2008; Guilamo-Ramos et al. 2012; Kost and Henshaw 2010; Hagen et al. 2012; Jemmott, Sweet Jemmott, and Fong 1998; Kirby et al. 2004;

Manaseri, Uehara, and Roberts 2014; McMahon et al. 2015; Murphy-Erby, Stauss, and Estupinian 2013; Rushing and Stephens 2012; Russell, Lee, and the Latina/o Teen Pregnancy Prevention Workgroup 2004). Generally, researchers do not use the term “disparity.” When they do use the term, they are typically referencing disparities in teen birth rates, as in Kost and Henshaw (2010).

SUMMARY

- Currently, there are no national estimates of access to and enrollment in adolescent pregnancy prevention programs.
- The research has not examined racial and ethnic differences in services and treatment (e.g., quality, duration, and stability).
- Studies have found many generalized programs to be effective but have not shown differential effects by race and ethnicity. Studies have also demonstrated that culturally sensitive programs are highly effective for certain populations.

Runaway and Homeless Youth

The literature on the Runaway and Homeless Youth Program addresses rates of homelessness, shelter use, effectiveness of interventions, and likelihood of family reunification (Wagner et al. 1994; De Rosa et al. 1999; Fernandes-Alcantara 2013; Hickler and Auserwald 2009; Ringwalt et al. 1998; Robertson and Toro 1999; Thompson, Safyer, and Pollio 2001; Thompson, Kost, and Pollio 2003; Thompson, Maguin, and Pollio 2003). Generally, researchers do not use the term “disparity” but instead describe the overrepresentation of youth of color among the homeless youth population (Fernandes-Alcantara 2013; Thompson, Maguin, and Pollio 2003).

SUMMARY

- Given the inconsistent findings on racial and ethnic differences in homeless rates among youth and outcomes after shelter use, it is difficult to conclude whether there are disparities in runaway and homeless youth programs.

Conclusions

There is a considerable amount of existing research on racial and ethnic differences in access, services and treatment, and outcomes for the six ACF human services programs. Reviewing the research as a whole, we see that the same racial and ethnic groups generally tend to experience the poorer outcomes across programs. But noticeably, and unlike research on health disparities and racial disproportionality in the child welfare system, these studies have not been organized around a unifying framework or systematic approach to defining and measuring disparities, their consequences, or policy and practice solutions.

Although most studies have not calculated disparities in similar or systematic ways, the research has sought to explain the reasons for racial and ethnic differences, often highlighting factors such as poverty or differential program access, worker bias and discretion, or disproportionate risk of other challenges, such as employer discrimination or nonstandard work hours. These explanations suggest disparities in program operations and treatment as well as differences stemming from outside the programs, but research has not tested these hypotheses methodically.

In TANF and the child support program, services and treatment appears to be different and less favorable for some racial and ethnic groups. For example, African Americans are sanctioned more, face greater debt associated with child support enforcement, and receive less in child support payments. Higher shares of eligible African American and Hispanic families access programs like Head Start and CCDF compared with eligible white families. However, for African Americans in particular, research suggests the programs they access may be lower quality on average.

For adolescent pregnancy prevention programs, data are insufficient to adequately assess differences in access, services and treatment, and outcomes by race and ethnicity, although the programs tend to be tailored and often are effective for specific populations. Similarly, research on runaway and homeless youth is limited and offers mixed and inconsistent findings about racial and ethnic differences in program access, services and treatment, and outcomes. The potential evidence of disparities is quite varied across the programs we reviewed.

Using Data to Build Better Evidence

To improve our understanding of racial and ethnic disparities in human services, the field could take the following steps:

- **Estimate underlying population need.** Most programs appear to have data that researchers could use to estimate underlying population need or risk. Research on adolescent pregnancy prevention programs, for example, has used birth rates among adolescents by race and ethnicity to identify higher-risk populations. Runaway and homeless youth programs, however, have difficulty assessing underlying risk because of challenges in getting precise estimates of youth homelessness.
- **Assess program access and participation.** Most programs have national data on the race and ethnicity of program participants, with the exception of adolescent pregnancy prevention programs, which do not appear to have national data on all participants across all programs. For programs that do have these numbers, our conceptual framework suggests that researchers examine the racial and ethnic distribution of participants in relation to the racial and ethnic distribution of the population with the underlying need.⁷
- **Assess services and treatment.** We see a need for more research on racial and ethnic representation in different services and treatment of clients in relation to population representation in the programs.
- **Assess outcomes.** For some of the programs, researchers have explored differences by race and ethnicity in limited sets of outcomes. For example, research on runaway and homeless youth has been limited to housing and family reunification. Other meaningful outcomes critical to understanding program effectiveness include well-being, education, employment, and health. Research on adolescent pregnancy prevention programs has focused on relatively few outcomes (e.g., teenage birth rates and age of first sexual intercourse) and rarely on effects by race and ethnicity.

Although most studies on human services have not measured racial and ethnic disparities and disproportionality, researchers have determined that racial and ethnic differences exist and should be addressed.

⁷ In the Head Start and CCDF programs, families could also be eligible for other early childhood programs, such as state prekindergarten, home visiting, or TANF-funded child care support, and so analysts should understand participation rates across all related programs.

Current Data Challenges

The following data and methodological challenges have limited what researchers currently know about racial and ethnic differences and disparities in ACF human services programs.

- **A lack of national data (runaway and homeless youth programs) or challenges associated with producing national estimates (TANF).** Researchers have difficulty assessing a national picture of TANF given the variation in state policies and program implementation. Similarly, the type and extent of and potential reasons for disparities likely vary by region, which suggests that analysts will need to focus on variations and disparities in states or counties.
- **Small sample sizes that limit subgroup analyses (Head Start and adolescent pregnancy prevention programs).**
- **Reliance on self-reported measures (the Child Support Enforcement Program and adolescent pregnancy prevention programs).** Researchers note that analyses relying on self-reported data, such as a custodial parent reporting on a noncustodial parent's behavior or adolescents self-reporting sexual behavior, may not be the most reliable or accurate (Jemmott et al. 1998; Nepomnyaschy 2007).

To better understand racial and ethnic differences and disparities in ACF human services programs, program administrators and researchers will need to take these limitations into account and identify ways to address them.

Racial and Ethnic Disparities in Human Services

The Office of Planning, Research and Evaluation (OPRE) in the US Department of Health and Human Services' Administration for Children and Families (ACF) contracted the Urban Institute (Urban) to develop a better understanding of racial and ethnic disparities in human services programs and to design a plan to identify and analyze disparities in access to and take-up of services, the nature and quality of services received, and service outcomes in ACF programs. This report summarizes the existing research on racial and ethnic disparities in six programs administered by ACF: Temporary Assistance for Needy Families (TANF), the Child Support Enforcement Program, the Child Care and Development Fund (CCDF), Head Start, and programs for runaway and homeless youth and adolescent pregnancy prevention programs administered by ACF's Family and Youth Services Bureau (FYSB). The report also introduces a conceptual framework to distinguish between racial and ethnic "disparities" and "differences." The framework suggests that disparities may exist at different points along the service delivery path, from initial program access to program services and treatment to outcomes.

Background

On many measures of economic well-being, African American, American Indian and Alaska Native, and Hispanic and Latino children and families appear to be worse off than white children and families (table 1). Although some gaps between these racial and ethnic groups have lessened, others remain stubbornly persistent or have even widened.⁸ Although US laws and policies forbid discrimination based on race and ethnicity, institutional policies and practices can still fuel, magnify, and perpetuate existing inequities—even if an organization or agency applies its policies and practices equally without regard to race, ethnicity, gender, or other demographic difference (Pager and Shepherd 2008). Even policies and practices that are, by all appearances, neutral can deepen existing disparities. For example, an agency's application process may unintentionally and disproportionately limit access if the process fails to take into account underlying and often historical factors that make the application less

⁸ Most of the research reviewed included data on African Americans, Hispanics, and whites. The report describes findings for other populations, including Asian American and American Indian and Alaska Native populations, when available in the literature.

accessible for some groups (e.g., promoting information about a program's services only online or only in English).

Table 1 shows that across each indicator, disproportionate shares of African Americans, Hispanics and Latinos, and American Indians and Alaska Natives have negative outcomes. Although African Americans make up 12.6 percent of all people in the United States, they represent 21.6 percent of those living below 100 percent of the federal poverty level. Hispanics and Latinos make up 17.1 percent of the population but represent 27 percent of those living in poverty. And although American Indian and Alaska Native people make up only 0.8 percent of the population and 1.5 percent of those living in poverty, 28.3 percent of the American Indian and Alaska Native racial and ethnic group is poor. In contrast, non-Hispanic whites make up 62.3 percent of the general population but only 43.5 percent of those living in poverty. Missing from the table are the large variation and striking disparities among different populations of Asian Americans. A common limitation, even in large datasets like the American Community Survey, is too few respondents among some populations to fully analyze the diversity by detailed origin.

TABLE 1

Racial and Ethnic Differences in Selected Characteristics, General Population

	Non-Hispanic white alone	Black or African American alone	Asian alone	American Indian and Alaska Native alone	Native Hawaiian or Other Pacific Islander alone	Two or more races	Hispanic or Latino (of any race)
Share of US population	62.3%	12.6%	5.1%	0.8%	0.2%	3.0%	17.1%
Share of US population in poverty ^a	43.5%	21.6%	4.2%	1.5%	0.2%	3.8%	27.0%
Household characteristics							
Poverty rate	10.8%	27.0%	12.6%	28.3%	21.0%	19.9%	24.3%
Median household income	\$59,542	\$35,695	\$74,245	\$37,408	\$52,936	\$48,648	\$42,651
Homeownership	71.5%	42.4%	57.9%	53.8%	40.0%	48.8%	46.0%
Academic achievement							
High school graduation rate	91.8%	83.8%	86.0%	79.1%	86.1%	86.0%	64.9%
Employment							
Unemployment rate, age 16 and older	6.7%	14.8%	6.4%	14.7%	11.9%	12.2%	9.8%
Labor force participation rate, age 16 and older	63.0%	62.2%	65.0%	58.6%	67.3%	65.2%	67.3%

Source: US Census Bureau, 2011–2015 American Community Survey 5-Year Estimates.

Notes: For most characteristics examined using American FactFinder, a tool providing access to US Census Bureau data, information on race and ethnicity were primarily reported as “alone” rather than “in combination” with other races. Although there are significant disadvantages to this approach, including the undercounting of populations such as American Indians and Alaska Natives and Asian Americans because of high rates of interracial marriage, data to examine the “in combination” numbers are limited. Additionally, FactFinder data report numbers for Hispanics (of any race) and non-Hispanic whites separately but do not break out the non-Hispanic numbers of other races. On nationally representative surveys such as the American Community Survey, data quality for smaller racial and ethnic groups is variable. The margins of error for racial groups such as Native Hawaiian or Other Pacific Islanders and American Indian and Alaska Natives are frequently higher than for other groups. For example, the margin of error for the poverty rate among Native Hawaiian or Other Pacific Islanders alone is 0.8 percent, compared with non-Hispanic white alone (0.1 percent) and black or African American alone (0.1 percent).

^a A household is considered to be in poverty if its combined income falls below 100 percent of the federal poverty level.

TABLE 2

Racial and Ethnic Differences in Selected Characteristics, Child Population

	Non-Hispanic white alone	Black or African American alone	Asian alone	American Indian and Alaska Native alone	Native Hawaiian or Other Pacific Islander alone	Two or more races	Hispanic or Latino (of any race)
Share of US child population	52.2%	14.1%	4.6%	1.0%	0.2%	6.0%	24.1%
Share of US child population in poverty ^a	31.4%	24.9%	2.7%	1.6%	0.3%	6.2%	35.8%
Percentage of population under 18	19.5%	26.2%	20.8%	28.0%	27.4%	46.7%	32.7%
Child poverty rate	12.9%	37.6%	12.8%	35.0%	27.4%	22.0%	31.8%

Source: US Census Bureau, 2011–2015 American Community Survey 5-Year Estimates.

Notes: For most characteristics examined using American FactFinder, a tool providing access to US Census Bureau data, information on race and ethnicity were primarily reported as “alone” rather than “in combination” with other races. Although there are significant disadvantages to this approach, including the undercounting of populations such as American Indians and Alaska Natives and Asian Americans because of high rates of interracial marriage, data to examine the “in combination” numbers are limited. Additionally, FactFinder data report numbers for Hispanics (of any race) and non-Hispanic whites separately but do not break out the non-Hispanic numbers of other races. On nationally representative surveys such as the American Community Survey, data quality for smaller racial and ethnic groups is variable. The margins of error for racial groups, such as Native Hawaiian and Other Pacific Islanders and American Indian and Alaska Natives are frequently higher than for other groups. For example, the margin of error for the poverty rate among Native Hawaiian or Other Pacific Islanders alone is 0.8 percent, compared with non-Hispanic white alone (0.1 percent) and black or African American alone (0.1 percent).

^a A household is considered to be in poverty if its combined income falls below 100 percent of the federal poverty level.

ACF Mission and Interest in Racial and Ethnic Disparities

The mission of ACF is to promote the economic and social well-being of families, children, individuals, and communities through funding, partnerships, guidance, and technical assistance. In line with the Department of Health and Human Services’ commitment to reducing disparities (as evidenced, for example, in its Action Plan to Reduce Racial and Ethnic Health Disparities),⁹ ACF’s Office of Planning, Research, and Evaluation seeks to better understand how racial and ethnic disparities may affect ACF’s work and the outcomes it seeks to achieve.

For ACF to deliver services in a way that adequately responds to and minimizes racial and ethnic disparities, it must understand the people and families it serves; identify if and where racial and ethnic differences in access, treatment, and outcomes exist; and analyze and accurately interpret the reasons for those differences. Most ACF programs target low-income people and families (income thresholds

⁹ “HHS Disparities Action Plan,” US Department of Health and Human Services, Office of Minority Health, last modified September 13, 2016, <https://minorityhealth.hhs.gov/omh/browse.aspx?vl=2&vlid=10>.

are key in determining eligibility for many ACF programs). Some groups, like African Americans, American Indians and Alaska Natives, and Hispanics and Latinos, are disproportionately more likely to be low-income than whites, and so these groups are also more likely to be eligible for ACF programs—that is, their eligibility rates will be higher than their representation in the general population. For this reason, ACF may expect to see racial and ethnic differences in program eligibility. But how do participation rates compare with eligibility rates? Do the expected shares of eligible groups access and participate in programs? Additionally, are there racial and ethnic differences in the types of services participants receive and in participant outcomes? If we see differences, how might we best understand the reasons behind them?

To begin addressing these questions, we summarize existing research on racial and ethnic differences in participant access, services and treatment, and outcomes in selected ACF programs. We are particularly interested in studies that not only identify racial and ethnic differences but draw clear conclusions about the reasons for these differences and discuss whether they indicate racial and ethnic disparities. To ensure a consistent frame across the research and in our analysis, we define “racial and ethnic disparities” as “a group faring systematically worse than other groups even when needs, eligibility, and preferences are otherwise comparable.”

We found several shortcomings in the literature. One striking fact is that many reports and articles refer to “differences” instead of “disparities.” Importantly, these reports and articles do not define or examine these differences in a way that would allow us to tease out whether the findings indicate disparities. Further, many studies examine particular populations, such as African Americans compared with whites, but provide little information about other groups, most notably American Indians and Alaska Natives. A common limitation is small sample sizes for some populations, which limits researchers’ ability to conduct subgroup analyses and draw conclusions about racial and ethnic differences (e.g., Henly, Ananat, and Danziger 2006; Schmit and Walker 2016). Even large datasets like the American Community Survey include some racial categories in national data analyses but have too few respondents at the state level to conduct analyses by all races (see Schmit and Walker 2016 for one example). We also found that ongoing demographic shifts within the US population, such as larger numbers of Hispanic and Asian American children and families, have made older studies less informative for understanding current and future service participation. Although these factors limit what we can say about present disparities across different groups, the research provides valuable information for understanding how scholars have identified and measured racial and ethnic differences and gaps in service delivery, access, treatment, and outcomes, which can inform current and future work on disparities.

The Selected Human Services Programs

The Administration for Children and Families selected six programs for review. The programs are among ACF's largest and cut across the different populations it serves: children, youth, and families.¹⁰

- Temporary Assistance for Needy Families provides time-limited cash and noncash assistance to needy families and aims to support work and marriage.
- The Child Care and Development Fund provides subsidies to eligible low-income working families to defray or completely cover child care costs.
- Head Start provides early education and family services for young children in low-income families.
- The Child Support Enforcement Program facilitates child support payments from noncustodial to custodial parents.
- Runaway and homeless youth programs provide emergency shelters, longer-term transitional living, counseling, and other services to unaccompanied runaway and homeless youth.
- Adolescent pregnancy prevention programs provide evidence-based programming to reduce teen pregnancy.

See appendix A for more information about the programs.

PROGRAM CONTEXT

With the exception of adolescent pregnancy prevention, all six programs target people and families who are low-income, but they differ in ways that affect where, in relation to the service delivery system, we might find racial and ethnic differences and how we might interpret whether those differences indicate disparities. Below, we describe the program contexts and suggest how different program features inform where we might see disparities.

ELECTIVE VERSUS MANDATORY PROGRAMS

Five of the six programs are categorical “elective” programs, meaning they may be available to those who meet the eligibility criteria and choose to use the resource (although they can be rationed, as we

¹⁰ Child welfare is not a program area included in this review, but we draw on approaches researchers have used to examine racial and ethnic disparities within the child welfare system. For this review, ACF has identified program areas without similarly strong corresponding bodies of work.

discuss below). The elective programs are TANF, Head Start, CCDF, runaway and homeless youth programs, and adolescent pregnancy prevention programs. We might expect to find disparities in whether and how well families can access these programs. Mandatory programs, by contrast, require people to participate and comply with their rules or risk facing penalties. Child support enforcement is mandatory for the noncustodial parent and for custodial parents on TANF (see appendix A for requirements). We might expect disparities in how parents are identified or penalized for child support noncompliance.

ENTITLEMENT VERSUS RATIONED PROGRAMS

Only one program, child support for the custodial parent, is a true entitlement program in that it is available to anyone meeting the eligibility criteria. Temporary Assistance for Needy Families is not an entitlement program, given that block grant funding levels are fixed and do not guarantee sufficient funding for all who are eligible. States are not obligated to provide assistance, and some states can impose full-family sanctions. Additionally, TANF is federally time-limited to 60 months, and 23 states have set even shorter time limits (Lower-Basch 2017). The other four programs (CCDF, Head Start, runaway and homeless youth programs, and adolescent pregnancy prevention programs) are rationed, meaning they may not be able to provide benefits to all who are eligible or may have waiting lists. In both entitlement and rationed programs, if disparities exist, we might expect to see differences in who accesses the program and for how long.

COMPENSATORY PROGRAMS

All six programs are compensatory, meaning they fill a need where other resources, often related to money, are lacking. Temporary Assistance for Needy Families and child support (for the custodial parent on TANF) compensate for insufficient household income. The Child Care and Development Fund helps cover the cost of child care for low-income working parents. Head Start compensates for the educational and other resource differences related to health and social development that can contribute to children from lower-income households being less prepared for school than their peers from higher-income families. Programs for runaway and homeless youth and those geared toward preventing adolescent pregnancy compensate for the risks associated with homelessness or adolescent parenting. We might expect disparities in who accesses and benefits from these compensatory supports.

Objectives of Literature Review and Approach

For each program, we reviewed available studies on several topics (program eligibility and participation, access and identification, services and treatment, and outcomes) for information related to race and ethnicity. In total, we reviewed approximately 350 articles and reports written from 1986 to 2016. We were particularly interested in empirical evidence that moves beyond tracking racial and ethnic differences to estimating whether those differences indicate disparities. We found that researchers define these concepts differently across and within programs. We were interested in what the literature concludes on the following topics:

- How are racial and ethnic disparities defined? How are they identified?
- Do the human services programs show evidence of racial and ethnic disparities in access, services and treatment, or outcomes?
- Does a program's operation or implementation contribute to or alleviate disparities?
- What does the literature tell us about racial and ethnic disparities in human services? What doesn't the literature tell us?
- What additional information, data, or evidence would help us better understand racial and ethnic disparities in human services?

Our report introduces a conceptual framework for thinking about racial and ethnic differences in ACF service delivery and suggests ways to distinguish and untangle “differences” from “disparities.” We offer and apply a definition of “racial disparities” that draws from research on racial and ethnic health disparities and a definition of “racial disproportionality” that draws from research on the child welfare system.

Defining Racial and Ethnic Disparities

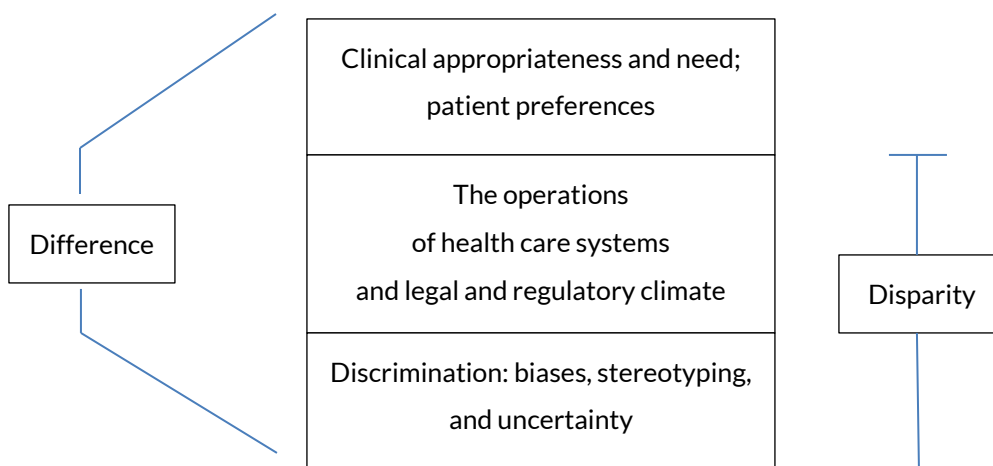
The Oxford English Dictionary defines “disparity” as “a great difference.”¹¹ The health care and child welfare systems distinguish between racial and ethnic “differences” and more consequential and harmful “disparities.” In a 2003 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*, the Health and Medicine Division of the National Academies, formerly the Institute of

¹¹ *Oxford Living Dictionaries Online*, s.v. “disparity,” accessed May 25, 2017, <https://en.oxforddictionaries.com/definition/disparity>.

Medicine, defined racial and ethnic disparities within the health care context as “racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention” (Smedley, Stith, and Nelson 2003, 3–4, 32). The report examined racial and ethnic differences in treatment within the health care system, focusing on how the system operates and whether health care providers and services demonstrate bias or discrimination. The study concluded that the health care system provides treatment unequally, particularly to the detriment of African Americans and Hispanics.

Figure 1 illustrates how the 2003 Institute of Medicine report distinguishes between “differences” and “disparities” in health care. The figure shows that disparities are distinct from the more neutral “differences” in patient’s preferences and needs.

FIGURE 1
Differences Versus Disparities in the Health Care System



Source: Adapted from Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson, eds., *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, (Washington, DC: National Academies Press, 2003).

Notes: “Uncertainty” refers to a physician’s clinical uncertainty when making a diagnosis. The diagnosis is often based on information the physician gathers from the patient and medical inferences the physician makes based on his or her training and perceptions of the patient (including race).

The figure shows how disparities are a subset of differences that can result from discriminatory treatment or the discriminatory effects of practices or regulations, even if the discrimination is unintentional. In fact, practices or regulations perceived as race neutral may actually favor one group over another. For example, an agency’s hours of operation could disproportionately affect groups that are more likely to hold jobs with less flexible or nonstandard work hours. Limiting its focus to how the

system operates, the report examined disparities that happen once patients enter the system as opposed to broader social factors that may determine a person's risk of poor health.

For this report, we apply the Institute of Medicine's definition to focus on how ACF programs serve children, youth, and families and whether a person's race or ethnicity appears to determine his or her treatment. We also broaden our scope to consider racial and ethnic differences in program access and to identify areas in which ACF may have capacity to control or influence outcomes.¹² We define "disparity" as "all things being equal—including need, eligibility, and preferences—one group systematically fares worse than another." We apply this definition below as we describe our approach to measuring racial and ethnic disparities.

Distinguishing Disproportionality from Disparities

Racial and ethnic differences in program participation do not automatically indicate a disparity. Research examining why African American children are overrepresented in the child welfare system has lent substantial conceptual thinking to how to recognize racial and ethnic disparities and what disproportionality versus disparity means in a given context.

In the child welfare system, African American children are overrepresented compared with white children (Derezotes, Poertner, and Testa 2005; Drake et al. 2011; Rolock 2011). Although African American children represent 14 percent of children in the United States, they make up 24 percent of all children in foster care, a disproportionate share relative to their presence in the general population (Children's Bureau 2015).¹³ If higher involvement is proportionate to the group's need, then overrepresentation (in relation to general population size) may be an appropriate difference rather than a disparity (Barth 2005). To know whether population discrepancies are a difference or disparity, we would need to understand the true underlying risk of abuse and neglect for African American children compared with other children.¹⁴ If the risk of abuse or neglect is higher for African American children—

¹² In *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* (Smedley, Stith, and Nelson 2003), the authors focused on understanding the extent of racial and ethnic differences in health treatment that were not otherwise explained by differences in access to health care.

¹³ Our example describes overrepresentation. When groups are underrepresented in relation to their presence in the general population, we also consider that disproportionality.

¹⁴ Within the child welfare scholarship, however, some have argued that even if the populations show potential differences in underlying need, such large numbers of African American children and families experiencing the impact of state intervention indicate a systemic disparity (Roberts 2002). From this perspective, the imbalance of

because of higher rates of poverty or something else—then their overrepresentation in the system may not reflect a disparity as we define it. The problem researchers face in determining whether some children experience disparate treatment is that the data needed to estimate the underlying “true” risk or need are not readily available and are often subjective. Understanding such data requires knowing how many cases of child abuse and neglect occur, including incidents that go unreported (Derezotes, Poertner, and Testa 2005).

Child welfare system scholars conclude that researchers need at least three pieces of information to best detect disproportionality by race and ethnicity: (1) the racial and ethnic distribution of the general population, (2) the demographic group’s underlying risk or need for the program or service, and (3) the racial and ethnic distribution of program participants (including take-up rates, types and usage of services, and outcomes). With this information, we can see how each group’s presence in the program compares with its level of need (e.g., whether more or fewer group members need the help than are receiving it) relative to its presence in the general population.

Table 3 shows how the relationship between underlying need and program or service participation (assuming the underlying level of need is known) indicates whether there is a disproportionality. The first column represents the level of underlying need, and the columns to the right report the actual (known) level of service participation.

TABLE 3

Levels of Program Participation in Relation to Underlying Need

Underlying need	Higher service participation	Participation proportional total population	Lower service participation
Higher than average	Proportionate to need	Low in proportion to need	Low in proportion to need
Average need	High in proportion to need	Proportionate to need	Low in proportion to need
Lower than average	High in proportion to need	High in proportion to need	Proportionate to need

Source: Adapted from table 2-1 in Richard P. Barth, “Child Welfare and Race: Models of Disproportionality,” in *Race Matters in Child Welfare: The Overrepresentation of African American Children in the System*, ed. Dennette Derezotes, Mark Testa, and John Poertner (Washington, DC: Child Welfare League of America, 27).

Here are three scenarios that help illustrate the information in table 3:

- When the underlying risk or need is high, high service participation is proportionate to need. In a program like Head Start, Hispanic and Latino children may have a high underlying need for

African American children in the child welfare system constitutes a “group harm” that negatively affects the broader African American community.

support to get ready for kindergarten. If their rates of participation are higher in proportion to their representation in the general population, it is possible that their participation is proportionate to their need. We would likely consider this dissimilar rate of participation among groups as a difference rather than a disparity (see the first row of table 3).

- If the underlying need is proportionate to a group's representation in the general population, we would expect to see program participation or service use proportionate to that group's size. In a program like TANF, the rate of participation may be concerning if a group's underlying need is proportionate but its participation is disproportionately high or low relative to its population size (see the second row of table 3).
- If the underlying need is proportionately low compared with a group's general population size, we would expect to see a low rate of service participation. For example, if a group has a disproportionately low share of single custodial-parent households, then a lower rate of participation in the child support program would be proportionate to that group's need (see the third row of table 3).

Estimating disproportionality is one way to determine whether populations appear to receive incongruent treatment. In this report, we emphasize disproportionality in the share of a racial and ethnic group in a program or service relative to the share of the group that needs that program or service. For example, if 25 percent of the population that needs a particular program is white and 25 percent of participants in a particular program are white, we would consider white representation to be proportionate to need. But if 40 percent of people that need the program are white and only 25 percent of participants are white, we have a disproportionately lower share of participation among whites than expected. Importantly, it might not be obvious whether a group is overrepresented or merely appears overrepresented because another group is underrepresented. For example, although Hispanic and Latino children may represent a comparatively high share of all children in Head Start, that may be because African American or white children are underrepresented relative to their need for the program. Thus, when assessing disproportionality, we must look at all populations. Also, we often do not know the true level of underlying need. Without that information, we are unable to determine whether the level of participation is proportionate to need.

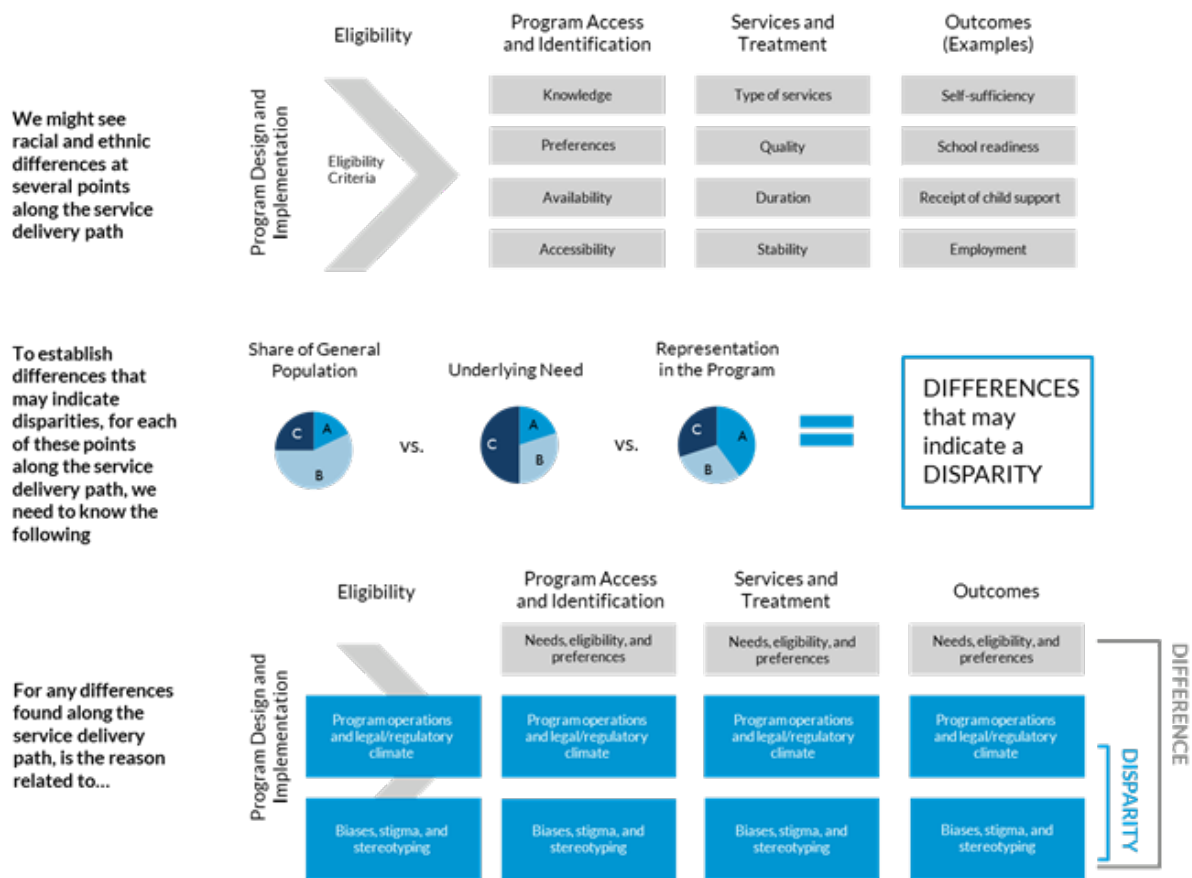
What is the relationship between disproportionality and disparity? In both the child welfare and health disparities literature, scholars point out that understanding disparities requires us to first understand the extent of disproportionality at each point within a program (i.e., at the access and identification phase, the services and treatment phase, and the outcome phase) and determine what

contributes to the racial and ethnic differences we observe at each point (Derezotes, Poertner, and Testa 2005). Both literatures also emphasize that individual family characteristics, community, and larger systemic factors can contribute to differences (Boyd 2014; Derezotes, Poertner, and Testa 2005; Office of Minority Health 2008, 2015).

Conceptual Framework

Our conceptual framework and literature review focus on each step of program operations, from who is eligible for and accessing the programs to the services and treatment participants receive and differential outcomes by race and ethnicity. As outlined in figure 2, the framework illustrates how racial and ethnic disparities may exist at any point along the service delivery path.

FIGURE 2
A Conceptual Framework for Identifying Racial and Ethnic Disparities in Human Services Delivery
Points along the service delivery path where we may see disparities and how we might recognize them



Below, we walk through each feature of the conceptual framework, beginning with program design and implementation and eligibility. We discuss what might account for racial and ethnic differences (if they exist) in program access, services and treatment, and outcomes.

Note that this project focuses on how ACF human services programs operate while acknowledging the broader social context in which they function. Although ACF recognizes that disparities occurring

beyond the reach of its service providers affect who comes in for services, the agency is interested to learn whether disparities exist within the operation of particular programs.

Program Design and Implementation

The ACF programs all have some combination of eligibility criteria, application processes, program requirements, and other rules and conditions, such as termination, sanction, and appeal steps that influence what services clients access and receive and how. These institutional and programmatic features may not overtly discriminate, and they are often ostensibly race neutral. But as we describe places along the conceptual framework where we might find racial and ethnic differences and disparities, we also recognize that actors design and implement programs through administrative decisions and practices that can produce, contribute to, or possibly minimize disparities.

Racial and Ethnic Differences Caused by Eligibility Screening and Program Access?

If one group systematically has a harder time demonstrating eligibility or accessing a program, then its members will represent a smaller share of all eligible participants than what we might predict based on the group's underlying need. Various factors could make it harder for one group to enter a program than another. For example, eligibility screening criteria or screening processes may discriminate in some way, whether inadvertently or deliberately. Temporary Assistance for Needy Families, for instance, often requires an in-person orientation meeting before clients can receive benefits. If members of one group have more trouble complying (e.g., because of office locations or hours, language, or having less information about the process), we may see a disparity in program access. So, in moving from underlying need to eligibility screening and program access, we may see evidence of disproportionality.

Racial and Ethnic Differences in Services and Treatment?

Once people or families are in a program, they are exposed to a set of services. According to our framework, we may then see disparities in services (i.e., in what people receive and how they are treated). We ask: Are service characteristics (type, quality, duration, and stability) comparable for all

groups? Or do some groups receive different types or quality of service? If so, do these differences appear to be driven by differences in need? Given that people may enter a program needing different combinations of services, to most accurately assess disproportionality, the framework requires us to know the service needs of program participants and then estimate the share who should receive specific services. Once we estimate racial and ethnic distributions according to need, we can explore the reasons for any differences to determine if we have evidence of a disparity.

Racial and Ethnic Differences in Outcomes?

According to the framework, we could also see disparities in program outcomes. As we did in the access phase and services and treatment phase, we would look at the racial and ethnic differences in outcomes. Do people and families who receive the same services (measured by type, quality, duration, dosage, and stability) experience the same outcomes? Or do we see racial and ethnic differences in outcomes?

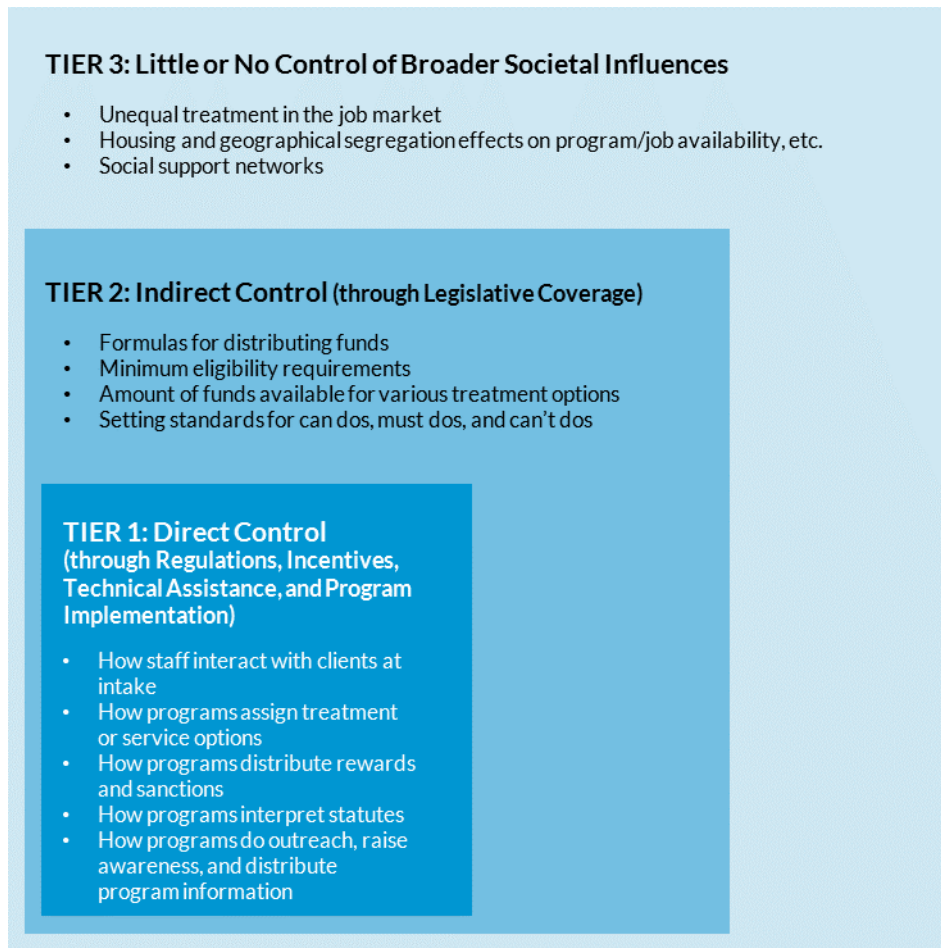
Figure 2 provides examples of outcomes based on the programs we reviewed. Although we can compare the racial and ethnic share of people achieving a given outcome with the share who received any service, we could also compare that share with the total who were eligible and enrolled but may not have received services. Our framework allows for compensatory programs to have the goal of leveling outcomes, even if disparities stemming from outside the program mean some groups need more support than others to achieve the intended outcome (e.g., independence from TANF). However, constraints in a program's resources may hinder its ability to level these disparities.

ACF Interest in Program Access and Services and Treatment

The Administration for Children and Families' Office of Planning, Research and Evaluation wants to understand what the literature says about racial and ethnic disparities in areas that ACF has the capacity and influence to change, specifically areas related to the program access component and services and treatment component of the conceptual model. Figure 3 depicts potential tiers of influence, ranging from areas that ACF may control directly through regulations and incentives to areas the federal government may be able to leverage through legislative actions. The third tier represents broader societal contexts that legislative or regulatory actions are less likely to influence.

FIGURE 3

Potential Tiers of Administration for Children and Families Influence



A Note of Caution: Limitations of Focusing on Disparities within ACF Programs Alone

If programs focus on understanding disparities only within their own operations and practices, program administrators may misinterpret or misunderstand some differences. Specifically, service provision may appear disparate—even if it is not—if clients enter with underlying needs that program operators cannot adequately measure. Some groups may disproportionately require some services or remain in services longer. For example, TANF spells may be longer for clients who have a harder time getting hired; however, without this understanding of the role of the job market, disparities in program outcomes may appear to stem from the TANF program. Similarly, clients may have disparate outcomes because of different underlying needs and risks. Even if clients technically receive equal services, these

services may not be equally beneficial for all clients. For example, children for whom English is a second language may receive the same services and instructions as their peers in their Head Start classroom, but they may show less academic gains because of language barriers. Although programs may not have the resources to address each participant's underlying needs, assessing those needs to the extent possible will allow them to better understand program operations and practices and the barriers that prevent families from achieving desired outcomes.

Research on Racial and Ethnic Disparities

In the literature on ACF human services programs, we did not find a consistent definition of racial and ethnic disparities or a body of research focused on understanding them (unlike in child welfare and health services research). In fact, several studies describe racial differences without using the term “disparities.” And we did not see information about underlying level of need or eligibility. As a result, the studies did not shed light on whether different rates in participation, services, or outcomes were disproportionate to need and were, thus, disparities. For example, racial and ethnic differences in TANF participation may be caused by higher need in one population compared with another.

Although this review focused on racial and ethnic disparities, it can be challenging to untangle the intersection of race or ethnicity and poverty. The literature highlights the role of poverty and how groups that are disproportionately poor are also disproportionately served and sometimes affected differently by program practices. Generally, the literature across programs focuses on comparing African Americans, whites, and to a lesser extent, Hispanics and Latinos (and much less on Asian Americans and American Indian and Alaska Natives). Further, the data are better for program participation among African Americans, whites, and some Latino populations than other typically smaller racial and ethnic groups.

In several program reviews, we include studies that do not explicitly examine racial and ethnic disparities. However, they critically analyze the likely consequences of such differences and illustrate how some racial and ethnic groups would be disproportionately affected (e.g., the child support literature discusses higher shares of noncustodial fathers among some groups, and the child care literature discusses poor access to high-quality child care for some groups). We highlight these studies because they help us better understand the potential costs or consequences of racial and ethnic differences that we might find in future studies with better data.

We organized our review around a set of questions meant to help ACF assess whether enough data are available to detect racial and ethnic disparities:

1. What is the underlying “true” population need or risk? How does that relate to the racial and ethnic distribution of the general population?
2. What is the actual racial and ethnic distribution throughout the program’s service delivery path (access and use, services and treatment, and outcomes)?

3. What are the reasons identified in the literature for the racial and ethnic differences?
Differential eligibility? Differential uptake among those eligible?
4. Does the literature provide guidance on how we should interpret different rates of access and use, services and treatment, and outcomes by race and ethnicity?
5. Does the literature suggest or draw conclusions on an end goal or on “ideal” usage rate in the absence of disparity?

Below, we use these five questions to review the literature on each of the six ACF human services programs and briefly summarize key themes.

Temporary Assistance for Needy Families

Mission and Goals

Temporary Assistance for Needy Families was created by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996¹⁵ with the following goals:

- Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
- End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.
- Prevent and reduce the incidence of out-of-wedlock pregnancies.
- Encourage the formation and maintenance of two-parent families.¹⁶

The literature on racial and ethnic differences in TANF covers sanctions, employment outcomes, caseworker-client relationships, policy decisions, and welfare leavers. Although researchers generally use terms like “difference” and “gap” to describe differential experiences and outcomes by race and ethnicity, many also use “racial disparity” to describe racial differences in employment, sanctioning, and client treatment and outcomes. Temporary Assistance for Needy Families is a block grant that allows

¹⁵ See appendix A.

¹⁶ Although the promotion of marriage and two-parent families is part of the official mission of TANF, having two parents in the assistance unit may negatively affect some families’ access to TANF. In three states, two-parent families are not eligible for TANF; in other states, two-parent families may be ineligible for certain services. See Hahn and colleagues (2016).

states to set eligibility and upfront requirements, benefit levels, and time limits. States also determine what activities count toward work requirements and what services to offer. Given the variation in how states design and implement TANF, research rarely generalizes findings, even when using national data. In our review, we report the states included in each study when possible. Also, some studies that we cite may already be outdated because states have continued to change their policies and practices over the 20 years since TANF was authorized.

Because of the role of race and ethnicity in historical perceptions of the TANF program, research has largely focused on the program's political context. The literature discusses how mainstream America's perceptions of welfare and welfare recipients reinforce negative stereotypes of African Americans and the program itself (Gilens 1999; Fording, Soss, and Schram 2011; Neubeck and Cazenave 2001). From the 1960s through the 1990s, media stories about welfare abuse regularly featured African Americans; stories on the "deserving poor," like the elderly and working poor, featured whites (Gilens 1999). Other researchers discuss how welfare programs have been widely understood as "black" programs for poor, single, African American mothers since the 1960s, a perception that does not align with the makeup of the caseload (Fording, Soss, and Schram 2011).

Some researchers critique the language of client "barriers," conditions and experiences as wide-ranging as childbirth, substance abuse, lack of transportation, domestic violence, and low skills levels. They argue that "barriers discourse" treats these conditions and experiences as individual, personal problems that caseworkers must identify and clients must overcome rather than structural issues resulting from various societal and historical factors often dependent on race, gender, and class (Houser et al. 2015; Schram 2005).

Below, we summarize research related to the different components of our conceptual framework.

Underlying Need

Some research on TANF has attempted to approximate the underlying need for the program based on states' eligibility criteria, but the variability in eligibility criteria makes any cross-state estimate complicated. More than half of all states have income limits below 50 percent of the federal poverty level (Falk et al. 2015), with the lowest, Alabama, at 16 percent and the highest, Nevada, at 91 percent (Falk 2014).

It appears that disproportionately higher shares of African American and Hispanic families are represented in the TANF caseload in general, but the numbers may not be disproportionate when we

take into account differential poverty rates by race and ethnicity. For example, 26.2 percent of African Americans and 23.6 percent of Hispanics have incomes below 100 percent of the federal poverty level, compared with 10.1 percent of non-Hispanic whites and 12.7 percent of Asian Americans (DeNavas-Walt and Proctor 2015). Additionally, when focusing the analysis only on female-headed, single-family households, 24.4 percent of non-Hispanic white families live below the federal poverty level, compared with 18.2 percent of Asian American families, 40.4 percent of Hispanic families, and 40.2 percent of African American families (DeNavas-Walt and Proctor 2015). These differences are exacerbated when looking at the race and ethnicity of female-headed households with children under age 18 living in deep poverty (income below 50 percent of the federal poverty level). For example, African American families make up 41 percent of these households, compared with non-Hispanic white families who make up 36 percent and Hispanic families would make up 20 percent of families in deep poverty. These differences suggest that African American families might be underrepresented in TANF caseloads (Schram 2005).

Access

In 2016, TANF and related state supplement programs served, on average, 1.5 million families monthly. Administrative data from the US Department of Health and Human Services for 2015 show that adult recipients in TANF caseloads are 32.7 percent non-Hispanic white, 32.1 percent African American, and 29.3 percent Hispanic. Among children receiving TANF, 39.3 percent are Hispanic, 29 percent are African American, and 25.9 percent are white (Office of Family Assistance 2016b).¹⁷ The differences in racial makeup of adult and child recipients emerge, in part, because of child-only cases, which can include families in which the parent is an ineligible noncitizen (Hispanics make up most of this category), nonparent relatives care for the child (non-Hispanic whites make up most of this category), or a parent receiving Social Security benefits cares for the child (Falk 2016b).

Because TANF is federally funded but administered by states, counties, or tribes, the literature points to variation in TANF access, including policy decisions around eligibility and time limits. States with a higher proportion of African American recipients generally have less welfare coverage or a lower ratio of children receiving assistance compared with children in poverty. They also have stricter policies,

¹⁷ Although we found no published literature on the estimate of eligibility by race, we were able to derive these estimates using a simulation database maintained by the Urban Institute called the TRIM3 model. The TRIM3 model, funded by the US Department of Health and Human Services, is a microsimulation model that simulates or predicts use of major governmental tax, benefit, and health insurance programs such as TANF, the Supplemental Nutrition Assistance Program, and Medicaid (Zedlewski and Giannarelli 2015). We found that 40 percent of eligible African Americans and 37 percent of eligible Hispanics and Latinos enroll in TANF, compared with 26 percent of eligible whites.

like shorter eligibility periods, stricter sanctions, and family caps (Bentele and Nicoli 2012; Brown 1995; Fellowes and Rowe 2004; Hero 1998; Moller 2002; Soss et al. 2001; Soss, Fording, and Schram 2008). States with a higher percentage of Hispanics in their caseload are more likely to have shorter eligibility periods (Gais and Weaver 2002).

The literature also suggests that because 35 percent of Hispanics and about 65 percent of Asian Americans are foreign born (2015 American Community Survey), they may be less likely to participate in TANF because of confusing qualification rules. Legal permanent residents may not receive federally funded TANF assistance during their first five years in that status.¹⁸ However, 15 states use state-funded TANF assistance for legal permanent residents during that time. Five states do not provide benefits to legal permanent residents even after the five-year federal bar (Huber et al. 2015). Some families may believe that receiving assistance has negative repercussions for citizenship and avoid engaging with the government for fear that undocumented family members could be deported (Alvira-Hammond and Gennetian 2015; Fix and Passel 2002).

Services and Treatment

The literature on services and treatment in TANF focuses considerably on caseworker relationships (Finegold and Staveteig 2002; Gooden 1998 [Virginia]; Schram et al. 2009 [Florida]) and how they affect recipients' access to various services. The bulk of the literature focuses on racial and ethnic differences in sanctions (a temporary or permanent reduction in case benefits that can occur when a recipient fails to meet a program requirement, known as "noncompliance") (Fein and Lee 1999 [Delaware]; Fording, Soss, and Schram [Florida]; Gais and Weaver 2002; Hasenfeld, Ghose, and Larson 2004 [California]; Kalil, Seefeldt, and Wang 2002 [Michigan]; Keiser, Mueser, and Choi 2004 [Missouri]; Koralek 2000 [South Carolina]; Ong and Houston 2005 [California]). Many studies estimate that African Americans face higher sanction rates than non-Hispanic whites (Fording, Soss, and Schram 2011; Julnes et al. 2000 [Illinois]; Kalil, Seefeldt, and Wang 2002; Keiser, Mueser, and Choi 2004; Koralek 2000; Ong and Houston 2005; Pavetti et al. 2004 [Illinois, New Jersey, and South Carolina]; Wu et al. 2006 [Wisconsin]), and several suggest that Hispanics may also face higher sanction rates than whites (Gooden 2006 [Cleveland, Los Angeles, Miami, and Philadelphia]; Monnat 2010). The consequences of sanctions can be quite serious and are often compounded by the fact that the most vulnerable families may also demonstrate more noncompliance and receive more sanctions. Studies have found that

¹⁸ For more information on the eligibility of refugees, see Huber and colleagues (2015).

sanctioned families have a 50 percent higher risk of food insecurity and 90 percent higher risk of an emergency room visit (Casey 2010).

Using administrative data from Florida's TANF caseload, one study estimated that African American recipients are 22–35 percent more likely than whites to be sanctioned (Fording, Soss, and Schram 2007). A smaller study using data from one Michigan county found that African American recipients are 173 percent more likely to be sanctioned than whites (Kalil, Seefeldt, and Wang 2002).¹⁹ A study using nationally representative, participant-level administrative data from ACF found that Latino recipients face an increased risk of being sanctioned when they live in counties with a greater share of Latinos (Monnat 2010). The study also found that Latina women were 7 percent more likely than non-Hispanic white women to have their cases closed because of a sanction. But the differences disappeared once the researchers adjusted for participant-level controls, such as marital and employment status, education, age of children, age of client, citizenship, and disability status (Monnat 2010).

Tying these conclusions to our conceptual framework, we would likely determine that these demographic characteristics (e.g., employment status, education, and age of children) illustrate differences in underlying need. Because the initial racial and ethnic differences disappeared once researchers took the additional demographic information into account, we may conclude that the results do not reflect a disparity. At the same time, our framework would encourage programs to examine whether disproportionate racial and ethnic patterns in education or work experience exist and how they are associated with sanctions. Indeed, some studies have found that higher sanction rates are tied to disparities in other systems, such as education, housing, and the labor market. These studies found that factors like less education, less work experience, less access to transportation, and being the least likely to find employment are racially and ethnically linked (Fein and Lee 1999; Hasenfeld, Ghose, and Larson 2004; Wu et al. 2006). Other studies, using both nationally representative data and state data from Missouri, show that African American recipients with fewer of these characteristics were still more likely to face sanctions than non-Hispanic white recipients (Keiser, Mueser, and Choi 2004; Lee and Yoon 2012).

Because TANF operates through caseworker discretion, caseworkers are gatekeepers to services like child care, work readiness programs, and education and training. The literature suggests that non-Hispanic white recipients receive these supports more often than African American and Hispanic recipients (Bonds 2006 [Wisconsin]; Freedman 2002; Gooden 1998 [Virginia]). This includes mental

¹⁹ This study did not include ethnicity. All members of the sample were coded as either African American or white.

health referrals (Richardson 2002), educational activities (Gooden 1998; Marchevsky and Theoharis 2008 [California]), and supports like transportation allowances (Gooden 1998). For example, Bonds (2006) found that African American respondents in the Wisconsin Works program were twice as likely as whites to be drug tested, were offered worse shifts, and reported more negative experiences with the program. Bonds concludes that the employers likely believed stereotypes that African Americans are more likely to have substance abuse issues.

The literature shows that eligible immigrants with limited English proficiency may face language barriers at TANF offices (Burnham 2001; Fremstad 2003; Hahn et al. 2016 [California, Colorado, Michigan, Oregon, and Pennsylvania]; Moore and Selkove 1999 [Wisconsin]) and harassment and humiliation in work readiness programs (Marchevsky and Theoharis 2008). In a two-year ethnographic study of 14 Mexican welfare recipients and their families, Marchevsky and Theoharis (2008) found that Latinas were less likely to be tracked into vocational or basic education because they were Spanish speakers.

The literature offers some explanations for the racial differences in sanctions and discretionary support. Sanctioning policies can depend on the state (and even county), which studies have found to be associated with the racial demographics of the caseload and population in general (Fording, Soss, and Schram 2011; Gais and Weaver 2002; Keiser, Mueser, and Choi 2004). The literature also suggests that sanction rates depend on the state or counties studied. Sanctioning outcomes vary because of site-specific ways of enforcing TANF policies (Fording, Soss, and Schram 2007; Hallums and Lewis 2003; Kesler, Mueser, and Choi 2004; Monnat 2010). For example, Keiser, Mueser, and Choi (2004) suggest that sanction rates may be lower in places where disproportionately affected populations also have political power. Monnat (2010) found that women who live in counties with persistent poverty are less likely to be sanctioned. On the other hand, Fording and colleagues (2007) found that clients living in high-poverty areas of Florida faced a higher probability of being sanctioned. They also found that local sanctioning practices varied according to local political values, suggesting that local offices may exert power, directly or indirectly, over policy implementation.

Caseworkers often make decisions about sanctioning and discretionary assistance, meaning that biases can affect sanctioning outcomes (Lee and Yoon 2012; Mannix and Freedman 2013; Monnat 2010; Schram et al. 2009). Mannix and Freedman (2013) discuss a phenomenon called “discrediting markers” that may trigger caseworker biases. Experiences like long-term welfare receipt, a previous sanction, or multiple children can serve as discrediting markers. When a recipient displays a discrediting marker, unconscious biases and negative stereotypes may affect the caseworker’s sanctioning decision (Soss, Fording, and Schram 2011). Schram and colleagues (2009), using experimental (vignette-based)

results and administrative data, found that having a previous sanction did not matter for non-Hispanic white recipients but greatly affected the sanction rates of African Americans. The researchers found no difference in sanction rates for white clients with or without prior sanctions. However, African American clients without a prior sanction were 14 percent more likely to be sanctioned than non-Hispanic whites without a prior sanction, and African American clients with a prior sanction were 28 percent more likely to be sanctioned than non-Hispanic white clients without a prior sanction.

Although few studies address the specific reasons for sanctions (Kalil, Seefeldt, and Wang 2002; Monnat 2010), some suggest sanctions often occur for failing to attend an appointment (Cherlin et al. 2002 [Boston, Chicago, and San Antonio]; Lens 2006) or lacking a doctor's note for missing work activities (Casey 2010). One study in Delaware found that only 5 percent of sanctions were for more serious offenses, such as quitting or not going to a job (Fein and Lee 1999).

Finally, a small body of research discusses the TANF experiences of American Indian and Alaska Native populations and the role of Tribal TANF programs, which serve enrolled members of federally recognized tribes. As of 2015, 70 Tribal TANF programs serve 284 tribes and Alaska Native villages. Tribal TANF programs have the flexibility to establish their own work hour requirements, define allowable work activities, and determine the services they provided, although the US Department of Health and Human Services must approve their plans. In addition, and in recognition of the lack of employment opportunities on many reservations, Tribal TANF programs can extend the 60-month time limit on receiving TANF (Brown 2001; Hahn et al. 2013 [Oneida Tribe of Wisconsin's Tribal TANF Program, Navajo Nation Program for Self Reliance, Tanana Chiefs Conference's Athabascan Self-Sufficiency Assistance Project, South Puget Intertribal Planning Agency's Tribes Assisting Native Families program] Pickering 2000 [Pine Ridge Indian Reservation]). Research has shown that TANF programs that do not include subsistence practices like hunting and traditional healing or crafts in their work definitions disadvantage American Indian and Alaska Native populations and can lead to unfair sanctioning (Geib 2003 [Klamath Tribes of Oregon]; Whiting et al. 2005 [Northern Cheyenne Reservation in Montana]). Some research suggests that Tribal TANF programs better serve American Indian and Alaska Native populations than state programs because they have greater flexibility in setting work requirements, defining work activities, and incorporating relevant cultural values (Hahn et al. 2013).

Outcomes

The research literature on outcomes focuses largely on racial and ethnic differences in employment (Gooden 2000; Holzer and Stoll 2002; Monnat and Bunyan 2008), people who leave welfare or TANF (Coulton and Verma 1999; Crew et al. 2000; Du et al. 2000; Edin and Harris 1999; Lower-Basch 2000; Savner 2000), and those who return to TANF (Coulton and Verma 1999; Edin and Harris 1999; Loprest 2002).

Unfortunately, we found limited national statistics on those who leave TANF and either find employment after leaving or return to TANF. The literature attempts to estimate these outcomes by focusing on certain geographic locations.²⁰ In a small study of Virginia's TANF program, Gooden (2000) found that 75 percent of whites without a high school degree who participated in the job readiness program were employed full time, compared with 11 percent of similarly situated African American recipients.²¹ A study of four cities (Chicago, Cleveland, Milwaukee, and Los Angeles), found that nonwhite welfare recipients, especially African Americans, are hired less often than white recipients (Holzer and Stoll 2002). Another study found that African American mothers receiving TANF are at a greater risk of being sanctioned because they are less likely than white mothers to be employed and face disadvantages in finding employment (Monnat and Bunyan 2008).²² The literature on TANF outcomes also suggests that African American women are the group most likely to exhaust their time on welfare (Duncan, Mullan Harris, and Boisjoly 2000).

One study that used national data found that African American recipients, because of lower levels of work experience and education, are more likely to cycle back to welfare after having left (Loprest 2002). Another estimated that 29 percent of African American leavers return to welfare within one year, compared with 12 percent of non-Hispanic white leavers. This was true even if African American recipients had more education and work experience and fewer young children (Edin and Harris 1999).

The literature offers several explanations for these disproportionate employment outcomes, including employer discrimination (Gooden 2000; Holzer and Stoll 2002; Lee and Yoon 2012; Monnat 2010; Schram 2005). One study suggests that African American recipients may be less likely to report employment to the TANF office or respond to paperwork requests, which could account for some

²⁰ Some states, like Minnesota, are tracking outcomes for TANF programs to look at racial disparities. See Office of Family Assistance. 2016a. "[OFA Successful Methods of Addressing Ethnic and Racial Disparities in TANF Programs](#)." Transcript of the webinar "Successful Methods of Addressing Ethnic and Racial Disparities in TANF Programs," May 24.

²¹ This study did not include ethnicity. All members of the sample were coded as either African American or white.

²² This study did not include ethnicity. All members of the sample were coded as either African American or white.

outcome differences, though the analysis does not explore or offer an explanation for those differences (Lower-Basch 2000).

Summary

- The literature on racial and ethnic differences in TANF access, services and treatment, and outcomes is extensive, but studies generally do not use the term “disparities.”
- African Americans and Hispanics are disproportionately poor, and some evidence suggests that higher shares of eligible African American and Hispanic families are enrolled in TANF.
- Research points to consistent racial and ethnic differences in services and treatment and outcomes. Generally, African Americans and Hispanics are sanctioned at higher rates than non-Hispanic whites. African Americans have less stable employment than whites, are hired less often, and are more likely to cycle back to TANF.
- TANF operates through caseworker discretion for services like child care, work readiness programs, and education and training. The literature suggests that these services are offered more often to non-Hispanic white recipients than to African American and Hispanic recipients.

Child Support Enforcement

Mission and Goals

The Office of Child Support Enforcement was established in 1975 with the following goals (Solomon-Fears 2014):²³

- Assist state, tribal, and local child support agencies with the goal of strengthening families by securing financial, medical, and emotional support for children from noncustodial parents.²⁴
- Through Title IV-D services, locate noncustodial parents, establish paternity, establish and enforce support orders, modify orders when appropriate, and collect child support payments.

²³ See appendix A.

²⁴ The Office of Child Support Enforcement collects data on Tribal programs, but the authors are not aware of available published studies on Tribal child support programs and outcomes.

- Reduce public expenditure for welfare recipients (i.e., have noncustodial parents reimburse the state and federal government, also called welfare cost-recovery).

The literature on child support enforcement is distinct from the literature on other programs because it describes racial and ethnic differences for both custodial and noncustodial parents. Custodial parents live with and care for their children, whereas noncustodial parents do not have primary custody of their children and, generally speaking, live apart from them. Custodial parents may be mothers or fathers, but the custodial parent is most often the mother. Involvement in the child support program is voluntary for custodial parents, except for some who receive public benefits. The literature mainly discusses TANF's child support cooperation requirements, but the Supplemental Nutrition Assistance Program, Medicaid, the State Children's Health Insurance Program, and CCDF have varying requirements as well (Roberts 2005). Involvement in the child support program is mandatory for noncustodial parents if the custodial parent has a child support case, and there are critical consequences if the noncustodial parent does not pay. We discuss what the literature says about both custodial and noncustodial parents, recognizing that although they may experience the program differently, they are part of the same family, and both sets of experiences and outcomes have important consequences for their children.

The literature on child support enforcement rarely uses the terms "disparity" or "disproportionality." Studies that discuss disproportionality typically refer to the factors that affect a family's experience with child support—namely, that low-income noncustodial fathers are disproportionately African American (Sorensen 1999), African American fathers are disproportionately poor (Threlfall and Kohl 2015), and children raised in custodial families (single-parent families or households that include a custodial parent) are disproportionately poor (Cuesta and Cancian 2015). In general, the literature discusses gaps in payment receipt, racial differences in noncustodial parents' ability to pay child support, differences between chronically unemployed and working-poor noncustodial fathers (Mincy, Jethwani, and Klempin 2014), and the effects of child support enforcement measures on low-income fathers of color.

Underlying Need

Families that need child support include those with a minor child in the home who has a parent living elsewhere.²⁵ Child support agencies help custodial-parent families locate noncustodial parents,

²⁵ Noncustodial parents may also owe past-due child support for adult children.

establish paternity, and set, enforce, and modify orders.²⁶ The Office of Child Support Enforcement's preliminary report for fiscal year 2015 recorded 14.7 million cases in the program, with 1.6 million currently receiving assistance through TANF or foster care. Survey data show that African American children are twice as likely as non-Hispanic white children to live in custodial-parent families (Grall 2013).²⁷

The racial makeup of children and their parents in custodial-parent families is worth considering because both children and their parents are affected by child support enforcement. About 48 percent of African American children, 23 percent of non-Hispanic white children, and 29 percent of Hispanic children live with a custodial parent. Custodial mothers are 45 percent non-Hispanic white, 27 percent African American, and 24 percent Hispanic (Grall 2013). Although reliable national data on the racial makeup of noncustodial fathers are limited, one study estimated that half of all African American men between the ages of 25 and 34 are noncustodial fathers (Holzer, Offner, and Sorensen 2005).

Finally, much of the literature about underlying need indicates that this program has different effects for low-income fathers and that African Americans, who are disproportionately low-income, experience extra burdens in terms of a custodial parent's need for support and the noncustodial parent's ability to pay.

Access

In 2010, there were about 13.6 million custodial families in the United States, and 62 percent of them participated in the child support program. The program is made up of 49 percent non-Hispanic white families, 27 percent African American families, and 29 percent Hispanic families (Lippold and Sorensen 2013).

Recent statistics show that 56 percent of non-Hispanic white custodial parents have child support orders (formal or private), and only 37 percent of African American custodial parents and 43 percent of Hispanic custodial parents have orders (Grall 2013). Historically non-African American custodial families have been twice as likely to have child support orders (Beller and Graham 1986), but African

²⁶ Custodial families can be guardians as well as parents.

²⁷ This report uses data from the Child Support Supplement to the April 2014 Current Population Survey and includes both legal agreements and informal agreements. See Lippold and Sorensen (2013) for discussion of the data.

American order rates have increased. In 2002, child support orders were established for 47 percent of eligible African Americans compared with 31 percent in 1990 (OCSE 2007).

The literature suggests several factors that could explain these differences. One study argues that African American mothers have less incentive to seek an order when the expected order would be small, given lower incomes among African American men (Beller and Graham 1986). Many studies show that African American mothers are also more likely to have never been married, a marital status group that is less likely to have child support orders and more likely to rely on informal support (Beller and Graham 1986; Huang and Pouncy 2005; Nepomnyaschy and Garfinkel 2010; OCSE 2007).

A study using survey data on custodial parents found that reasons for not pursuing child support orders varied by racial group (Huang and Pouncy 2005). It found that nonwhite, young mothers who had never been married were more likely to report only “objective” reasons like “father cannot afford to pay child support,” “paternity not established,” or “unable to locate father,” and white mothers were more likely to report personal reasons like “didn’t want father to pay child support” (Huang and Pouncy 2005). This suggests that barriers to establishing child support orders differ by race. Literature from other fields (namely TANF) suggests that Hispanic parents may not apply for services because of concerns over immigration status (e.g., a family may not seek child support from an undocumented parent because of deportation fears) (Alvira-Hammond and Gennetian 2015). However, research has yet to explore this in relation to access to the child support program.

Services and Treatment

The literature describes racial differences in services and treatment, including paternity establishment, determining the child support order, reviewing and adjusting the order, and determining distribution (i.e., the process that allows a family receiving TANF to get part of their child support order while the rest goes to the state or federal government to offset the cost of welfare). Studies have shown that these aspects of child support enforcement services have significant impacts on low-income fathers, especially African Americans, who are already overrepresented among low-income fathers. Much of the literature draws on contextual information about poverty, unemployment, and incarceration to focus on how child support policies negatively affect African American fathers, even though there is no national data about the racial breakdown of noncustodial fathers and noncustodial fathers who are incarcerated for failure to pay child support. Strikingly, the literature on services and treatment largely describes risks of negative services and treatment, particularly for African American fathers, rather than establishing whether certain racial and ethnic groups do indeed experience more negative services and treatment.

Several reports using data from 2000 show that paternity establishment rates were higher for unmarried non-Hispanic whites (85 percent) than for African Americans (80 percent) and Hispanics (77 percent) (Guzzo 2009; OCSE 2007). These rates are higher than past rates, which averaged 23 percent in the 1980s and 50 percent in the 1990s across all groups (Garfinkel et al. 2003). Paternity establishment matters because child support cannot be enforced without it. In addition, unmarried fathers cannot have visitation and custody rights without legal paternity establishment. Research also shows that fathers who establish paternity are more likely to pay child support and spend more time with their children (Child and Family Research Partnership 2012). Hispanic and Asian American custodial mothers are also more likely than white mothers to report “paternity not established” as the reason for not having a child support order (OCSE 2007). Some states set orders assuming that the noncustodial parent has a full-time, full-year job (Boggess, Price, and Rodriguez 2014; Turetsky 2007).²⁸ Yet African American men are twice as likely as non-Hispanic white men to be unemployed.²⁹ As a result, setting an order based on the presumption of full-time, full-year employment means that African American men are more likely to have support orders set at rates they cannot pay. Further, studies have shown that noncustodial parents are less likely to comply when orders are set at more than 20 percent of their income (Formoso 2003; Huang and Pouncy 2005; Office of Inspector General 2000; Peters 2003).

Noncustodial parents may ask for the support order to be adjusted, but the literature cites important barriers, including costly and time-consuming court hearings, that may prevent such adjustments (Sorensen and Lerman 1998). Some evaluations show that few orders have been adjusted, even when noncustodial parents experience large changes in income (Ha, Cancian, and Meyer 2010; Livingston and Turetsky 2007; Waller and Plotnick 2001). And until recently, many states considered incarceration “voluntary unemployment,” meaning that parents could not receive reduced orders while incarcerated.³⁰ In 2012, 14 states did not allow reductions to child support orders for incarcerated parents (OCSE 2012a). Studies find that African American noncustodial fathers have particularly low rates of adjustments to their support orders (Ha, Cancian, and Meyer 2010).

²⁸ Tribal child support agencies may allow culturally in-kind payments like firewood, home repairs, salmon or deer meat, and so on. See 10 Frequently Asked Questions for “Tribal Cases” at <http://www.acf.hhs.gov/css/faq/search?topic=6067&full=true>.

²⁹ “Unemployment Rates by Age, Sex, Race, and Hispanic or Latino Ethnicity (percent),” Bureau of Labor Statistics, last updated April 7, 2017, https://www.bls.gov/web/empsit/cpsee_e16.htm.

³⁰ States can no longer treat incarceration as “voluntary unemployment” because of changes that the Office of Child Support Enforcement made to federal regulations. See <https://www.acf.hhs.gov/css/resource/child-support-final-rule-fact-sheets>.

The literature also discusses distribution policies, which vary by state. In 2016, 24 states and Washington, DC, had distribution policies, and 26 states did not.³¹ Most states allow up to \$50 a month to be passed through, but some states allow up to \$200 if there are multiple children in the family (Huber et al 2015). Some studies argue that there are few incentives for low-income noncustodial fathers to work in the formal economy because states can withhold up to 65 percent of their net income from wages—and if the family is receiving TANF, little of that money may be distributed to their children (Holzer, Offner, and Sorensen 2005). The distribution of child support benefits to TANF families was intended to serve as an incentive for custodial parents to establish child support orders and for noncustodial parents to pay (Sorensen and Hill 2004; Wheaton and Sorensen 2007). Some literature suggests that in states that allow the distribution of more benefits, it may serve as an incentive to pay more child support more consistently (Cancian and Meyer 2007; Lippold, Nichols, and Sorensen 2010; Sorensen and Hill 2004).

Outcomes

The research literature on child support enforcement outcomes focuses largely on racial and ethnic differences in payment and receipt of child support (Grall 2013; Holzer, Offner, and Sorensen 2005; Mincy and Nepomnyaschy 2005; Mincy and Sorensen 1998), the accrual of debt from child support (Boggess, Price, and Rodriguez 2014; Miller and Mincy 2012; Sorensen et al. 2003; Sorensen, Sousa, and Schaner 2007), incarceration for failure to pay children support (OCSE 2012b; Sorensen et al. 2003; Turetsky 2007), and overall family stability and child well-being (Boggess, Price, and Rodriguez 2014; Nepomnyaschy 2007).

The literature identifies differential rates of child support receipt from noncustodial parents. In 2013, two-thirds of custodial parents who were due child support received full or partial payments from noncustodial parents. Only 33.7 percent of African American parents with child support orders received full payments, compared with 51.3 percent of non-Hispanic white parents (Grall 2013).³² Receipt of child support has important implications for reducing child poverty in single-mother households (Argys et al. 1998; Sorensen and Hill 2004). Child support accounts for 70 percent of

³¹ Child Support Pass-Through and Disregard Policies for Public Assistance Recipients," National Conference of State Legislatures, September 21, 2016, <http://www.ncsl.org/research/human-services/state-policy-pass-through-disregard-child-support.aspx>.

³² For more information on compliance rates by race, see OCSE (2007).

custodial parents' income in families with incomes below the federal poverty level who receive the order amount in full (Grall 2013).

Recognizing the racial differences in child support receipt (and the impact on children), much of the literature focuses on noncustodial parents and their ability to pay. This literature discusses the capacity of low-income noncustodial fathers to comply with their child support orders and how child support enforcement policies may disproportionately affect low-income fathers of color.

Inability to pay orders and subsequent child support debt are common problems. These payments, often to the most disadvantaged mothers (i.e., those receiving public assistance, never married, and with little education), are the most sensitive to and most affected by economic downturns (Mincy, Miller, and De La Cruz Toledo 2016).

The literature finds that enforcement methods such as withholding income (up to 65 percent of net earnings), intercepting tax returns, suspending driver's and professional or occupational licenses, incarceration, allowing debt to accrue at interest rates up to 12 percent, and not allowing debt to be discharged in bankruptcy all threaten low-income fathers, disproportionately African American and Hispanic, with financial insecurity. These methods bar them from saving, accumulating assets, and pursuing better employment (Boggess, Price, and Rodriguez 2014; Levingston and Turetsky 2007; Threlfall, Seay, and Kohl 2013).

Studies have also found that the poorest noncustodial parents owe the most debt. Parents with low or no income owe the most child support (Brito 2012; Sorensen et al. 2003), and in some studies, those with less than \$10,000 in earnings were found to owe 70 percent of all child support arrears (Sorensen, Sousa, and Schaner 2007). One study in California found that 70 percent of child support debt is owed to the government as reimbursement for welfare receipt and not to families (Sorensen et al. 2003). However, the Office of Child Support Enforcement's preliminary report for 2015 shows that about 24 percent of child support debt is owed to the government (OCSE 2016).³³ The literature discusses noncustodial parents who are incarcerated for not paying their child support orders, focusing on low-income African American men who are disproportionately represented in the incarcerated population (Bonczar 2003). However, there is no breakdown by race because there is no national data on how many parents are incarcerated for not paying child support. One unpublished survey in 2005 estimated

³³ "FY 2015 Preliminary Data Report: DCL-16-07," US Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement, April 18, 2016, <https://www.acf.hhs.gov/css/resource/fy-2015-preliminary-data-report>.

that one in eight inmates in South Carolina was there for failure to pay child support.³⁴ Other studies have found that almost 50 percent of incarcerated parents have open child support cases (Turetsky 2007), and a study in Maryland found that 16 percent of child support cases involved a parent who was or had been incarcerated (Ovwigho et al. 2005).

Studies show that incarcerated parents owe large amounts of child support debt and accrue substantial debt while incarcerated (Sorensen et al. 2003; Turetsky 2007). Much of the literature finds that incarceration affects parents' ability to pay child support and to provide for themselves and their families. Some literature suggests that for fathers with criminal records, unrealistic child support orders may be an incentive to find informal work (Boggess, Price, and Rodriguez 2014; Turetsky 2007), as payroll deductions are the most common way to collect child support. Other studies have found that previous incarceration and child support account for most declines in labor force activity among young African American men, with child support enforcement specifically limiting activity among men between the ages of 25 and 34 (Holzer, Offner, and Sorensen 2004). In addition, fathers with high arrears relative to their income are more likely to work fewer weeks in the formal economy (Miller and Mincy 2012).

Summary

- The literature on child support enforcement rarely uses the terms “disparity” or “disproportionality.” In general, the literature discusses racial gaps in receipt of payment, racial differences in the ability of noncustodial parents to pay child support, and the effects of child support enforcement measures on low-income fathers of color.
- Custodial parents are disproportionately African American and Hispanic, so higher shares of African American and Hispanic custodial parents are eligible for child support.
- Much of the literature examines how the program has different effects on low-income fathers. Research finds that African Americans, who are disproportionately low-income, experience extra burdens in terms of a custodial parent’s need for support and the noncustodial parent’s ability to pay.

³⁴ Turner v. Rogers, 564 U.S. 431 (2011).

https://www.americanbar.org/content/dam/aba/publishing/preview/publiced_preview_briefs_pdfs_2010_2011_10_10_PetitionerAmCuEPattersonandtheSCAppleseed.authcheckdam.pdf.

Child Care and Development Fund

Mission and Goals

The Child Care and Development Fund was created in 1990 by the Child Care and Development Block Grant Act to provide child care subsidies to low-income families so that parents can work or participate in education or training activities.³⁵ The mission is also to improve the supply and quality of child care more generally.

- The 1996 Personal Responsibility and Work Opportunity Reconciliation Act established five additional goals for the program:
 - » Allow states maximum flexibility in developing their child care programs.
 - » Promote parental choice.
 - » Encourage states to provide consumer education information to parents.
 - » Help states provide child care to parents trying to become independent of public assistance.
 - » Help states implement health, safety, licensing, training, and registration standards established in state regulations.

- The Child Care and Development Block Grant Act of 2014 further modified the program's purposes to include
 - » promoting involvement by parents and family members in the development of their children in child care settings;
 - » delivering high-quality, coordinated early childhood care and education services to maximize parents' options;
 - » improving the overall quality of child care services by implementing health, safety, licensing, training, and oversight standards;
 - » improving child care and development of participating children; and
 - » increasing the number and percentage of low-income children in high-quality child care settings.

The research literature on child care subsidies addresses barriers to access, factors shaping decisions about child care, subsidy knowledge and use, subsidy duration, patterns of child care

³⁵ See Lynch (2014) and the Child Care and Development Block Grant Act of 2014.

arrangements using subsidies, quality of child care accessed on subsidies, and child and family outcomes of subsidy use (Blau and Tekin 2007; Capizzano, Adams, and Ost 2006; Ehrle, Tout, and Adams 2001; Forry, Daneri, and Howarth 2013; Fram and Kim 2008; GAO 2016; Ha 2009; Henly, Ananat, and Danziger 2006; Herbst and Tekin 2010; Laughlin 2013; Liang, Fuller, and Singer 2000; Schmit and Walker 2016; Shlay, Weinraub, and Harmon 2007; Weber 2011; Weinraub et al. 2005). Generally, authors have not used the term “disparity” but instead describe racial “differences,” as in Herbst (2008). Below, we summarize research related to key aspects of our conceptual framework.

Underlying Need

The purpose of CCDF is to provide child care assistance to low-income families so that parents can work and pursue education.³⁶ For these low-income families, child care can be prohibitively expensive. At the federal level, income eligibility is capped at 85 percent of the state median income, though states can set their own income eligibility limit below that level. The median income eligibility limit set by states in 2014 was 175 percent of the federal poverty level (Schmit and Walker 2016). In 2014, about 1.4 million children received child care subsidies funded through CCDF in an average month (Schmit and Walker 2016). The most recent estimates on underlying eligibility for child care subsidies issued by the HHS Office of the Assistant Secretary for Planning and Evaluation used data from the Urban Institute’s TRIM3 microsimulation model but did not break down the eligible population by race (Office of the Assistant Secretary for Planning and Evaluation 2015). Other researchers have simulated eligibility by race for child care subsidies using state eligibility guidelines and found that 39.6 percent of eligible mothers are white, 27.2 percent are African American, 28.1 percent are Hispanic, and 5.0 percent are Asian American (Johnson, Martin, and Brooks-Gunn 2011). One report details how researchers can use publicly available survey data to determine eligibility, including by race and ethnicity (Zanoni et al. 2009).

Access

PROGRAM PARTICIPATION

Controlling for characteristics such as age, education, and family size, most studies have found that African Americans are more likely than other racial groups to receive child care subsidies (Blau and

³⁶ See Forry, Daneri, and Howarth (2013) for an extensive literature review on child care subsidies, including usage rates, characteristics of subsidy recipients, associations with high-quality care, and outcomes associated with subsidy use.

Tekin 2007; Forry, Daneri, and Howarth 2013; Ha 2009; Herbst 2008; Shlay, Weinraub, and Harmon 2007, 2010). Some research also shows that Hispanic families use child care subsidies at slightly higher rates than non-Hispanic families (Blau and Tekin 2007). In contrast, a recent Government Accountability Office report (GAO 2016) found that African Americans are overrepresented among subsidy recipients (25 percent of the eligible population compared with 41 percent of subsidy recipients), and Hispanics are underrepresented (35 percent of the eligible population compared with 20 percent of subsidy recipients), as were whites (31 percent of the eligible population compared with 29 percent of subsidy recipients). A recent research brief published by the National Research Center on Hispanic Children and Families found that 83 percent of low-income Hispanic children are enrolled in publicly funded early childhood education programs (López et al. 2017). The brief also noted that although Hispanic children participate in early childhood education programs at slightly lower rates than their non-Hispanic peers, controlling for other characteristics besides ethnicity, Hispanic children were more likely to attend these programs (López et al. 2017). Further, López and colleagues (2017) found that Hispanic ethnicity contributed to a lower probability of participation in CCDF-subsidized care.

Broadly, few other studies have looked at the racial makeup of children served by child care subsidies through CCDF. Schmit and Walker (2016) use the frame of “disparate” access to compare differential access by race. Notably, this study excludes the “white” racial category, noting that administrative data tables detailing CCDF participation rates report race and ethnicity separately, which prevented the authors from distinguishing Hispanic white children from non-Hispanic white children. Instead, the study focuses only on African American, Hispanic, Asian American, and American Indian and Alaska Native populations. Despite this major limitation, the findings are still important, and show that African Americans have the highest percentage of eligible children served (21 percent). Nationally, CCDF serves 13 percent of all eligible children, but this varies considerably by state. For example, among eligible African American children, Maine serves just 3 percent and Pennsylvania serves 42 percent.

CHILD CARE ACCESS

Families who receive subsidies are more likely to have greater access to child care that is more affordable and of higher quality than eligible families with similar characteristics not receiving subsidies (Marshall et al. 2013). The National Survey of Early Care and Education Project Team (2016) examined the geographic availability of early care and education using nationally representative survey data and found that African American and Hispanic households have significantly higher percentages (83 and 77 percent, respectively) of centers in their communities with full-time care options compared with non-

Hispanic white households (72 percent). The report also found that 74 percent of providers near non-Hispanic white households charge tuition and fees, which is significantly higher than the 64 percent of centers near Hispanic households that do so. Finally, the authors note that African American households (65 percent), on average, have a higher proportion of centers in their communities serving children under age 3 than non-Hispanic white (60 percent) and Hispanic (57 percent) households.

CHILD CARE DECISIONMAKING

Families using subsidized child care are more likely to use formal child care arrangements, such as center-based care (Henly, Ananat, and Danziger 2006; Ryan et al. 2011; Weinraub et al. 2005), and those not receiving child care subsidies are more likely to use relative care. These studies, however, did not examine differential patterns of child care arrangement (or provider) selection by race among subsidy users. The National Survey of Early Care and Education Project Team (2014) drew on nationally representative survey data to examine elements in the child care decisionmaking process, describing parents' perceptions of available early care and education arrangements, their search process, and factors leading to changes in care arrangements. The report found that African American households rated center-based care higher than Hispanic and non-Hispanic white households, and non-Hispanic white households rated relative or friend care higher than African American and Hispanic households.

More generally, fairly extensive research documents differences in child care arrangements by race. Weber (2011), for example, provides a strong overview of the various factors shaping child care decisionmaking. However, Weber notes that attributing observed differences between racial and ethnic groups in child care usage solely to race and ethnicity must be done with caution, as these differences may be linked to other barriers, such as income or lack of information. Indeed, preferences, costs, and many other determining factors influence choices around child care. Similarly, Ehrle, Tout, and Adams (2001, 6) note that “racial and ethnic backgrounds are also closely associated with other differences—family structure and composition, employment patterns, language and cultural patterns, income differences and so forth—all of which may play a role in how different racial and ethnic groups make decisions about child care.”

CHILD CARE SELECTION

Although we see a greater propensity for families using subsidies to access center-based child care, we also see patterns of child care arrangements that vary by race. Laughlin (2013) uses data from the Study of Income and Program Participation to find that Hispanic families are more likely to use relative care than non-Hispanic white and African American families, and African American families are the most likely to use center-based care. Several authors using various datasets echo these findings (Capizzano,

Adams, and Ost 2006; Ehrle, Tout, and Adams 2001; Fram and Kim 2008; Liang, Fuller, and Singer 2000). Hispanic families also start their children in care at a later age than families in other racial and ethnic groups, though this relationship is mediated by socioeconomic characteristics (Fram and Kim 2008). Thus, the authors suggest that “the observed cultural differences in child care participation are partially a proxy for differences in maternal labor force participation and the educational and economic factors that influence [the] mother’s choices between work and child care-giving” (Fram and Kim 2008, 586). In other words, Hispanic mothers are more likely to remain out of the paid labor force while their children are young, reducing the need for child care arrangements. Research has also shown differences in the number of hours of care by race. Ehrle, Tout, and Adams (2001) show that more than half of all African American infants and toddlers are in full-time care, compared with just over one-third of non-Hispanic white and Hispanic children. However, this is not specific to families receiving child care subsidies.

FAMILY, ECONOMIC, AND OTHER INFLUENCES

Weber (2011) describes other important issues that can shape child care patterns, including income, family structure, work schedule, and residence (e.g., urban or rural). For example, income can be a major barrier to accessing child care, though financial assistance can help alleviate this burden (Weber 2011). Family structure is also a critical factor, and Liang, Fuller, and Singer (2000) found that family structure—most notably the number of adults in the household and whether it is a two-parent household—accounts for much of the difference in child care selection between non-Hispanic white, African American, and Hispanic families. Parents who work evenings or night shifts can have trouble finding child care and are more likely to use multiple arrangements (Enchautegui, Johnson, and Gelatt 2015; Greenberg, Adams, and Michie 2016). Nonstandard hours can make securing formal child care, such as center-based care, difficult, and relative care might accommodate these types of work situations better. Presser and Ward (2011) have documented that Hispanics and African Americans over the age of 18 are the most likely to work nonstandard schedules, especially early morning and nighttime schedules, highlighting the increased difficulty they have securing formal child care. Specifically, Crosby and Mendez (2016) found that approximately two-thirds of low-income Hispanic children in early care and education have care schedules with nonstandard hours.

Earlier work on this issue did not focus on other constraints affecting child care choice and often conflated usage patterns with preferences. For example, researchers like Uttal (1997) and Fuller, Holloway, and Liang (1996) found that white and nonwhite families have different preferences and concerns when considering where to send their children. Brayfield and Hofferth (1995) argue that African American mothers have different values concerning caregiving and kin support. However,

similar to Weber (2011), Meyers and Jordan (2006) describe child care decisions as a series of “accommodations” to various structures and constraints in families’ lives; several authors echo this (Brandon 2004). Others find that although there are racial and ethnic variations in the distribution of children in child care, socioeconomic constraints rather than preference likely dictate this “choice” (Radey and Brewster 2007). Specifically, mothers’ socioeconomic status, employment, household structure, and cultural characteristics constrain their choices.

There are important regional considerations with respect to child care access. Patterns of child care selection that seem to be linked to race may stem from the availability of child care that varies along with region and a neighborhood’s ethnic composition (Fuller, Holloway, and Liang 1996). For example, states vary in the strictness of their licensing regulations. States with less stringent standards are more likely to have more affordable child care, meaning that more low-income families can enroll but also that the care is likely to be of lower quality (Guzman et al. 2009). Given the correlation between race, ethnicity, and income, this has implications for both access to and quality of child care. Although states are able to set their own eligibility rules, subsidy amounts, and regulations on types of care, research has not yet studied the influence these variations have on access for different racial and ethnic groups.

Services and Treatment

The research literature on services and treatment in child care subsidy programs focuses largely on racial and ethnic differences in number of subsidy receipt spells (Ha 2009; Ha, Magnuson, and Ybarra 2012), duration of subsidy receipt (Ha 2009; Ros, Claessens, and Henly 2012), subsidy exit (Grobe, Weber, and Davis 2008), and stability of child care (Ha, Magnuson, and Ybarra 2012). African American mothers have more spells of subsidy receipt and more cumulative months of subsidy receipt than mothers in other racial groups (Ha 2009; Ha, Magnuson, and Ybarra 2012; Ros, Claessens, and Henry 2012). They are also more likely to experience greater instability in their child care arrangements, meaning they are more likely to use a greater number of subsidized child care providers (Ha et al. 2012). Being Hispanic is associated with a higher probability of exit from subsidies relative to white families (Grobe, Weber, and Davis 2008). This work, however, has offered very little explanation as to why these differences in service experience exist. Importantly, access to and delivery of CCDF services partly occur at the local level with agencies (e.g., child care resource and referral agencies and government

entities) that process applications and payments for child care subsidies. The literature has yet to explore whether these agencies treat applicants differently based on race or ethnicity.³⁷

The literature on the quality of subsidized child care does not examine differences by race and ethnicity. Given the dearth of work concerning racial and ethnic differences, we reviewed more general studies on the quality of child care associated with subsidy receipt. Broadly, families using child care subsidies are more likely to choose center-based care, and center-based care is associated with higher-quality care (Ryan et al. 2011). Marshall and colleagues (2013) found that families who receive subsidies are more likely to have greater access to more affordable and higher-quality child care.

A study that looked at child care among low-income African American families found that families receiving subsidies are more likely to use licensed and registered child care arrangements (Weinraub et al. 2005). Because the authors restricted their sample, they were unable to compare their findings across other racial and ethnic groups. However, they found no significant differences in quality between child care providers who accept subsidies and those who do not (Weinraub et al. 2005). In contrast, some studies have shown that programs that do not serve children who receive subsidies are rated as having higher overall quality (Jones-Branch et al. 2004).

Outcomes

There is no easily identified research on outcomes associated with receipt of child care subsidies that focuses specifically on racial and ethnic differences. One of the few studies to examine differential impacts of CCDF on mothers' employment by race (treating race as a covariate in a multivariate model) found no significant differences (Zanoni and Weinberger 2015). Similar to the literature on the quality of care associated with subsidies, we reviewed the literature on outcomes associated with child care subsidy receipt more broadly for explanatory purposes. Researchers have examined outcomes associated with school readiness (Johnson, Martin, and Brooks-Gunn 2013), child well-being and development (Brooks 2002; Herbst and Tekin 2010), and maternal employment and earnings (Blau and Tekin 2007; Ha 2009), but they have not analyzed differences between racial and ethnic groups. Perhaps counter to what some might expect, some studies have found that families receiving child care subsidies had poorer child development outcomes (Hawkinson et al. 2013; Herbst and Tekin 2010) but higher rates of maternal employment (Blau and Tekin 2007) and increases in mothers' earnings (Ha

³⁷ For more information on child care resource and referral agencies, see an overview written by Child Care Resources, Inc., at <http://www.childcareresourcesinc.org/about-ccri/what-is-ccrr/>.

2009). Studies have not found evidence that subsidy receipt in preschool is linked to increased school readiness (Brooks 2002; Johnson, Martin, and Brooks-Gunn 2013). Among low-income African American children, Connell and Prinz (2002) find that early entry into child care predicted higher levels of social skills.

Given the lack of focus on differential outcomes by race and ethnicity, the literature cannot conclude whether disparities exist in child care subsidy receipt outcomes.

Summary

- The research literature examines racial and ethnic differences in access to child care subsidies, subsidy knowledge and use, subsidy duration, and patterns of child care arrangements using subsidies. The research generally does not use the term “disparities” or, more importantly, examine whether some racial and ethnic groups systematically fare worse after accounting for differences in need, eligibility, and services and treatment.
- Controlling for characteristics such as age, education, and family size, most studies have found that African Americans are more likely to receive child care subsidies than other racial groups. The research on Hispanic participation in child care subsidies is mixed: some research shows that Hispanic families use child care subsidies at lower rates than non-Hispanic families, but other studies indicate Hispanic families may use child care subsidies at slightly higher rates.
- African Americans tend to have more spells and more cumulative months of subsidy receipt than other racial groups. They are also more likely to experience greater instability in their child care arrangements.
- There is no easily identified research on racial and ethnic differences in outcomes associated with receiving child care subsidies.

Head Start

Mission and Goals

Head Start and Early Head Start, created in 1965 and 1995 respectively, are programs that provide comprehensive early childhood development services to young children from low-income families and

promote school readiness for young children from low-income families.³⁸ Additionally, two targeted programs, Migrant and Seasonal Head Start and American Indian and Alaska Native Head Start, seek to meet the needs of families within these specific populations and communities.

The research literature on Head Start addresses several topics related to racial and ethnic differences, including access and enrollment, quality of Head Start centers, and the impact of Head Start on school readiness (Barnett and Hustedt 2005; Barnett, Carolan, and Johns 2013; Currie and Thomas 1996; Currie and Thomas 1999; Hofferth 1994; Joshi et al. 2014; Laughlin 2013; Puma et al. 2010; Schmit and Walker 2016; Schnur, Brooks-Gunn, and Shipman 1992). Generally, authors do not use the term “disparity” and instead describe racial “differences” (Puma et al. 2010) or “gaps” (Magnuson and Waldfogel 2005). Below, we summarize research related to important aspects of our conceptual framework.

Underlying Need

The underlying need for Head Start centers around two main issues: program eligibility and rates of school readiness. Racial and ethnic differences exist in both of these areas. First, children are eligible for Head Start if their family income is below 100 percent of the federal poverty level. There are additional categorical eligibility criteria, including if families are homeless, in the foster care system, or receiving public assistance like TANF or Supplemental Security Income (Gish 2008; Schmit and Walker 2016). Given the disproportionate shares of African American and Hispanic families living in poverty, experiencing homelessness, and accessing public assistance programs, their children (according to eligibility guidelines) have a disproportionate need for Head Start compared with white children.

This is accentuated by the stark racial and ethnic gaps in school readiness. African American, Hispanic, and American Indian and Alaska Native children have lower reading, math, and vocabulary proficiency than white and some populations of Asian American children when entering kindergarten (Sadowski 2006). These gaps persist even after school entry. Diversity Data Kids (2016) highlights that children of color score lower on national assessments at grade four and have lower high school graduation rates.

³⁸ See Gish (2008).

Access

In 2015, Head Start had about 1.1 million enrolled participants, including children age 5 and under and pregnant women (Office of Head Start 2017). Among enrollees, 43 percent are white, 29 percent are African American, 10 percent are biracial or multiracial, 4 percent are American Indian and Alaska Native, 2 percent are Asian American, and 0.9 percent are Native Hawaiian or Other Pacific Islander. These racial categories include both Hispanic and non-Hispanic participants. Comparing the ethnic breakdown of Head Start participants, 38 percent are Hispanic and 62 percent are non-Hispanic.

Nationally, African Americans have the highest percentage of eligible children enrolled in Head Start, and white and Asian American children have the lowest percentages (Joshi et al. 2014; O'Connor 1998; Schmit and Walker 2016). In a recent research brief focusing on publicly funded education programs in Chicago, López and colleagues (2017) found that when controlling for characteristics besides Hispanic ethnicity, low-income Hispanic children had a higher probability of participating in Head Start than their non-Hispanic peers.

Enrollment patterns by race vary geographically: For example, income-eligible white children in Illinois do not participate to the same degree as similar children in Rhode Island (Diversity Data Kids 2016). Among income-eligible African American children, 83 percent are enrolled in Head Start in Washington, DC, compared with 28 percent in Arizona.

Researchers note that a higher number of African American children enrolled in Head Start compared with white children may initially appear to be a disparity, but posit that this overenrollment may help close racial and ethnic gaps in school readiness or address underlying needs (Magnuson and Waldfogel 2005). In discussing potential solutions to racial and ethnic gaps in school readiness, researchers note that preschool experiences like Head Start might help narrow the school readiness gaps if substantially more African American and Hispanic children enroll and if programs improve in quality. Thus, greater or perhaps disproportionate representation compared with the general population does not automatically translate into a disparity, given the underlying need. On the contrary, disproportionate enrollment can actually work to combat disparities present elsewhere in society. That said, enrollment in or access to Head Start alone may not be an adequate measure of whether disparities exist within the program. We must understand the service experience once enrolled.

Services and Treatment

Research exploring racial and ethnic differences in Head Start services is limited. However, some researchers have examined the quality of Head Start centers, as measured by the Early Childhood Environment Rating Scale and the Family Day Care Rating Scale (Barnett, Carolan, and Johns 2013; Hillemeier et al. 2013). They found that African American children are more likely to be enrolled in medium- or low-quality Head Start centers, while white or Hispanic children are more likely to be in high-quality programs (Barnett, Carolan, and Johns 2013). Hillemeier and colleagues (2013) found that the quality of child care in Head Start was higher for Hispanics and whites and lowest for African Americans (as rated by a quality score) in both Head Start and non-Head Start settings. Additionally, one study examined the experiences of Asian American students in Head Start and found that staff may overlook their need for special education because language barriers and high levels of obedience mask disabilities (Hwa-Froelich and Westby 2003).

As noted above, the higher enrollment of African Americans and Hispanics in Head Start may be a proportionate response to the underlying needs of those populations, given the school readiness gaps between white children and children of color. However, Magnuson and Waldfogel (2005) also hypothesize that if Head Start programs serving African American children are of lower quality, as measured by the Early Childhood Environment Rating Scale and the Family Day Care Rating Scale (Barnett, Carolan, and Johns 2013; Hillemeier et al. 2013), then gaps in school readiness may not be reduced, potentially pointing to a disparity in services and treatment.

Outcomes

Research on Head Start outcomes focuses largely on racial and ethnic differences in school readiness, as measured by changes in test scores (Currie and Thomas 1996, 1999), grade repetition (Currie and Thomas 1999), verbal skills (Lee et al. 1990), cognitive and social-emotional gains (Puma et al. 2010), and the extent to which gains last over time (Currie and Thomas 1996; Lee and Loeb 1995). Overall, research has shown that Head Start can help close much of the gaps in test scores and grade repetition between whites and children of color (Currie and Thomas 1996, 1999). However, although Head Start does positively affect the educational attainment of African American children, Currie and Thomas (1996) find that these gains fade over time. Lee and Loeb (1995) posit that educational gains may fade over time because of the low-quality middle schools that many former Head Start participants attend. Specifically, among all students (both those who attended Head Start and those who did not), African

American and Hispanic students were more likely to attend schools that were less safe and had fewer resources, lower achievement, and a poorer academic climate (Lee and Loeb 1995).

Although there is not a great deal of recent literature on the topic, some studies have addressed outcomes beyond school readiness, including language acquisition (Kreisman 2012) and parent training outcomes (Reid, Webster-Stratton, and Beauchaine 2001). Kreisman (2012) found that interactions between race and maternal education, as well as race and home language environment, play a significant role in language learning trajectories for young white and African American children, with white children showing greater gains than African Americans (Kreisman 2012). Specifically, African American children with mothers who had some postsecondary education performed better at baseline than their white peers with similar maternal education levels, but white children in this group showed greater language growth over time. Additionally, an increase of one standard deviation in home language environment resulted in greater increases for white children than their African American peers. Kreisman (2012) offers several potential explanations, including measurement error, test bias, and differences in socioeconomic status, maternal education, and home language environment. In the study of parent training outcomes, Reid, Webster-Stratton, and Beauchaine (2001) found no significant differences by race or ethnicity. This is important in the context of Head Start, which emphasizes parent and family engagement.

More recent studies, such as the Head Start Impact Study, have shown that African American children experienced greater social-emotional gains than their non-Hispanic white and Hispanic peers, including reduced inattentiveness; fewer problems with structured learning, peer interactions and teacher interactions; and better relationships with teachers (Puma et al. 2010). However, most of these positive effects lasted only until the end of kindergarten.

With the exception of the Head Start Impact Study, limited research has examined the direct impact of Head Start participation on closing school readiness gaps between African American and white students. Magnuson and Waldfogel (2005) consider the potential impact on school readiness of increasing the enrollment of African American and Hispanic children in early education and increasing the quality of the programs they attend. In simulated statistical models, they found that boosting the enrollment of African American and Hispanic children beyond the enrollment of white children would help close racial and ethnic gaps in school readiness. They also noted that large increases in the quality of Head Start centers would have modest impacts on the readiness gap between African American and white children (a 4–10 percent reduction). Finally, the authors examined the effect of simultaneously increasing both enrollment and quality and found that increased enrollment of low-income children in

high-quality care would close the gap between whites and African Americans by up to 24 percent and the gap between whites and Hispanics by up to 36 percent (Magnuson and Waldfogel 2005).

Summary

- The literature on Head Start examines racial and ethnic differences in access and enrollment, the quality of Head Start centers, and the impact of Head Start on school readiness. Researchers generally do not use the term “disparities,” but they discuss “differences” or “gaps.”
- Disproportionate shares of African American and Hispanic families are eligible for Head Start compared with white children.
- Eligible African Americans, Hispanics, and American Indians and Alaska Natives enroll in Head Start at higher rates than eligible white and Asian American families.
- Research exploring racial and ethnic differences in services and treatment in Head Start is limited, but some studies find that African American children are more likely to be enrolled in medium- or low-quality Head Start centers compared with white or Hispanic children.
- Recent studies have shown that African American children experience more social-emotional gains than their Hispanic and non-Hispanic white peers in attentiveness, parent and peer interaction, and relationships with teachers. Most of the differences only lasted until the end of kindergarten.

Family and Youth Services Bureau Programs

The Family and Youth Services Bureau (FYSB) within the US Department of Health and Human Services’ Administration for Children and Families provides services in the areas of youth homelessness, adolescent pregnancy prevention, and domestic violence. Services that address youth homelessness are offered by the Runaway and Homeless Youth (RHY) program, which serves youth through the Basic Center Program, the Transitional Living Program, Maternity Group Homes for Pregnant and Parenting Youth, the Street Outreach Program, and the National Runaway Safeline. Services to prevent adolescent pregnancy are provided through FYSB’s Adolescent Pregnancy Prevention (APP) program, which consists of the Personal Responsibility Education Program (PREP), the Title V State Abstinence Education Grant Program (AEGP), and the Sexual Risk Avoidance

Education Program (SRAE). These grant programs help states, tribal governments, and communities in provide comprehensive sex education, abstinence education, and adulthood preparation programs. Domestic violence services are overseen by FYSB's Family Violence Prevention and Services Program, which funds programs that assist victims of domestic violence and their children, providing both shelter and supportive services.

This review focuses on research pertaining to racial and ethnic disparities in RHY, specifically the Basic Center Program and Transitional Living Program and APP programs. Although several other FYSB programs are worth investigating in the future, including Family Violence Prevention and Services, Maternity Group Homes, and the Street Outreach Program, we have not done so here because of insufficient data for these programs, including limited data on the race and ethnicity of recipients.

Both RHY and APP programs are delivered through grantees that receive federal funds.³⁹ One challenge that we encountered when reviewing the literature is that scholars often do not specify the funding mechanism for the programs being studied. For example, a study may examine outcomes of youth in shelters by race and ethnicity, but it is often difficult to determine whether that shelter is privately funded or whether it receives funding through the RHY program. As a result, it is often not possible to link findings back to the program and funding levers over which ACF may exert some control. In this review, we include all topically relevant studies, recognizing that not all programs discussed are necessarily funded by FYSB. Additionally, although there is a fair amount of literature on FYSB programs focused on the causes, consequences, and experiences of youth homelessness and the demographics and determinants of teen pregnancy that may be relevant to determining underlying need, there is less literature on specific program experiences and outcomes.

Adolescent Pregnancy Prevention

MISSION AND GOALS

The federal response to adolescent pregnancy prevention in the US has evolved through different programs over the last several decades.⁴⁰ The Adolescent Family Life (AFL) program, established in 1981 through Title XX of the Public Health Service Act, was the first federal program to specifically address adolescent pregnancy prevention, and was funded through the 2011 fiscal year. The Title V

³⁹ APP programs award grants to state, tribal, and local agencies. RHY programs award grants to community-based public and private agencies.

⁴⁰ See Solomon-Fears (2016) and FYSB (2016).

Abstinence Education Program is a formula grant program, created through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, specifically designated for abstinence-only education. The Teen Pregnancy Program (TPP) was created through the Consolidated Appropriations Act in 2010. Also in 2010, Title V of the Social Security Act was amended to include the Personal Responsibility Education Program (PREP), which educates adolescents on both abstinence and contraception. The Sexual Risk Avoidance Education Program is funded under the Consolidated Appropriations Act in 2016 and also provides abstinence education.

FYSB-funded adolescent pregnancy prevention programs have several goals:

- The Family and Youth Services Bureau works to prevent pregnancy and the spread of sexually transmitted diseases among adolescents by supporting state, tribal, and community efforts to promote abstinence and contraceptive education.
 - » The Title V State Abstinence Education Grant Program (AEGP) funds states and territories to provide abstinence education and, in some cases, mentoring, counseling, and adult supervision to promote abstinence from sexual activity.
 - » The Sexual Risk Avoidance Education Program (SRAE) funds sexual risk avoidance education projects that teach participants how to voluntarily refrain from sexual activity outside of marriage, as well as the benefits of self-regulation, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors.
 - » The Personal Responsibility Education Program (PREP) helps reduce teen pregnancies, sexually transmitted infections, and associated risk behaviors. PREP targets vulnerable populations, including youth living in areas with high teen birth rates, youth in foster care, racial and ethnic minority youth, LGBTQ youth, and parenting or pregnant teens.

This review focuses on PREP, a program created to provide comprehensive sex education, abstinence education, and adulthood preparation programs through grants to states, tribal governments, and communities. This includes state PREP, tribal PREP, and competitive PREP, which require replication of or incorporation of substantial elements of evidence-based programs, and the Personal Responsibility Education Innovative Strategies Program, which supports research and demonstration projects that implement innovative strategies. We also examine two FYSB programs focused on abstinence education: the Title V State Abstinence Education Grants (AEGP) and the Sexual Risk Avoidance Program (SRAE). AEGP grantees use evidence-based approaches to promote abstinence, primarily by strengthening beliefs about abstinence, helping participants negotiate abstinence and resist peer pressure, and educating youth about HIV/AIDS and other sexually

transmitted infections. SRAE grantees also use evidence-based approaches to educate youth on avoiding risks that could lead to non-marital sexual activity, implemented using the Positive Youth Development framework.

PREP and the Teen Pregnancy Prevention (TPP) program both draw on evidence-based pregnancy prevention curricula and serve similar populations with similar missions. Although the focus of this report is on racial and ethnic disparities in ACF programs like PREP, because of the overlap between the programs, we also examine research on TPP, administered by the US Department of Health and Human Services' Office of Adolescent Health, which provides competitive grants to fund evidence-based pregnancy prevention programs. As noted earlier, the literature usually does not identify a program's funding stream when discussing adolescent pregnancy prevention, and thus it is difficult to know whether a program is part of TPP, PREP, AEGP, SRAE, or is funded through another mechanism.

Adolescent pregnancy prevention research addresses teen pregnancy rates, culturally tailored pregnancy prevention programs, and differential outcomes by race and ethnicity (Alford 2009; Browne et al. 2001; de Ravello, Tulloch, and Taylor 2012; Garwick et al. 2008; Guilamo-Ramos et al. 2012; Kirby 2004; Kost and Henshaw 2010; Hagen et al. 2012; Jemmott, Sweet Jemmott, and Fong 1998; Manaseri, Uehara, and Roberts 2014; McMahon et al. 2015; Murphy-Erby, Stauss, and Estupinian 2013; Rushing and Stephens 2012; Russell, Lee, and the Latina/o Teen Pregnancy Prevention Workgroup 2004). Generally, authors do not use the term "disparity" when discussing racial and ethnic differences. When they do, they are typically referring to differences in teen birth rates (Kost and Henshaw 2010).

Below we summarize the research related to critical aspects of our conceptual framework for identifying racial and ethnic differences and disparities:

UNDERLYING NEED

Adolescent pregnancy prevention focuses on sexual activity, use of contraception, pregnancies and births among women under the age of 20. Within this population, overall childbirth rates have been declining in recent years, although teen pregnancy rates in the United States are much higher than in other industrialized nations (Sedgh et al. 2015). But disparities still exist, as youth of color still have higher rates of teen births than their white peers (Kost and Henshaw 2010; Solomon-Fears 2016; Waddell et al. 2010). Specifically, the birth rate for the under-20 population overall is 26.5 per 1,000, but there are notable differences across races.⁴¹ The CDC reported that non-Hispanic whites have an

⁴¹ "Birth Rates (Live Births) per 1,000 Females Aged 15–19 Years, by Race and Hispanic Ethnicity, Select Years," Centers for Disease Control and Prevention, last updated April 13, 2015, <https://www.cdc.gov/teenpregnancy/about/birth-rates-chart-2000-2011-text.htm>.

adolescent birth rate of 18.6 per 1,000, compared with 39.0 per 1,000 for non-Hispanic African Americans, 41.7 for Hispanics, and 31.1 for American Indians and Alaska Natives. Among older teens ages 18 to 19, Hispanics have the highest teen birth rates (158.9 per 1,000) (CDC 2011; National Campaign to Prevent Teen and Unplanned Pregnancy 2016; Wingo et al. 2011). Comparing African Americans and whites (both Hispanic and non-Hispanic), African Americans are significantly more likely to experience teen pregnancy in early adolescence, defined as under 15 years old (Upadhyya and Ellen 2011). According to the 2013 Youth Risk Behavior Survey, African Americans were most likely to report ever having had sex and, at the time they were surveyed, most likely to report being sexually active in high school (among active high schoolers) (Kann et al. 2014; National Campaign to Prevent Teen and Unplanned Pregnancy 2014).

Several factors may contribute to these differences. Brindis (2006) notes that family structure, namely the percentage in two-parent families, and socioeconomic factors such as employment and educational opportunities, shape adolescent pregnancy and associated prevention efforts. Some of the racial disparities in sexual risk behavior may stem from neighborhood disadvantage, which includes concentrated poverty, unemployment, and the share of female-headed households (Carlson et al. 2014).

ACCESS

Programs funded through PREP served 110,454 youth in 2013–14 and 133,696 youth in 2014–15 (FYSB 2016). Programs funded through AEGP served 399,000 youth in 2014–2015 (FYSB 2017a). No published numbers exist for the total number of youth who access SRAE annually, but in 2015–2016, SRAE awarded \$8.9 million to 21 projects across the US (FYSB 2017b). Although existing literature does not examine access to these programs, administrative data do exist for PREP. However, two recent briefs on performance measures collected in the first reporting period of program participation reported no racial or ethnic demographic information (FYSB 2015a, 2015b). The briefs described an evaluation of PREP that is currently under way; it is likely forthcoming data will yield additional findings regarding the youth served. At this time, administrative data have not been collected for AEGP and SRAE grantees.

Looking at nonadministrative data, Kohler, Manhart, and Lafferty (2008) found that people who receive no formal sex education are more likely to be African American and from single-parent, low-income families in more rural areas. Those receiving comprehensive sex education were more likely to be white and from higher-income families in more urban areas. Finally, those receiving abstinence-only education were more likely to be younger and from low-to-moderate income, intact families, but the

authors found no differences in race for those receiving abstinence-only education (Kohler, Manhart, and Lafferty 2008).

SERVICES AND TREATMENT

Studies have not examined racial and ethnic differences in services and treatment in the categories discussed in other sections of this report (e.g., quality, duration, and stability). However, several researchers point to the importance of culturally specific pregnancy prevention programming as a way to most effectively serve different racial and ethnic populations. This work details what and how services should be provided to ensure their cultural relevance (Alford 2009; de Ravello, Tulloch, and Taylor 2012; Garwick et al. 2008; Guilamo-Ramos et al. 2012; Hagen et al. 2012; Jemmott, Sweet Jemmott, and Fong 1998; Manaseri, Uehara, and Roberts 2014; McMahon et al. 2015; Murphy-Erby, Stauss, and Estupinian 2013; Rushing and Stephens 2012; Russell, Lee, and the Latina/o Teen Pregnancy Prevention Workgroup 2004). This work highlights important issues for assessing the cultural relevance of services and treatment, such as the relevance of curricula, instructional methods, setting, and facilitators. In addition, some researchers have suggested that a more substantial presence of peer educators and increased parent involvement in sex education might be particularly effective in reducing potential disparities (Davis et al. 2012).

OUTCOMES

Most research has found few differences in the outcomes of adolescent pregnancy prevention programs by race and ethnicity, although some researchers have found certain programs to be more effective for Hispanic youth than for other racial and ethnic groups, and others have demonstrated the effectiveness of culturally sensitive programs. There has been substantial research describing and evaluating and effective programs to prevent adolescent pregnancy, including a number of randomized controlled trials (Bennett and Assefi 2005; Harris and Allgood 2009; Kohler, Manhart, and Lafferty 2008; Nitz 1999). Kirby (2007) notes that many generalized comprehensive programs are effective for all racial and ethnic groups without lesser or greater effects for youth of color, while rigorous evaluations have found that abstinence education programs have no overall impact on delay of initiation of sex, age of initiation of sex, or number of sexual partners, regardless of race or ethnicity. But some programs have differential effects by race and ethnicity, such as the Safer Choices intervention, which Kirby and colleagues (2004) found was more effective for Hispanics than other racial and ethnic groups.

Studies have also demonstrated that culturally sensitive programs are highly effective for certain populations. For example, there were fewer pregnancies and increased condom use among American

Indian and Alaska Native youth who participated in the Discovery Dating curriculum, an adolescent pregnancy prevention program developed specifically for that group. (Hagen et al. 2012).⁴² The Office of Adolescent Health maintains a list of evidence-based curricula, including sexual health education and abstinence education, suitable for replication. Some of the 44 curricula currently on the list target specific racial and ethnic populations, namely Hispanics and African Americans, and each was identified by the US Department of Health and Human Services' TPP Evidence Review through a systematic process for reviewing evaluation studies (Lugo-Gil et al. 2016; OAH 2016). PREP grantees likewise use this list of effective programs when designing pregnancy prevention programs.

With respect to outcomes in FYSB-funded programs by race and ethnicity, the evidence base varies by program. For example, an evaluation is under way to assess the effectiveness of PREP through several impact evaluations, which would provide more data on how racial and ethnic groups are affected by program participation (FYSB 2015a). Trenholm and colleagues (2007) conducted an impact evaluation of four Title V Abstinence Education Grant Programs, finding that youth who participated in AEGP were no more likely than control group youth to abstain from sex and, if they did report having sex, had similar numbers of sexual partners and the same mean age of sexual initiation as did the control group youth. AEGP improved identification of sexually transmitted infections, but did not increase knowledge of the risks of unprotected sex or the consequences of sexually transmitted infections. The authors note that subgroup analyses by race and ethnicity were not possible, due to the high correlation between program site and a given racial or ethnic group. To our knowledge, there are no evaluations to date of SRAE, but a randomized control trial of sexual risk avoidance and reduction programs prior to the enactment of SRAE found that risk avoidance programs delayed sexual initiation of Hispanic students, but not of African American students (Markham et al. 2012).

Several authors discuss the need for improved data collection in adolescent pregnancy prevention programs and more research on effectiveness for different racial and ethnic groups (de Ravello, Tulloch, and Taylor 2012; Guilamo-Ramos et al. 2012).

SUMMARY

- The research addresses racial and ethnic differences in sexual activity, contraceptive use, teen pregnancy rates, culturally tailored pregnancy prevention programs, and outcomes. Generally, authors do not use the term “disparity” unless referencing disparities in teen birth rates.
- Currently, there are no national estimates of access to and enrollment in TPP programs.

⁴² This study uses the term Native American rather than American Indian and Alaska Native.

- The research has not examined racial and ethnic differences in services and treatment (e.g., quality, duration, and stability).
- Many generalized comprehensive programs have been shown to be effective but have not shown differential effects by race and ethnicity. Generally, studies have demonstrated that culturally sensitive programs are highly effective for certain populations.

Runaway and Homeless Youth

MISSION AND GOALS

The Runaway and Homeless Youth Program was first enacted through the Runaway Youth Act of 1974, and has been reauthorized every five years since then, most recently through the Reconnecting Homeless Youth Act in 2008.⁴³ The Runaway and Homeless Youth Program has several goals:

- Support organizations that work to end youth homelessness, adolescent pregnancy, and domestic violence.
- Provide emergency shelters, street outreach, longer-term transitional living, counseling, and other services to support and protect runaway and homeless youth.
- Support grant programs like the Street Outreach Program, the Basic Center Program, the Transitional Living Program, Maternity Group Homes, Capacity Building for LGBTQ Youth, and Services for Domestic Victims of Human Trafficking. The Runaway and Homeless Youth Program also includes support services, such as the National Runaway Safeline, the Runaway and Homeless Youth Training and Technical Assistance Center, and the National Clearinghouse on Families and Youth.

The research literature on RHY addresses several topics related to racial and ethnic differences, including rates of homelessness, shelter use, effectiveness of interventions, and likelihood of family reunification (Wagner et al. 1994; De Rosa et al. 1999; Fernandes-Alcantara 2013; Hickler and Auserwald 2009; Ringwalt et al. 1998; Robertson and Toro 1999; Thompson, Safyer, and Pollio 2001; Thompson, Kost, and Pollio 2003; Thompson, Maguin, and Pollio 2003). Generally, authors do not use the term “disparity.” Instead, they describe overrepresentation of youth of color among the homeless

⁴³ See Fernandes-Alcantara (2013).

youth population (Fernandes-Alcantara 2013; Thompson, Maguin, and Pollio 2003). Below, we summarize the research related to key aspects of our conceptual framework.

There is a lack of consistency among researchers and across federal agencies on the definitions used for homeless youth. For example, the Department of Health and Human Services, Department of Education, and Department of Housing and Urban Development all use different definitions of “homelessness” (Fernandes-Alcantara 2013). These varying definitions have direct implications for service delivery, affecting how many youths are eligible for programs and how we interpret overrepresentation or underrepresentation of different youth groups. For example, some definitions include youth who are not literally homeless but are sharing other people’s housing (i.e., those who are “doubled-up” with other families or “couchsurfing”). The US Department of Housing and Urban Development prepares the Annual Homelessness Assessment Report to Congress (HUD 2015), which estimates the number of people who are unsheltered or sheltered in emergency shelters or transitional housing. However, these estimates do not include couch surfers.⁴⁴

Importantly, this literature review focuses on unaccompanied homeless youth, often defined as youth ages 16 to 24 without a parent or guardian during their episode of homelessness (HUD 2015), thus excluding work done with youth who are part of homeless families. For current federal definitions used by RHY, see Fernandes-Alcantara (2013).

UNDERLYING NEED

There are various causes of homelessness among youth, the most common being conflict and abuse (physical, emotional, or sexual) at home (Altena, Brilleslijper-Kater, and Wolf 2010). Family conflict can stem from several factors, including sexual orientation, gender identity, sexual activity, pregnancy, and substance abuse (Fernandes-Alcantara 2013). Many scholars focus on youth who run away or are asked to leave their homes as a result of family rejection related to being lesbian, gay, bisexual, transgendered, or queer (LGBTQ) (Durso and Gates 2012). Other causes include a lack of affordable housing, economic

⁴⁴ Historically, homeless youth were frequently labeled street youth, systems youth, runaways, or throwaways. These typologies were not based on empirical distinctions, as overlap exists between the categories, and service providers often lumped the groups together into a single category for the purposes of data collection (Fernandes-Alcantara 2013; Thompson, Safyer, and Pollio 2001; Toro, Dworsky, and Fowler 2007; Toro, Lesperance, and Braciszewski 2011; Van Wormer 2003). More recently, Toro, Lesperance, and Braciszewski (2011) proposed a “promising” three-category typology: (1) transient but connected, (2) high-risk, and (3) low-risk. The recent Framework to End Youth Homelessness (USICH 2013), part of the Federal Strategic Plan to End Homelessness (USICH 2010), draws on a similar typology as Toro, Lesperance, and Braciszewski (2011), encouraging systems and organizations to classify and serve youth based on likely levels of risk.

insecurity, violence at home, youth behavioral health, lack of social support, and involvement in the child welfare system (Aratani 2009).

There is inconsistent evidence regarding the racial demographics of homeless youth in the general population. One study finds that the racial and ethnic makeup of homeless youth tends to mirror their local communities (Ringwalt et al. 1998). Further, Thompson, Safyer, and Pollio (2001) find that homeless youth are more likely to be non-Hispanic white than nonwhite, regardless of their reasons for being homeless. However, several authors have also shown that racial and ethnic minorities tend to be overrepresented among homeless youth (Wagner et al. 1994; Van Leeuwen 2004; Van Wormer 2003; Wilder Research Center 2005). In a review of the literature, Fernandes-Alcantara (2013) notes that one of the most commonly cited studies (Office of Applied Studies 2004) found that the majority of runaway youth were non-Hispanic white (57 percent), followed by African American (17 percent) and Hispanic (15 percent). Another study found that among non-Hispanic white, African American, and Hispanic youth, African American youth had the highest lifetime rate of ever having run away (Pergamit 2010).

As noted by Fernandes-Alcantara (2013), it is extremely difficult to precisely measure this population because of their residential mobility, inconsistencies in study methodologies, and varying definitions of homeless youth. Although much of the research attempting to estimate the number of homeless youth is either dated or methodologically flawed, a recent point-in-time count found that 48.9 percent of unaccompanied and homeless youth were non-Hispanic white, 38.5 percent were African American, 1 percent were Asian American, and 22.4 percent were Hispanic (HUD 2015).

Each year, around 31,000 youth receive services through the Basic Center Program, and about 3,000 youth receive services through the Transitional Living Program (FYSB 2016). The Annual Homelessness Assessment Report (HUD 2015) report provides information on regional and state trends on the demographics of homeless youth, as well as variation by sheltered status. For example, 44.1 percent of non-Hispanic white youth are sheltered, compared with 46.5 percent of African American youth, and 56.9 percent of non-Hispanic white youth are unsheltered, compared with only 25 percent of African American youth. Importantly, Hickler and Auerswald (2009) find that African American youth are less likely to identify with the term “homeless,” which could potentially affect the extent to which these youth report homelessness or access services. Among the general homeless youth population, 9.8 percent of youth served by the Basic Center and Transitional Living programs identified as LGBTQ (Fernandes-Alcantara 2013). Within this population, LGBTQ youth are disproportionately people of color (Cray et al. 2013), specifically African American or American Indian (National Alliance to End Homelessness 2017). In a study addressing LGBTQ youth engaged in survival sex on the streets of New York City, Dank and colleagues (2015) found that nearly all were racial and

ethnic minorities: 37 percent were African American, 22 percent were Latino or Latina, and 30 percent were multiracial. Only 5 percent identified as non-Hispanic white.

Another factor contributing to youth homelessness is youth aging out of the foster care system (Fernandes-Alcantara 2013; Nesmith 2006; Scannapieco, Connell-Carrick, and Painter 2007; Toro, Dworsky, and Fowler 2007). Additionally, many youth run away while in family foster care, which can lead to homelessness (Nesmith 2006). Nesmith (2006) also found that American Indian youth were more than twice as likely to run away from foster care than non-Hispanic white youth. In fiscal year 2012, 6.9 percent of youth served by the Basic Center Program and 20.2 percent of youth in the Transitional Living Program had spent some time in foster care (Fernandes-Alcantara 2013).

Finally, it is important to understand how homelessness correlates with income. Economic hardship is a central component in homelessness among adults, so there is likely some correlation of youth homelessness with family income and wealth, which in turn have a correlation with race and ethnicity, such as the racial inequality in wealth described above (McKernan et al. 2013). The National Law Center on Homelessness and Poverty (NLCHP and LACAN 2014, 1) states that “homelessness and the lack of affordable housing in the United States of America have a disparate racial impact.”

ACCESS

Research using the fiscal year 2012 National Extranet Optimized Runaway and Homeless Youth Management Information System report shows that of the 36,861 youths who accessed Basic Center Program services (programs that meet the immediate needs of youth and attempt to reunite them with families), 51.3 percent were non-Hispanic white, 32.2 percent were African American, and 19.8 percent were Hispanic or Latino (Fernandes-Alcantara 2013). According to the data, among the 3,880 youths served by the Transitional Living Programs, 45.6 percent were non-Hispanic white and 36.0 percent were African American (Fernandes-Alcantara 2013). The remainder were American Indian and Alaska Native (4.4 percent), Native Hawaiian or Other Pacific Islander (0.9 percent), Asian American (0.8 percent) or multiracial (4.8 percent). Of those who reported their ethnicity, 14.9 percent were Hispanic. In comparison to their share of the general population, African American, American Indian and Alaska Native, Native Hawaiian or Other Pacific Islander, and multiracial youth were all overrepresented, while non-Hispanic white, Asian American, and Hispanic youth were all underrepresented. Both Basic Center and Transitional Living programs serve a lower percentage of African American youth than were identified as homeless by the Annual Homelessness Assessment Report (HUD 2015), indicating further disproportionality.

Other studies have attempted to estimate the racial demographics of youth who access shelter services. Thompson, Kost, and Pollio (2003) report that the majority of their sample of runaway youth was non-Hispanic white, followed by African American and Hispanic at somewhat lower proportions. Most non-Hispanic white youth who accessed shelters identified as runaways, and more African Americans identified as homeless or throwaway (i.e., thrown out of the house by their parents) than their non-Hispanic white peers. Breaking it down by gender, a greater percentage of male African American and Hispanic youth run away and identify as throwaway or homeless than males in other ethnic groups. Further, Thompson, Maguin, and Pollio (2003) show that African American, Hispanic, and American Indian and Alaska Native youth are overrepresented among shelter youth, with some regional variation. However, this study focused on youth who access shelter services, who typically have fewer alternative places to stay. It is possible that there is differing evidence among youth living on the streets but not taking up services, pointing to the need for more research in this area.

SERVICES AND TREATMENT

Services associated with RHY often focus on family reunification (Slesnick et al. 2009). Research in this area is limited, with very few studies examining services and treatment of homeless youth. Teare and colleagues (1992) examined the treatment experiences of 100 youth in an emergency shelter program and found overall satisfaction with the program, few negative behaviors, and high frequencies of teaching interactions with regards to social skills. However, nearly the entire sample (97 percent) was non-Hispanic white, limiting the ability to make comparisons based on race or ethnicity.

More broadly, services geared toward runaway and homeless youth are often related to either the Positive Youth Development framework (National Clearinghouse on Families and Youth 2007), a central component of programs administered by the US Department of Health and Human Services, or trauma-informed care (Coates and McKenzie-Mohr 2010; Hopper, Bassuk, and Olivet 2009). Services also address issues related to self-sufficiency, mental health, substance abuse, and housing assistance. However, research on racial and ethnic differences in experiences with these services is limited.

Importantly, Slesnick and colleagues (2009) note that runaway youth are a diverse population and require treatment that addresses this diversity, as youth of color face additional hurdles to achieving self-sufficiency. However, research to date has not examined whether there are racial differences in the type, quality, or duration of services received by homeless youth. Rather, much of the work has focused on outcomes associated with shelter usage, described below.

OUTCOMES

In general, there is no clear evidence on what makes interventions for runaway and homeless youth effective because of both the variable quality of study data and methods (Altena, Brilleslijper-Kater, and Wolf 2010; Moore 2005) and the relative dearth of intervention studies (Altena, Brilleslijper-Kater, and Wolf 2010; Karabanow and Clement 2004). Indeed, very little literature has focused on comprehensive outcome evaluations (Karabanow and Clement 2004). One notable exception is the randomized controlled trial study on the Youth Villages Transitional Living Program in Tennessee (Valentine, Skemer, and Courtney 2015), which reports outcomes related to receipt of services and impact on various subgroups but does not break results out by racial and ethnic groups. Given the lack of research on effective homeless youth interventions, there has been little work on differential outcomes and experiences by race and ethnicity. Though limited, the research that has been conducted on racial and ethnic differences in outcomes of RHY services focuses largely on housing outcomes and family reunification (Barber et al. 2005; Thompson, Safyer, and Pollio 2001; Thompson, Kost, and Pollio 2003). Broadly, these studies have found that completing treatments offered through shelter services increases the chances that homeless youth will reunite with their families.

The evidence surrounding racial and ethnic differences in outcomes is mixed and inconsistent. Toro, Dworsky, and Fowler (2007) reviewed findings on interventions for homeless youth, including services related to education, employment, and skills training, but very few studies included in the review discuss racial and ethnic differences. The authors conclude that most interventions have not been evaluated and that researchers should examine whether certain interventions may be more effective for some homeless youth than for others, including youth of color. For a more in-depth discussion of the evidence surrounding family interventions for youth at risk of or experiencing homelessness, see Pergamit and colleagues (2016).

The findings on racial differences in rates of family reunification are mixed, even among studies conducted by the same authors. Thompson, Safyer, and Pollio (2001) break down outcomes by type of youth (runaway-homeless, throwaway, and independent). Although these terms are less commonly used today, this work is notable because studies typically do not provide breakdowns of these categories by race and ethnicity. In this study, “independent” youth are defined as those who feel that they have no home to return to because of family conflict or who have lost contact. Among runaway-homeless youth, African Americans were less likely to return home than non-Hispanic whites. Among throwaway youth, African Americans and Asian Americans or Pacific Islanders were less likely to return home than non-Hispanic whites. Among independent youth, American Indians and Alaska Natives were less likely to return home than non-Hispanic whites. In another study, Thompson, Kost, and Pollio

(2003) studied how ethnicity influences the likelihood for family reunification among runaway and homeless youth. Its multivariate analysis found that African American youth were 1.42 times more likely than non-Hispanic white youth to return home, and Hispanic youth were 1.75 times more likely than non-Hispanic whites to return home. Other studies have addressed the issue of family reunification but did not include race as a covariate (e.g., Teare et al. 1992). Barber and colleagues (2005) found that race did not predict housing outcomes of youth using crisis shelters.

Several studies addressing the short-term outcomes (Thompson et al. 2002) and the longitudinal outcomes (Pollio et al. 2006) of youth receiving shelter services highlight improvements associated with shelter use, but they do not include race in their analyses. These studies demonstrate that youth report improvement in outcomes such as family relationship, school behavior, sexual behavior, and employment. This suggests that researchers could explore several other outcomes beyond family reunification by race or ethnicity.

SUMMARY

- The research on RHY examines racial and ethnic differences in homelessness rates, shelter use, intervention effectiveness, and likelihood of family reunification. Generally, authors do not use the term “disparity.” Instead they describe overrepresentation of youth of color among homeless youth.
- Given the inconsistent findings in the literature regarding racial and ethnic differences in homelessness rates among youth and their outcomes after shelter use, it is difficult to conclude whether there are disparities present in RHY programs.

Conclusions

Researchers continue to examine racial and ethnic differences in access, services and treatment, and outcomes for the six ACF human services programs. Reviewing the research as a whole, we generally see that the same racial and ethnic groups tend to experience the poorer outcomes across programs. But noticeably, and unlike research on health disparities and racial disproportionality in the child welfare system, these studies have not been organized around a unifying framework or systematic approach to defining and measuring disparities, their consequences, or policy and practice solutions.

Most studies of ACF human services programs have not calculated disparities in similar or systematic ways. However, the research has examined the reasons behind racial and ethnic differences. These often relate to poverty or differential access to programs, worker bias and discretion, or disproportionate risk of other challenges, such as employer discrimination or nonstandard work hours. Although these explanations suggest both disparities in program operations and treatment and differences stemming from outside the programs, research has not tested these hypotheses methodically. In some programs, such as TANF and child support, services and treatment appear to be different and less favorable for some racial and ethnic groups (e.g., African Americans are sanctioned more, face greater debt associated with child support enforcement, and receive less in child support payments). In other programs, like Head Start, higher shares of eligible African American and Hispanic families appear to access the programs compared with eligible non-Hispanic white families; although in the case of African Americans, research suggests that the programs they access may be of lower quality on average.

As for adolescent pregnancy prevention programs, we find insufficient data to adequately assess differences in access, services and treatment, and outcomes by race and ethnicity, although the programs tend to be tailored and are often shown effective for specific populations. Similarly, the research on runaway and homeless youth programs is limited and offers mixed and inconsistent findings about racial and ethnic differences in program access, services and treatment, and outcomes. Across the programs we reviewed, the potential evidence of disparities is quite varied and mixed.

Using Data to Build Better Research Evidence

We see several areas where the field could use more evidence to improve what we know about racial and ethnic disparities in human services.

Estimating Underlying Population Need

Generally, each program—except RHY programs—appears to have data that researchers could use to estimate underlying population need or risk. For example, TANF could use poverty estimates by race and ethnicity and also simulate eligibility requirements (as research has done) to more precisely estimate the share of all eligible households in the program. The Child Support Enforcement Program generally has information on custodial households by race and ethnicity, which could help estimate population need or risk. Research on CCDF has simulated program eligibility for the federal caseload as a whole (ASPE 2015), and researchers can build off the work of the Government Accountability Office (GAO 2016), which simulated eligibility by race and ethnicity, and similar work by Johnson, Martin, and Brooks-Gunn (2011), who used national survey data to calculate eligibility by race and ethnicity. Research on Head Start could use data to simulate population need based on household income, family composition, and children’s ages.

For adolescent pregnancy prevention programs, research can use birth rates among adolescents by race and ethnicity to identify higher-risk populations. RHY programs have had a difficult time assessing underlying risk because of the challenges of precisely estimating youth homelessness.

Although programs may use national data on poverty, they can benefit from more nuanced simulation models that incorporate personal or family characteristics to predict or approximate need. Models should also look beyond formal eligibility criteria in assessing underlying need because eligibility criteria vary in ways that do not always align with actual need. For example, because states use different income criteria to calculate TANF eligibility, households that are “in need” in one state may not be considered “in need” in another. Given the large racial and ethnic variation across states and regions, understanding disparities also requires understanding state and regional differences in eligibility.

Assessing Program Access and Participation, Services and Treatment, and Outcomes

Most programs have national data on the race and ethnicity of program participants, with the exception of adolescent pregnancy prevention programs, which do not appear to have national administrative data on all participants across all programs. For the programs that do have these numbers, our conceptual framework suggests that researchers examine the racial and ethnic distribution of participants in relation to the racial and ethnic distribution of the population with the underlying need.

The goal is to observe whether expected shares of the population participate in the program. We note that in the case of Head Start and CCDF, families could also be eligible for other early childhood programs, such as state prekindergarten, home visiting, or TANF-funded child care support, so analysts should understand participation rates across all related programs.

We see a need for more research that estimates racial and ethnic representation in different services and treatments in relation to population representation in the programs. In particular, much more research and data are needed on small but diverse population groups, such as Asian Americans. Available studies suggest that African American, Hispanic, and American Indian and Alaska Native families may typically fare worse than non-Hispanic white families in at least some elements of TANF, child support, and Head Start (again, little is known about variation among Asian American populations) (OCSE 2007). For CCDF, this research is much less developed and often does not calculate findings by race and ethnicity. Similarly, we found no easily identified research on racial and ethnic differences in services and treatment among APP and RHY programs. Although Head Start has been studied more often, the program could use more research on racial and ethnic differences in services and treatment.

Researchers have explored racial and ethnic differences in limited sets of outcomes for some program areas. For example, research on runaway and homeless youth has been limited to housing and family reunification, but other meaningful outcomes that are critical to understanding whether programs are effective include well-being, education, employment, and health. Research on adolescent teen pregnancy programs has also focused on relatively few outcomes, such as teenage birth rates and age of first sexual intercourse, and rarely on effects by race and ethnicity.

Although we conclude that most studies on human services have not measured racial and ethnic disparities and disproportionality, existing research shows that racial and ethnic differences exist and should be addressed.

Current Data Challenges

Data and methodological challenges have limited what researchers currently know about racial and ethnic differences and disparities in the selected human services programs. Flagging these limitations can help inform future research efforts.

Challenges Producing National Estimates

A limitation that researchers identify in TANF is the difficulty assessing a “national” picture given the degree that state policies and program implementation vary across and within states. Similarly, the type and extent of and potential reasons for disparities likely vary by region, which suggests analysts will need to focus on variation and disparities at a state or county level.

Although the Child Support Enforcement Program has reliable data on the number of custodial and noncustodial parents it serves, there is limited national data that breaks out the race of noncustodial parents more broadly. In addition, there is no available national data on noncustodial fathers who have been incarcerated for failure to pay.

Within runaway and homeless youth programs, researchers note the challenges reaching, identifying, and monitoring the size of the population and the true underlying need for these programs generally and across different racial and ethnic groups.

Small Sample Sizes Limit Subgroup Analyses

Small sample sizes for certain racial and ethnic subgroups have hampered research on racial and ethnic disparities in Head Start (Hillemeier et al. 2013; Reid, Webster-Stratton, and Beauchaine 2001; Schnur, Brooks-Gunn, and Shipman 1992).

Adolescent pregnancy prevention programs also note challenges with small sample sizes in qualitative studies, and findings from these studies cannot be generalized to larger populations of racial groups. The diversity of racial and ethnic groups also poses a challenge. For example, researchers should not assume that the work of McMahon and colleagues (2015) on Northern Plains American Indians applies to all American Indians and Alaska Natives. Additionally, small sample sizes of different racial and ethnic groups have prevented some researchers from testing differential effects of program participation by race and ethnicity (Waddell et al. 2010).

Reliance on Self-Reported Measures

Researchers note that analyses relying on self-reported data, such as a custodial parent reporting on a noncustodial parent’s behavior or adolescents self-reporting sexual behavior, may not be the most reliable or accurate (Jemmott, Sweet Jemmott, and Fong 1998; Nepomnyaschy 2007). When the Office

of Child Support Enforcement is interested in the entire population of custodial and noncustodial parents, not just those in its program, it relies on self-reported survey data. For approximately 30 years, the Office of Child Support Enforcement has paid for a child support supplement to the Current Population Survey, which identifies custodial parents and asks detailed questions about their child support orders and receipt. The National Survey of Family Growth, conducted by the National Center for Health Statistics, has identified noncustodial parents in its survey of men since 2002. Similarly, the Survey of Income and Program Participation and the Annual Social and Economic Supplement to the Current Population Survey ask respondents whether they are a noncustodial parent, but this is substantially underreported. Also, regarding adolescent pregnancy prevention programs, some researchers have pointed out that studies tend to rely on respondents' self-reported sexual behavior, which cannot always be assumed to be accurate (Jemmott, Sweet Jemmott, and Fong 1998) and may also be affected by different self-reporting patterns by race and ethnicity (Alexander et al. 1993).

To move toward a better understanding of racial and ethnic differences and disparities in ACF human services programs, program administrators and researchers will need to take these limitations into account and identify ways to address them.

Appendix A. Program Profiles

Temporary Assistance for Needy Families (TANF)

Program Overview

- Mission
 - » Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives
 - » End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage
 - » Prevent and reduce the incidence of out-of-wedlock pregnancies
 - » Encourage the formation and maintenance of two-parent families
- *Date of enactment:* TANF was created as part of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
- *Eligibility and target population:* Eligibility rules vary by state, but in general for a family to be eligible, the family must be financially “needy” and have a child under age 18.
- *Program structure:* TANF is a block grant that states can use to fund various services for needy families with young children. Although TANF is typically understood as cash assistance, other services include child care, emergency aid, responsible fatherhood programs, healthy marriage programs, early childhood initiatives, and pregnancy prevention programs.
 - » States set their own eligibility rules and benefit levels. As of 2013, benefit levels range from 11 percent of the federal poverty level to 49 percent (Falk 2013).
- *Funding and delivery mechanisms:* The federal government provides block grants to states. States are also required to contribute their own “maintenance of effort” spending. There is also federal funding available for competitive grants to community-based organizations for healthy marriage and responsible fatherhood initiatives.
 - » States must meet the work participation rate, which requires 50 percent of all families and 90 percent of two-parent families to be in work activities. Most work activities include

employment or unpaid work experience, but education and training are sometimes available.

- » The federal government does not allow families to receive assistance for more than five years, except for a small percentage of the caseload that may be extended for “hardship” reasons. States may use their own money to fund families past the five-year time limit.

Literature Landscape

- Literature trends, focus, and gaps:
 - » Research on racial differences in TANF has focused on participation rates, sanctioning rates, and rates of receiving discretionary assistance, as well as employment outcomes. Another body of research considers the racial history of TANF (and its predecessor, Aid to Families with Dependent Children) and the significance of race in how states form TANF policy decisions and implement those policies at the state and local levels. Much of the research has studied different sanctioning rates by race at the state and county levels, using site-specific administrative data. Another body of research looks at racial differences in who leaves TANF because of employment versus sanctioning. The research also discusses caseworker bias and the impact of TANF’s “second-order devolution” of authority to frontline workers.

Child Support Enforcement

Program Overview

- *Mission:* “The federal Office of Child Support Enforcement partners with federal, state, tribal, and local governments and others to promote parental responsibility so that children receive reliable support from both of their parents as they grow to adulthood” (from the Administration for Children and Families’ website).
 - » The Child Support Enforcement Program is meant to

1. secure financial support for children from noncustodial parents on a consistent and continuing basis to increase parental responsibility, child well-being, and family self-sufficiency; and
 2. reimburse state and federal governments for costs associated with providing cash assistance to custodial families.
- » The services provided for children are
1. locating parents;
 2. establishing legal fatherhood (paternity);
 3. establishing, modifying, and enforcing support orders;
 4. collecting and disbursing child support payments; and
 5. increasing health care coverage for children.
- *Date of enactment:* 1975
 - *Eligibility and target population:* Any parent who needs child support services can apply for services from the Child Support Enforcement Program. The application fee is \$25, unless the parent is currently receiving or formerly received TANF benefits or foster care payments or is on Medicaid. Some families receiving the Supplement Nutrition Assistance Program qualify for the Child Support Enforcement Program free of charge.
 - *Program structure:* States try to locate noncustodial parents through the State Parent Locator Service, which uses information such as telephone directories, motor vehicle registries, tax files, and employment and unemployment records. The state can also use the Federal Parent Locator Service, which uses data from the Social Security Administration, Internal Revenue Service, US Department of Veterans Affairs, National Security Agency, Federal Bureau of Investigation, and State Employment Security Agencies. States have statewide automated child support systems that include details on amount owed, arrearages, interest or late penalty charges, amounts collected, amounts distributed, child's date of birth, any imposed liens, and other standardized information on both parents. States also have a state case registry and a directory of new hires. Applicants for TANF must assign their rights to receive child support and cooperate with the child support program to receive full benefits. State child support programs establish child support order amounts based on state child support guidelines, which take into account the income of noncustodial parents or both parents, the number of eligible children, and the subsistence needs of noncustodial parents (or both parents). State Child Support Enforcement programs can enforce orders through income withholding; intercept of

tax refunds, unemployment compensation, or lottery winnings; liens against property or assets; passport denial; and suspension of drivers' licenses, professional licenses, and recreational or sporting licenses. Additionally, noncustodial parents can be jailed or even incarcerated for failure to pay child support. State disbursement units provide an employer one location to send withheld child support payments, receive and disburse payments, and keep records of payments. Finally, distribution rules govern the order of receipt when child support is paid. Because child support orders are often never fully paid, this order matters for families involved in the child support program (Solomon-Fears 2014). While families are receiving TANF, states retain support collected until it reaches the cumulative amount of TANF benefits paid to the family or the amount of support due during the period of assignment, whichever is less. States can choose to distribute child support paid to families receiving TANF and disregard the amount passed through in the TANF benefit calculation. In 2016, 24 states and Washington, DC, had pass-through and disregard policies.⁴⁵ States must follow a "family first" policy for former TANF recipients, where families are first in line to receive current child support and arrears payments owed to them. The state and federal government retain any remaining payments for welfare cost recovery. This policy applies to all payments, except those collected through the federal tax intercept program. States are allowed to use these collections to reimburse welfare costs before paying families.

- *Funding and delivery mechanisms:* In the federal-state mandatory grant program, states receive 66 cents from federal government per 34 cents of state funding on Child Support Enforcement expenditures. The federal government also awards states incentive payments at statutorily established levels of performance in key program areas. One source of state share of funding includes the state's share of child support payments retained from families receiving welfare and fees.

Literature Landscape

- Literature trends, focus, and gaps:
 - » Research on racial difference in child support has focused on differences in participation in the Child Support Enforcement Program, differing receipts of payment for African

⁴⁵ Child Support Pass-Through and Disregard Policies for Public Assistance Recipients," National Conference of State Legislatures, September 21, 2016, <http://www.ncsl.org/research/human-services/state-policy-pass-through-disregard-child-support.aspx>.

American and non-Hispanic white custodial mothers, the effects of child support enforcement methods on low-income noncustodial fathers' ability to pay, and the effects of the distribution of child support to families receiving TANF. Research before the 1990s focused on the poverty rates of custodial parent families and the failure of child support enforcement to reach higher payment rates. Sorensen and Turner (1996) write that noncustodial fathers, when discussed, were assumed to be unwilling to pay child support; their inability to pay was not investigated.

Child Care and Development Fund (CCDF)

Program Overview

- Mission:
 - » The Child Care and Development Fund provides subsidies to low-income families to assist in obtaining child care so parents can work or participate in education or training activities (Lynch 2014). An additional goal is to improve the supply and quality of child care more generally.
 - » The 1996 welfare reform law established five goals for the program:
 1. Allowing states maximum flexibility in developing their child care programs
 2. Promoting parental choice
 3. Encouraging states to provide consumer education information to parents
 4. Helping states provide child care to parents trying to become independent of public assistance
 5. Helping states implement health, safety, licensing, and registration standards established in state regulations
 - » Additionally, the Child Care and Development Block Grant Act of 2014 modified the program's purposes to include
 1. promoting involvement by parents and family members in the development of their children in child care settings;
 2. delivering high-quality, coordinated early childhood care and education services to maximize parent's options;

3. improving the overall quality of child care services by implementing health, safety, licensing, training, and oversight standards;
 4. improving child care and development of participating children; and
 5. increasing the number and percentage of low-income children in high-quality child care settings.
- Date of enactment:
 - » The Child Care and Development Block Grant Act was first enacted in 1990.
 - » The 1996 Personal Responsibility and Work Opportunity Reconciliation Act consolidated the four major child care programs for low-income families—the Child Care and Development Block Grant and three programs under Aid to Families with Dependent Children—into a single program, often referred to as the Child Care and Development Fund. The program was reauthorized in 2014 through the Child Care and Development Block Grant Act of 2014.
 - Eligibility and target population:
 - » States can determine eligibility guidelines for child care subsidies. The maximum eligible income is 85 percent of the state median income (SMI), though several states maintain eligibility standards that are lower than the federal ceiling. The median state income eligibility was 175 percent of the federal poverty level in 2014.
 - » Additionally, to receive assistance, parents must be working or in an education or training program (unless the child needs protective services).
 - Program structure:
 - » CCDF provides parents subsidies in the form of a child care certificate (or a voucher), or providers with grants and contracts for subsidized services. Parents must be given as much choice as possible in selecting a child care provider, but must select those that satisfy health and safety requirements.
 - Funding and delivery mechanisms:
 - » There are two main funding streams for child care subsidies: discretionary funding through the Child Care and Development Block Grant Act of 1990 (CCDBG) and mandatory funding through Section 418 of the Social Security Act (Lynch 2014). Together, they are referred to as the Child Care and Development Fund (CCDF). Additionally, states can use

funding from the Temporary Assistance for Needy Families (TANF) block grant to fund child care subsidies, either spending funds directly on child care or transferring money to CCDF (Schmit and Walker 2016).

- » The program is administered by the Office of Child Care at the US Department of Health and Human Services. CCDF is a block grant, and states must also contribute state matching and maintenance-of-effort funds. Additionally, states can set different policies within federal parameters, including around eligibility, level of assistance, and how and where the assistance can be used.

Literature Landscape

- Literature trends, focus, and gaps:
 - » Substantial research since the beginning of child care subsidies in the 1990s has documented access and use of subsidies, with some focus on racial and ethnic differences. But, as documented by Forry and coauthors (2013), there is much discussion in the research literature on, ultimately, what should constitute successful outcomes for both children and families and how programs could be structured to best produce those. The attention to racial and ethnic difference in relation to those questions is less well developed.

Head Start

Program Overview

- Mission:
 - » The mission of Head Start is to provide comprehensive early childhood development services to and promote the school readiness of young children from low-income families.
- Date of enactment:
 - » 1965 (Head Start) and 1995 (Early Head Start)
- Eligibility and target population:

- » Head Start is intended to serve poor 3- and 4-year-olds and their families, while Early Head Start is intended to serve poor children from birth to age 2, as well as pregnant women. The income eligibility is below 100 percent of the federal poverty level, though grantees can enroll up to 10 percent of children above the 100 percent federal poverty level. Additionally, children may be categorically eligible for Head Start if they are in the foster care system or are receiving public assistance, such as TANF or Supplemental Security Income program (Gish 2008; Schmit and Walker 2016).
- Program structure:
 - » Head Start provides preschool-age children with various services in centers, child care partner locations, and home-based care, including child development, educational, health, nutritional, and social activities (Gish 2008).
- Funding and delivery mechanisms:
 - » Funds for Head Start go directly from the federal government to local entities (“grantees”), which can be nonprofit or for-profit, public or private, faith-based or secular (Gish 2008). The Administration for Children and Families in the US Department of Health and Human Services administers the program.
 - » Local context is important for Head Start, as the program emphasizes the involvement of local families and community members so that it meets the unique needs of the community. Thus, programs may vary in design, operation, and service delivery.

Literature Landscape

- Literature trends, focus, and gaps:
 - » Since the 1980s, the literature on Head Start has continually focused on effectiveness, ranging from the use of datasets like the Panel Study of Income Dynamics and National Longitudinal Survey of Youth to the large-scale Head Start Impact Study. Research has also examined access to and participation in Head Start, including by race and ethnicity.

Adolescent Pregnancy Prevention

Program Overview

- Mission:
 - » The Title V Abstinence Education Program funds projects that provide abstinence education and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence.
 - » The Teen Pregnancy Prevention program was created to fund “medically accurate and age appropriate” programs that reduce teen pregnancy.
 - » The Personal Responsibility Education Program supports organizations that work to end youth homelessness, adolescent pregnancy, and domestic violence.
 - » The Sexual Risk Avoidance Education Program (SRAE) funds projects that teach participants to voluntarily refrain from sexual activity outside of marriage.

- Date of enactment:
 - » The first program to address adolescent pregnancy was the Adolescent Family Life program, enacted in 1981 and funded through 2009.
 - » The Title V Abstinence Education Block Grant was authorized as part of the 1996 welfare reform law, the Personal Responsibility and Work Opportunity Reconciliation Act. Reducing teen and out-of-wedlock pregnancies was an explicit focus of the welfare reform law, and from 1996 to 2009, programs relied heavily on abstinence-only education. The Title V State Abstinence Education Grant Program (AEGP) funds states and territories to provide abstinence education and, in some cases, mentoring, counseling, and adult supervision to promote abstinence from sexual activity.
 - » The Teen Pregnancy Prevention Program was enacted in 2010. This represented the first time that federal funding directed exclusively to teen pregnancy prevention included both abstinence-only and comprehensive sex education, and it focuses on evidence-based approaches.
 - » The Personal Responsibility Education Program was established as part of the Patient Protection and Affordable Care Act in 2010. It provides grants to states to implement comprehensive approaches to pregnancy prevention, including abstinence and contraception.

- » The Sexual Risk Avoidance Education Program is funded under the Consolidated Appropriations Act of 2016 and funds sexual risk avoidance education projects that teach participants how to voluntarily refrain from sexual activity outside of marriage as well as the benefits of self-regulation, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors.
- Eligibility and target population:
 - » The target population is youth ages 10 to 19.
- Program structure:
 - » Title V State Abstinence Education Grant Program
 1. AEGP grantees use evidence-based models to promote abstinence by strengthening beliefs about abstinence, increasing skills to negotiate abstinence and resist peer pressure, and educating young people about sexually transmitted infections.
 2. Abstinence education projects must address the following (FYSB 2017a):
 - » Have as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.
 - » Teach abstinence from sexual activity outside marriage as the expected standard for all school-age children.
 - » Teach that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems.
 - » Teach that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity.
 - » Teach that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.
 - » Teach that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society.
 - » Teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
 - » Teach the importance of attaining self-sufficiency before engaging in sexual activity.
 - » Teen Pregnancy Prevention

1. The Teen Pregnancy Prevention program awards competitive grants and contracts to nonprofit organizations, for-profit organizations, universities, research institutions, hospitals, community-based organizations, faith-based organization, and others.
 2. In general, evidence-based adolescent pregnancy prevention programs include information on
 - » the benefits of abstinence,
 - » contraception for those who are sexually active,
 - » sexually transmitted diseases,
 - » resisting negative peer pressure, and
 - » improving communication skills.
- » Personal Responsibility Education Program
 1. In designing PREP programs, grantees are required to (1) implement or substantially incorporate evidence-based programs for teen pregnancy prevention, (2) include information on both contraception and abstinence, and (3) incorporate at least three of the six adult preparation subjects (healthy relationships, financial literacy, parent-child communications, educational career success, adolescent development, and healthy life skills).
 - » Sexual Risk Avoidance Education Program
 1. SRAE grantees implement projects using a Positive Youth Development framework as part of risk avoidance strategies. These programs help participants build healthy life skills and develop protective factors to reduce risk, empower them to make healthy decisions, and provide tools and resources to prevent pregnancy and sexually transmitted infections.
- Funding and delivery mechanisms:
 - » The Title V State Abstinence Education Grant Program provides funding based on the proportion of low-income children to each state or territory. States and territories are required to fund at least 43 percent of the total cost of projects using non-federal resources.
 - » The Teen Pregnancy Prevention program provides “Tier 1” grants to replicate existing evidence-based programs and “Tier 2” grants for research, demonstration projects, and training and technical assistance.
 - » The Personal Responsibility Education Program is a state formula grant program, where 59 jurisdictions are eligible, including all 50 states, the District of Columbia, and other US territories.

- » The Sexual Risk Avoidance Education Program awards funding on a competitive basis. In fiscal year 2016, funding was awarded to 21 projects across the country.

Literature Landscape

- Literature trends, focus, and gaps:
 - » In many ways, the trends within the literature on adolescent pregnancy follow the landscape of the programs. Early work was descriptive and focused on documenting trends in teen birth rates and reproductive health behaviors of adolescents. Since the 1990s, the literature has grown substantially, employing methods such as randomized controlled trials and identifying effective programs suitable for replication. Furthermore, in the past few years, a growing body of research has addressed the development of culturally tailored pregnancy prevention programs for specific racial and ethnic groups. But the research has not yet systematically addressed racial and ethnic differences in access to or experiences within programs.

Runaway and Homeless Youth

Program Overview

- Mission:
 - » To support and protect runaway and homeless youth through emergency shelters and long-term transitional living, counseling, and other services.
- Date of enactment:
 - » In 1974, Congress passed the Runaway Youth Act of 1974 as Title III of the Juvenile Justice and Delinquency Prevention Act, establishing the Runaway and Homeless Youth Program. In 1977, this was expanded to become the Runaway and Homeless Youth Act. The program has been expanded through reauthorizations since the 1970s, most recently with the Reconnecting Homeless Youth Act in 2008 (Fernandes-Alcantara 2013).
- Eligibility and target population:

- » For the Basic Center Program, homeless youth are those under age 18 who are unable to live in a safe environment with family and have no other safe living arrangements. For the Transitional Living Program, homeless youth are those who are ages 16 to 22, are unable to live in a safe environment with family, and have no other safe living arrangements.
- Program structure:
 - » The Runaway and Homeless Youth Program, administered by the Family and Youth Services Bureau within the US Department of Health and Human Services' Administration for Children and Families, funds three programs:
 1. The Basic Center Program, which serves youth
 2. The Transitional Living Program, which serves older youth from age 16 to 22
 3. The Street Outreach Program, which provides education, treatment, counseling, and referrals for street youth
- Funding and delivery mechanisms:
 - » Funding from the Basic Center Program and Transitional Living Program, which makes up 90 percent of federal funds appropriated for the Runaway and Homeless Youth Program, is awarded to grantees around the country. These public and private community-based centers provide services directly to youth outside the law enforcement, juvenile justice, child welfare, and mental health systems.

Literature Landscape

- Literature trends, focus, and gaps:
 - » As described in "Practical Lessons: The 1998 Symposium on Homelessness Research" (Fosburg and Dennis 1999), much of the early research on homelessness focused broadly on the characteristics of the homeless population and available services.
 - » In the same report, Robertson and Toro (1999) point out that research on homeless youth had been sparse through the 1990s. The literature made clear that homeless youth were a large and diverse group, but no studies included large, nationally representative samples; valid measures; comparison groups; or assessments of both strengths and weaknesses of homeless youth. The research was much less rigorous than work on homeless adults or families. Most studies concentrated on large urban areas that may not be generalizable,

and conclusions about population characteristics were often based on a single study. Contradictory findings emerged, likely because of the varying sources of samples (e.g., surveys of youth in the general population, youth from shelters, youth in clinical settings, and youth sampled from street locations). More generally, some research emerged regarding population characteristics and the problems they face, including racial demographics, but very little was done in assessing outcomes of and interventions targeted toward homeless youth.

In the 2000s, work began to emerge on the dynamics of shelter use and outcomes of youth in shelter programs, with some studies specifically addressing race. The 2007 report on the National Symposium of Homelessness Research details how the field evolved over the decade, highlighting the increasing focus on evidence-based approaches and using sources such as administrative data. The report also stresses that research remains constrained by inconsistent and unclear definitions and a lack of rigorous measurements. Regarding homeless youth specifically, research emerged on longitudinal studies, especially on youth aging out of foster care, as well as outcomes of youth using Family and Youth Services Bureau programs, using data from the Runaway and Homeless Youth Management Information System. But there continues to be a gap in rigorous evaluations of interventions targeted toward homeless youth and even fewer that address the issue of race.

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