

CENTER ON POVERTY and INEQUALITY

GEORGETOWN LAW

# Laying New Foundations

An Anti-Racist Framework for  
Reimagining Medicaid, CHIP  
TANF, & CCDF

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& Sierra Wilson

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## CENTER ON POVERTY and INEQUALITY

### GEORGETOWN LAW

The Georgetown Center on Poverty and Inequality (GCPI) works to alleviate poverty and inequality, advance racial and gender equity, and expand economic inclusion for everyone in the U.S. through rigorous research, analysis, and ambitious policy ideas.

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## About Our Partners



The Center for a New Economy (CNE) is Puerto Rico's first and foremost policy think tank, an independent, nonpartisan group that advocates for the development of a new economy for Puerto Rico. We seek to inform current policy debates and find solutions to today's most pressing and complex economic development problems by rigorously analyzing hard data and producing robust empirical research.



EVERY TEXAN

Every Texan is a nonprofit research and advocacy organization whose mission is to expand opportunity and equity for Texans of all backgrounds. Based in Austin, Texas, with staff located across Texas' metropolitan areas, we are part of an ecosystem of advocacy organizations with a shared vision of a state where every Texan can thrive.



Platform of Hope's (POH) mission is to enhance the ability of families of color to define and pursue success while building community. Together, we amplify the experiences of D.C. area families and address systemic barriers to success. Our vision is that families of color in D.C. neighborhoods achieve greater social, financial, and overall wellness in their lives and community.

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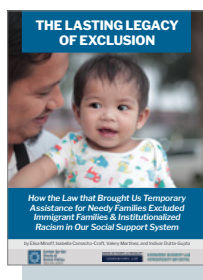
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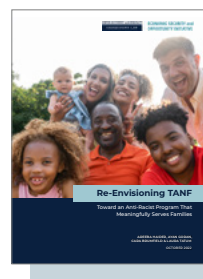
This report is the final in a series of publications presenting an anti-racist vision for TANF, Medicaid, CHIP, and CCDF. Other publications in this project include:



- **The Lasting Legacy of Exclusion:** How the Law that Brought Us Temporary Assistance for Needy Families Excluded Immigrant Families & Institutionalized Racism in our Social Support System<sup>1</sup>



- **Re-Envisioning Medicaid & CHIP as Anti-Racist Programs<sup>2</sup>**



- **Re-Envisioning TANF:** Toward an Anti-Racist Program That Meaningfully Serves Families<sup>3</sup>



- **Re-Envisioning CCDF:** Toward an Anti-Racist Child Care System That Serves Families & Educators<sup>4</sup>

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# Introduction

Everyone deserves the opportunity to lead a healthy, stable, and economically secure life. But the United States has prioritized policy choices that favor the white, wealthy, and well-connected at the expense of many people trying to take care of their loved ones—especially families of color.



Structural racism has harmed the lives, livelihoods, and well-being of families of color for centuries. Significant economic barriers, like employment discrimination,<sup>5</sup> federally-sanctioned housing discrimination,<sup>6</sup> racially targeted predatory lending,<sup>7</sup> and occupational segregation have contributed to elevated national poverty rates among Black, Latinx,<sup>8, 9, 10</sup> and Asian families.<sup>11</sup> Employers pay Black workers less than white workers at almost every education level,<sup>12</sup> and Latinx and Native children are insured at much lower rates than white children.<sup>13</sup> These are just a few of the numerous ways that structural racism harms people and families of color.

Several federal supports and programs provide some basic services and support people when they have low incomes, including Medicaid,<sup>14</sup> the Children’s Health Insurance Program (CHIP),<sup>15</sup> the Child Care Development Fund (CCDF),<sup>16</sup> and Temporary Assistance for Needy Families (TANF).<sup>17</sup> These programs, along with other government supports such as nutrition programs, housing assistance, and maternal and health services, should help provide a stable foundation for increased well-being and economic security and opportunity. However, these programs generally have not been designed or implemented to counteract or address structural racism.<sup>18</sup> In fact, some of these programs have racist roots and structural characteristics that exacerbate existing racial inequities.<sup>19</sup>

Strengthening government support programs is an inadequate approach if the goal is to leverage these programs to advance racial equity,<sup>20, 21</sup> to be truly transformational, policymakers, administrators, and other stakeholders must interrogate and reimagine the goals, structures, and practices of the Medicaid, CHIP, CCDF, and TANF programs to advance racial equity and counter the effects of structural racism. Transforming the goals, structures, and practices of these supports is essential to a thriving nation where every person is able to achieve their full potential.

To help guide policymakers, advocates, administrators, and other stakeholders in achieving these necessary changes, this report puts forth a visionary framework with principles for anti-racist policymaking. The principles are informed by consultations with program participants and staff of direct service organizations. The report also features three “spotlight” features authored by state-, district-, and territory-based partner organizations, which illustrate some of the transformative progress, challenges, and opportunities to advance anti-racist policymaking through key programs. Together, the spotlights bring to life the principles outlined in this report, offering an illustrative roadmap for anti-racist policymaking with valuable lessons for state, territory, and federal efforts.



# A Framework for Re-Envisioning Government Support Programs to be Anti-Racist

This section outlines four pillars, or guiding principles, for policymakers and other stakeholders to utilize in reimagining economic and family support programs as programs that directly counter structural racism, advance racial equity, and enhance child and family well-being:

- 1. Acknowledge and Address the Ongoing Legacy of Structural Racism**
- 2. Center and Prioritize Both Short-and Long-Term Economic Security and Well-Being for People of Color**
- 3. Ensure Equitable, Inclusive, and Effective Implementation and Access**
- 4. Shift Power to Communities and Accountability to Systems**



Together, these principles provide a north star for transforming existing programs and systems into powerful tools for dismantling the impacts of structural racism and advancing the economic security and well-being of families of color. The principles focus on TANF, CHIP, Medicaid, and CCDF, but are designed to be applicable across a wider array of economic security programs and systems at all levels of government and at all stages of the policymaking process. Through prioritizing trust building, whole-family and whole-community approaches, and lived experience, policymakers can cultivate more inclusive and responsive programs to better serve communities.

To inform the principles, we engaged people from a wide array of backgrounds and settings—prioritizing experts with lived experience with poverty and human services programs—whose backgrounds include policy research, advocacy, direct service, and state administration, as well as others with program expertise. The principles also build upon previous GCPI publications in this series that provide a more in-depth re-envisioning of Medicaid, CHIP, CCDF, and TANF as anti-racist programs. All of the ideas generated in this series of publications reflect the perspectives and experiences of this group of experts

## PRINCIPLE 1: --- Acknowledge & Address the Ongoing Legacy of Structural Racism

Only by “grasping things at the root”<sup>22</sup> can we interrupt cycles of systemic racism and lay a new, anti-racist foundation from which other changes can flow. For vital economic security programs, like TANF, Medicaid, CHIP, and CCDF, to be anti-racist in purpose and practice, policymakers and administrators, where applicable, must first acknowledge and address the programs’ underlying foundation of structural racism,<sup>23, 24, 25</sup> and the many ways this legacy continues to shape the programs today. This would entail:

1. **Landscape Review:** Identify and outline which program-specific design and implementation elements, many of which have racist origins,<sup>26</sup> perpetuate and exacerbate disparate impacts on Black and Brown people and families.
2. **Addressal of Historical and Present-Day Systemic Harms and Injustices:** Revise and reconceptualize program design elements, including goals, structure, and implementation to address disparate impacts (such as those identified during the landscape review), oriented around principles 2–4 below.

## Principle 2: --- Center & Prioritize Both Short- & Long-Term Economic Security & Well-Being for People of Color

Anti-racist programs and policies consciously prioritize the continuous and sustained economic security and well-being of people of color.<sup>27</sup> Policy must be designed around ensuring people of color—especially Black women (including cis and trans women and gender non-conforming and nonbinary individuals),<sup>28</sup> who are among the most harmed and excluded due to centuries of targeted government and private wealth-stripping and structural discrimination<sup>29</sup>—are not only surviving, but thriving, both in the short-and long-term.<sup>30</sup>

Prioritizing the economic security and well-being of Black women and people of color would involve:

1. **Black Women-Centered Policy Design:** Building on the Black Women Best framework,<sup>31</sup> policy must be designed around meeting the needs of people of color—particularly Black women, for whom the current systems work the least well and cause disproportionate harm. Centering Black women also generates curbs-cut effects (the cascading positive outcomes for all that result from targeted policies centering marginalized and excluded communities)<sup>32</sup>—ensuring that systems work well for all and that the needs of all families are met.
2. **Short- and Long-Term-Focused Approaches:** To address long-standing structural and systemic racial inequities, our nation’s systems must be responsive to both short- and long-term needs—and ensure long-term prosperity, opportunity, and well-being for people of color and Black women, in particular.<sup>33</sup> As part of this, standards for “economic security”, “well-being”, and “thriving” must be contemplated and defined by Black women and other people of color, with space for diverse responses to what is needed and what it looks like to be economically secure for different families.

## Principle 3: --- Ensure Equitable, Inclusive, & Effective Implementation & Access

Large-scale anti-racist policy changes are only effective when programs are equitably implemented. Ensuring equitable access to program supports—and thus pushing back against structural racism and promoting the sustained well-being of participants of color—necessitates:

- 1. Removal of Racism-Rooted Administrative Barriers to Access, Eligibility, and Program Effectiveness:** Abolish racism-rooted, paternalistic, and burdensome design and delivery elements based on a logic of domination (such as those related to eligibility restrictions,<sup>34</sup> burdensome work and documentation requirements,<sup>35</sup> benefit caps and limits,<sup>36</sup> and block grant structures).<sup>37, 38</sup>
- 2. Inclusive, Expansive Eligibility and Participant-Oriented Service Delivery:** Prioritize participants' dignity, agency, eligibility for, ease of uninterrupted access to, and participation in multiple programs and supports (including seamless, streamlined, and accessible “no wrong door”<sup>39</sup> approaches; culturally concordant outreach; and cross-program care coordination).<sup>40</sup>
- 3. An Equitable and Robust Floor for Access, Reach, and Efficacy:** Establish strong uniform federal standards to ensure equitable access, adequacy, reach, and effectiveness of programs that exacerbate and perpetuate racial disparities, regardless of geographic location.

## Principle 4:

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# Shift Power to Communities & Accountability to Systems

Anti-racist policymaking requires fundamental redistributions of power and resources—as well as systems-level accountability, evaluation, and enforcement mechanisms<sup>41</sup>—to **KEEP** systems anti-racist, build trust, and facilitate ongoing transformation. At its foundation, anti-racist policy centers lived experience with racism and poverty,<sup>42</sup> power-sharing, and supportive community resourcing at every stage of policymaking, and entails:

- 1. Responsive, Participant-Centered Design and Systems-Focused Accountability:** Shift accountability for racial equity-focused outcomes (as outlined in principles two and three) and oversight onto systems, including by: establishing effective participatory processes that center lived experience with racism, economic insecurity, and programs; and facilitating ongoing systems-focused feedback, evaluation, and improvement towards racial equity-focused outcomes.<sup>43</sup>
- 2. Resourced Power-Sharing With Diverse Community-Based Organizations:** Ensure continuous, sustainable, compensated, and institutionalized involvement of diverse community-based organizations at all levels of the policy process through formal pathways, such as advisory groups.<sup>44</sup>

# Spotlight on Local Perspectives

Across the country, state and local organizations have been working towards changes to transform TANF, Medicaid, CHIP, and CCDF into programs that actively advance racial and economic justice, opportunity, and well-being for families. This section spotlights three partner organizations leading such work in their communities: the Center for a New Economy in Puerto Rico; Every Texan in Texas; and Platform of Hope in Washington, D.C.



The partner-authored spotlights provide an overview of each organization's work to support their communities and strengthen these critical programs, and a discussion of key challenges and opportunities to advance more bold and transformative anti-racist changes. Each organization provides applied examples of the principles put forth in the framework. Together, they represent the vast opportunities for change in a variety of geographic, political, and community contexts, and help to illustrate the wide array of structural, programmatic, and service delivery recommendations that would improve the access and reach of these programs and services, advance racial equity, and improve child well-being.

## Spotlight on Puerto Rico: Center for a New Economy

—By Sergio Marxuach, Policy Director and General Counsel



### Box 1. About Center for a New Economy

The Center for a New Economy (CNE) is Puerto Rico's first and foremost policy think tank, an independent, nonpartisan group that advocates for the development of a new

economy for Puerto Rico. We seek to inform current policy debates and find solutions to today's most pressing and complex economic development problems by rigorously analyzing hard data and producing robust empirical research, specifically in the areas of housing, energy, fiscal policy, social safety net programs, and federal policy.



## Racial Equity in Human Services: Challenges in Puerto Rico

After 400 years as a colony of the Spanish Empire, Puerto Rico was acquired by the United States as part of the settlement of the Spanish-American War of 1898.<sup>45</sup> While the war with Spain turned out to be quite short, it took considerably longer for the United States to determine the legal status of the inhabitants of its new acquisitions. This was the first time the U.S. annexed densely-populated island territories whose populations could not be easily displaced or forcibly removed. By some estimates, the population of the newly-annexed territories (Cuba, Puerto Rico, Guam, and the Philippines) was nearly 8 million, more than 10 percent of the U.S. population.<sup>46</sup>

The U.S. government had three options to define the legal status of the inhabitants of the acquired territories. It could:

1. Treat them as citizens afforded the full protections of the U.S. constitution;
2. Withhold U.S. citizenship and other protections such as trial by jury; or
3. Endow them with limited constitutional protections until Congress decided otherwise.

### THE RACIST DOCTRINE OF THE SUPREME COURT'S "INSULAR CASES"

In a long and complicated series of cases decided between 1901 and 1922, known to legal scholars as the Insular Cases, the Supreme Court defined the scope and limits of the U.S.-Puerto Rico relationship. In *Downes v. Bidwell* (1901), one of the first Insular Cases, the Court's plurality opinion held it was "self-evident" that the Constitution applied to the territories. The "difficult question" was to determine which particular provisions were applicable in any given situation. The answer to that question, in turn, depended on the relation of the territory to the United States. In the Court's view, there was a difference between "incorporated territories" which were to be treated "in all respects as a part of the United States" and "unincorporated territories" which were not recognized "as an integral part of the United States."<sup>47</sup>



As the Constitution does not make any such distinction among territories, the *Downes* Court instead stressed that the treaty which formally ended the Spanish-American War did not provide for incorporation—thus leaving it to Congress to determine the status of Puerto Rico and its inhabitants. Since Congress had not acted to incorporate Puerto Rico, the island was an “unincorporated territory” of the United States where only the “fundamental” protections of the Constitution applied.<sup>48</sup> That remains the case today, even though Puerto Ricans were granted U.S. citizenship in 1917.

The “significance of the Insular Cases goes beyond the law. In distinguishing between ‘incorporated’ and ‘unincorporated’ parts of the United States, these cases enshrined the notion that some places in the country weren’t truly part of the country.”<sup>49</sup> The implication being that Congress is permitted to discriminate against the residents of the territory because they are not “real Americans.” In essence, the application of the Insular Cases framework to Puerto Rico and its residents truncates the citizenship bestowed by Congress on Puerto Ricans in 1917. This strange species of citizenship simultaneously allows for:

1. The protection of only some fundamental rights (freedom of speech, due process, etc.);
2. The limited application of certain federal assistance programs (for example Medicaid, SNAP, SSI); and
3. Exclusion from the U.S. political process, beyond the election of a non-voting member of Congress known as the Resident Commissioner.

This state of affairs can be properly described as profoundly unjust, as it violates Professor Danielle Allen’s three basic guiding principles for a just society: full protection of both positive and negative liberties; political equality; and the fostering of social difference without domination.<sup>50</sup>

The Insular Cases validate the anti-racist theory that “across history, racist power has produced racist ideas about the racialized ethnic groups in its colonial sphere and ranked them ... this ranking of racialized ethnic groups within the ranking of the race creates a racial-ethnic hierarchy, a ladder within the larger schema of racism.”<sup>51</sup> Puerto Ricans are racialized as Latinx and are subject to a “powerful collection of racist policies” based on their place of residence. According to the logic of racism, this justifies placing them on a lower rung of the ladder within the larger scheme of American racism, as we will demonstrate below with the specific example of the application to Puerto Rico of the Medicaid program.

## Medicaid in Puerto Rico

Congress has traditionally treated Puerto Rico (and the other territories) differently from the 50 states in the implementation of the Medicaid program. Designed to help low-income persons obtain access to quality medical care, Medicaid is financed jointly by the states and the federal government. The federal share, known as the Federal Medical Assistance Percentage (FMAP), is based on a formula that takes into account the number of people living at or below the federal poverty level in a state relative to other states. Puerto Rico's FMAP was arbitrarily capped at 50 percent, the level applicable to the wealthiest states, even though it is one of the poorest jurisdictions in the United States, with a per capita income of \$14,047 (about half of Mississippi's), and a poverty rate of 40.5 percent in 2021.

In addition, the federal funding match amount is then capped at a much lower level by statute. This limitation is known as the Section 1108 cap. The FMAP is applied until the "mandatory ceiling amount" is reached, giving Puerto Rico's FMAP little meaning due to its high Medicaid spending and relatively low annual federal cap. At times, the effective federal matching rate for Puerto Rico's Medicaid program has been lower than 15 percent due to the combined effects of the low FMAP and the discriminatory Section 1108 cap. For decades, this meant that Puerto Rico had to set much lower income eligibility levels, provide fewer benefits, and make lower payments to providers.

According to Puerto Rico's most recent Fiscal Plan, the "Congressional Budget Office's (CBO) cost analysis of the 2023 Consolidated Appropriations Act estimates that in October 2027 the federal Medicaid funding cap for Puerto Rico will fall from about \$4 billion to about \$500 million annually.<sup>52</sup> In addition, under current law, in October 2027 the Federal Medicaid Assistance Percentage for Puerto Rico would be reduced from what is effectively 76 [percent] now to the 55 [percent] statutory FMAP for most beneficiaries."<sup>53</sup> There appears to be no logical or rational basis to justify this discriminatory treatment.

In sum, historic Medicaid funding disparities have made it extremely difficult, if not impossible, to develop and implement long-term health care plans for the population of Puerto Rico. Congress's arbitrary treatment of Puerto Rico for purposes of the Medicaid program has resulted in a deficient health care system and has also contributed to relatively worse health outcomes for the people of Puerto Rico, as demonstrated by the higher prevalence of chronic illnesses, such as diabetes, asthma, and heart disease on the island.

## Transformative Changes & Opportunities to Address & Advance Racial Equity in Human Services: Center for New Economy's Approach

For well over 100 years, Puerto Ricans living in Puerto Rico have been subject to discriminatory policies enabled by the racist legacy of the Insular Cases, as demonstrated by the case regarding Medicaid. This legacy means that residents of Puerto Rico:

1. “Are internally excluded from the body politic that we call the U.S. to the extent they have not been granted full status as members of this polity”;
2. Have limited social, economic, and political rights; and
3. Are categorized as “nonparticipants in the majority nation that controls the U.S. state, and as outsiders or nonmembers of the nation known as the United States.”<sup>54</sup>

Congressional policymaking concerning Puerto Rico is based on a scheme of territorial racism. A policy that discriminates against Puerto Ricans residing in the territory of Puerto Rico is a territorial racist policy. Territorial racist policies produce inequities between residents of the territory and residents of the mainland U.S. To be anti-racist in this context is to advocate for a powerful collection of policies that lead to equity between residents of the territory and residents of the mainland. To carry on that fight is our privilege and our challenge.

As part of our efforts to change this situation, we have focused our federal advocacy strategy on the following strategies:

- **Educating Congress about Puerto Rico.** Many members of Congress do not know that people born in Puerto Rico are U.S. citizens and have been since 1917.
- **Stressing the racist nature of the Insular Cases.** The disparate treatment of the U.S. citizens of Puerto Rico is justified by relying on expressly racist jurisprudence that is almost 125 years old. This justification is no longer valid, to the extent that it ever was, and the Insular Cases have joined other notorious cases as part of the U.S. legal “anticanon.”<sup>55</sup>
- **Advocating for equal treatment in key federal programs such as Medicaid, Medicare, SNAP, TANF, and SSI, among others.**

- **Highlighting the inherent injustice of granting significant tax breaks to U.S. multinationals and wealthy U.S. individuals who move to Puerto Rico, while discriminating against some of the most vulnerable residents of the island.**
- **Making recommendations to Congress to fully protect the civil and constitutional rights of all residents of Puerto Rico.**

## Spotlight on Texas: Every Texan

—By Rachel Cooper, Director of Health & Food Justice; Jonathan Malagon, Director of Equity and Learning; and Karla Martinez, Senior Policy Analyst



EVERY TEXAN



Photo Credit: Every Texan

### Box 2. About Every Texan

Every Texan is a nonprofit research and advocacy organization whose mission is to expand opportunity and equity for Texans of all backgrounds. Based in Austin, Texas, with staff located across Texas' metropolitan areas, we are part of an ecosystem of advocacy organizations with a shared vision of a state where every Texan can thrive.

Our theory of change includes three interconnected pillars of activities and action: legislative advocacy and communications; research and data; and community engagement. We collaborate

with our community and advocacy partners to build power and leadership alongside communities of color and people with low incomes.

Central to how we do our work is our unwavering commitment to racial equity. We lead with race because we recognize that the creation and perpetuation of racial inequities have been baked into our society, and racial inequities across all indicators for success are vast and pervasive across Texas. A racial equity approach is explicit about the impact of institutional and

structural racism for other marginalized groups. We believe that race-conscious, targeted approaches to advancing equity offer the specificity necessary to address systemic inequities. Our advocacy centers the perspectives of people who are most impacted, identifying policy priorities in direct collaboration with the community, and through coalitions and partners with member bases.



Photo Credit: Every Texan



Photo Credit: Every Texan

## Racial Equity in Human Services: Challenges in Texas

Texas is a diverse state with Black, Indigenous, and People of Color (BIPOC) communities making up nearly 60 percent of the population. However, the state's long and often ugly racial history continues to manifest itself in both our racial income gap and the lack of support by state leaders for human service programs to address it.<sup>56</sup> Despite poverty rates for Black and Hispanic Texans being three times that of white Texans,<sup>57</sup> our state leadership follows an ideology that is hostile

to public benefits programs, such as Medicaid, CHIP, and TANF, and any efforts to tackle the structural racism that leads to income disparities.<sup>58</sup> Their unwillingness to address the systemic barriers that BIPOC Texans face leads to policies that deliberately restrict access to vital services and the underfunding of programs.

Texas has the highest number and percentage of uninsured residents in the nation: 5.2 million or 18 percent of Texans. One major driver of the state's poor performance is that Texas has not updated its Medicaid income eligibility limits for parents (non-disabled childless adults who are not pregnant are not eligible in Texas) since 1985. At 16 percent of the federal poverty level, Texas has the most stringent Medicaid income eligibility level in the country.

The state could meaningfully reduce its worst-in-the-nation uninsured rate by maximizing Affordable Care Act coverage tools but has elected not to. For political reasons, and despite overwhelming support from the public and health care organizations, Republican state leaders have repeatedly rejected efforts to expand Medicaid. Expanding Medicaid would raise the program's income limits and provide assistance for the 28 percent of Hispanic adults who lack coverage in Texas.<sup>59</sup>

With some of the most restrictive rules in the nation, Texas' existing Medicaid and CHIP policies also lead to racial inequities. BIPOC children and pregnant women in particular face multiple barriers when enrolling in and keeping Texas Medicaid or CHIP. Pre-pandemic data shows that at least 400,000 Texas children, the majority being Hispanic, were uninsured in 2019 despite being eligible for Medicaid or CHIP, making it harder for these children to visit the doctor for check-ups, get needed medicine, access mental health support, and more.

In Texas, 1 in 4 children has a parent who is not a U.S. Citizen (of any immigration status), and fear of accessing benefits in mixed-immigration-status families keeps eligible children uninsured. This fear is a rational response to the anti-immigrant policies and rhetoric trumpeted by state Republican leadership. Additionally, more than 1 in 3 Texas households speaks a language other than English and 13 percent of Texans have limited English proficiency. Despite being one of the most diverse states in the country, Texas does not currently fund outreach for enrollment in Medicaid or CHIP and only provides applications and materials in English and Spanish.

Lastly, TANF is marked by stark racial disparities that limit the reach of cash assistance and disproportionately exclude Black and Latinx families. Today, fewer than 16,000 Texans are enrolled in TANF, and the program is nearly impossible for families in poverty with children to access. Barriers to access include, but are not limited to, punitive and ineffective work reporting requirements and time limits, burdensome application processes, inadequate benefit levels, and stigma.

## Transformative Changes & Opportunities to Address & Advance Racial Equity in Human Services: Every Texan's Approach

Every Texan advances a racial equity framework, built on key ideas around anti-racist policy and systems change work. An anti-racist approach necessitates that state leaders and policymakers guarantee benefits for all Texans in need of assistance, regardless of race and ethnicity.

The single most meaningful change Texas leaders can make to address racial equity in human services is to change the existing narrative about the value of the programs. Texas needs to adopt a people-first model that emphasizes that helping Texans to meet their basic needs, including access to health care and cash assistance, are important pillars to building a healthier and more prosperous state for all. All Texans, but especially Texans of color, would benefit from moving away from the current approach which adds barriers to assistance such that only the most persistent or the most desperate get aid. Texas should instead shift to an approach that emphasizes public benefits programs as playing a positive role by decreasing suffering and increasing stability for Texans.

To reinforce this new people- and community-first framework, Texas could advance racial equity through the following transformative changes.

### ENSURE INCLUSIVE PROGRAM ACCESS

The state legislature should fully fund efforts that address the language barriers that prevent eligible Texans from enrolling into human services programs, by making key resources available in multiple languages, including Spanish, Vietnamese, Korean, Chinese, and Arabic. We have recently joined the Language Justice Collective, led by our community partners, and have supported their efforts to make language translation and interpretation available for Health and Human Services Commission (HHSC) programs, using methods such as legislative testimony and district-level data analysis.

State leaders should direct HHSC to improve outreach to mixed-immigration-status families with eligible children, clearly informing parents that eligible children's use of health services will not harm a parent's immigration status. Prior legislation on this failed to pass. Working with partners, we launched the Seguro Texas campaign in 2022.<sup>60</sup> We have collaborated with immigrant-serving organizations around the state to message-test and produce new resources that these organizations can use when conducting outreach. Most of these materials are currently available in English and in Spanish as well as key languages identified by community partners: Vietnamese, Korean, Chinese, French, Arabic, and Burmese.

We advocate for funding state grants for community-based outreach and application assistance to enable smaller health centers and other community organizations to play a bigger role in getting BIPOC communities enrolled.

## EXPAND PROGRAMS REACH & SUPPORT EVERY FAMILY

Texas leaders should eliminate the coverage gap by expanding Medicaid. Albeit unsuccessfully, we advocated for Medicaid expansion that would provide coverage to 1.5 million uninsured adults. We also advocated for including coverage of lawfully present adults and lawfully present people who are pregnant women under Medicaid. Working with our partners on the Sick of It Texas (SOIT) Campaign, we held a Medicaid Expansion “People’s Hearing” that brought over 150 Texans from across the state to the Capitol to share personal stories of Texans trapped in the coverage gap and bring attention to the failure of the legislature to even hold a hearing on Medicaid expansion.

State leadership opposition continues to prevent progress on Medicaid expansion, the single most meaningful and cost-effective step Texas could take to improve access to coverage and care for low-income BIPOC Texans. Despite this frustrating political reality, our years-long advocacy continues to yield benefits. We have continued to push government leaders to adopt policies that improve coverage and are explicitly explained as “not Medicaid expansion,” such as legislation passed in 2023 that extended postpartum Medicaid coverage to 12 months.

Texas leaders should modernize TANF by updating its eligibility rules including income and asset limits which have not changed in 25 years and are some of the lowest in the country. TANF’s current limits, including income and vehicle values, have never been adjusted for inflation and are so restrictive that only the most destitute families can qualify and have contributed to the program’s failure to serve children and families in crisis.

Although state leaders have refused to hear any bills to improve TANF, we brought a large group of grandparents raising grandchildren to the Capitol to advocate for modernizing the TANF and SNAP vehicle rules. While the changes to TANF failed, our work with partners across the state succeeded in updates to the SNAP rules. To further increase the financial stability of Texas BIPOC families with children, the state should update TANF’s income thresholds and align the program with the new SNAP vehicle limits.

State leaders should make TANF more effective by simplifying and updating the program. Texas’ TANF program is so complicated that only a select group of state eligibility workers is experienced enough to determine if an applicant qualifies. Yet if a family is able to enroll in TANF,



their monthly grant is only 17 percent of the federal poverty level for their family size. It is so low that families on TANF are still trapped in extreme poverty. State time limits ranging from only 12 to 36 months have also eroded the program's ability to help families with long-term needs.

If TANF is to actually blunt the worst effects of poverty for Texas families of color, not only should benefits amounts be raised significantly, program rules must also be streamlined so that families are not forced to prove that they are “worthy” of aid. Parents should not have to sign Personal Responsibility Agreements or participate in job search activities (not actual job training) to get help, and assistance should not be time limited. Families should be able to count on TANF for as long as they need it. An anti-racist model for a reimagined program Every Texan has advocated for is a TANF carve-out program for low-income, kinship families that would simplify eligibility, grant higher benefits, and get rid of time limits. So far, the legislature has not been interested in considering this model.<sup>61</sup>

## **ESTABLISH ANTI-RACIST FEDERAL STANDARDS**

Though political leaders in Texas should be doing much more to ensure that Medicaid and TANF are not only accessible to communities of color in need, but provide resources to thrive, ultimately these are federal programs and federal standards are required. As long as Texas politicians see limiting Medicaid and TANF enrollment as an easy way to cut the state budget, giving yet more tax breaks to their wealthy backers, they will continue to underinvest in the programs. Currently, states have a great deal of flexibility in setting their eligibility rules and outreach practices but they are not held accountable for actually serving eligible individuals. Federal standards should be set for minimum program participation rates and any state options that need federal approval should be denied if they disproportionately harm communities of color. Establishing stronger federal standards will raise the floor for Medicaid and TANF policy in Texas and support improvements to these programs that advance racial equity for all Texans.

# Spotlight on Washington, D.C.: Platform of Hope

—By Judy Estey, Executive Director



## Box 3. About Platform of Hope

Platform of Hope’s (POH) mission is to enhance the ability of families of color to define and pursue success while building community. We do this by connecting them with coaching, services, and one another through facilitating cohort-based, family-centered gatherings and leadership opportunities, so families of color will:

Photo Credit:  
David Dowling

1. Reach their holistic self-identified goals;
2. Actively build community and connection; and
3. Engage in campaigns to address structural inequalities.

Together, we amplify the experiences of D.C. area families and address systemic barriers to success. Located in Washington, D.C., our vision is that families of color in D.C. neighborhoods achieve greater social, financial, and overall wellness in their lives and community. Founded by an alliance of anchor nonprofits—Jubilee Housing, Jubilee JumpStart, Mary’s Center, and



Sitar Arts Center—in 2018 as a pilot program, Platform of Hope in 2023 was in its fifth year of operation. We remain connected with our founding partners and other organizations to best support families in identifying and pursuing their goals across housing, health, finances, employment, education and more. Too often, pursuit of these goals are siloed despite the reality that most of these areas are indeed interconnected, leading to greater barriers and delays for families from the services that are supposed to be helping them. Overall, 60 percent of families who POH works with speak Spanish as their primary language and identify as Latinx/Hispanic, while 39 percent identify as Black or African American and 1 percent as Asian. Currently, POH is working with just under 70 primarily Black and Brown families.

Our program model includes the following elements:

- Provide self-directed and individualized support to adults through coaching and personal goal setting, monitored through regular personal meetings with POH staff;
- Host monthly family sessions to build social capital and robust community support networks to allay eroding neighborhood-based social networks, due to gentrification and isolation from social distancing;



Photo Credit: David Dowling

- Facilitate and program additional trainings and services for families based on self-reported needs, including parenting classes, trauma-informed therapy, financial literacy; and
- Navigate and expedite access to partner organizations with referrals for health, job training, out-of-school-time programs for youth, legal and financial coaching programs. This includes providing direct assistance with applications for emergency rental assistance, matched savings programs, scholarships, and more.



Photo Credit:  
David Dowling

## Racial Equity in Human Services: Challenges in D.C.

D.C. government has made great strides in creating social services programs that are aimed at improving socioeconomic outcomes for families of color experiencing economic hardship—this includes the D.C. Alliance Healthcare program,<sup>62</sup> the Local Subsidy Rent Program,<sup>63</sup> among others<sup>64</sup>—and has recently created an Office of Racial Equity that audits D.C.’s programs and agencies.<sup>65</sup> However, there continues to be insufficient investment in, and accountability for, these programs that perpetuates the harms noted by participants and significantly reduces the effectiveness of these services.

As noted in the consultations with participants and staff from Platform of Hope, along with staff from Mary’s Center and Jubilee JumpStart, during this project, there are common themes in the delivery of social services for Black and Brown D.C. residents:

- Lack of cultural competency in serving families, particularly when the applications for programs includes invasive questions that lead to a feeling of disrespect tied to racial and ethnic differences;
- Lack of true language justice access (e.g., lacking application and communication materials translated correctly into languages like Spanish and Amharic, and lacking available qualified translators); and
- Confusion and delays in the processing times of applications so that families are constantly in the process of recertification.

“

I've had families submit brand new applications 3-4 times just to get an acceptance letter saying they'll have to recertify in April or else all their benefits will be cut off. It just kind of throws families for this loop of confusion over and over and over again," said one staff member.

Another staff member said,

“

About two or more families I've worked with recently applied, never got a single notice, and they'd call and the person would say it's being processed. Families will get denied and won't even know. There's no one who will take accountability.”

For a participant receiving benefits, this frustration with delays and poor communications was clear:

“

I updated my address seven times and they're still sending my mail to my old address. They cut off and then I have to reapply. Communication down at DHS [Department of Human Services] is very poor. For everyone on benefits, we're not at home. Jobs don't want to hear that we have to run here and there for benefits.”

In addition, participants addressed biases and racial stereotypes they feel confronted by when accessing services. For example, one service provider interviewed directly named anti-Blackness in family and child services programs:



The first thing that comes to mind is that in D.C., Black folks make up a large proportion of people but are underrepresented in CFSA [Child and Family Services Agency], which is an agency that cares for the well-being of a child. When parents may be disabled or considered not capable of caring for their children, they may lose custody of their children. For these parents, let's say they are applying for benefits, because they are not listed as legal parents, they may not be able to apply for benefits for their children. Black folks are overrepresented in these systems. It is less about the structure being implicitly anti-Black and more about it being explicitly anti-Black. Black folks are overly surveilled both through child care systems.”

This extends further to the racist stereotypes named by participant families, particularly Black women, in accessing support services, where they feel they are seen by the staff and agencies as (as was directly self-described in project interviews) “welfare queens” and “lazy.” This is the result of policymakers perpetuating racist myths concerning Black single mothers, “deservingness” of support, and “willingness” to work to weaken public support for investing in social programs. In many ways, the distrust of Black families and the stereotype that families are “gaming” the system to receive benefits is seen directly in the way the benefits are administered and then, ultimately, disadvantage people of color: with caveats, restrictions and (often contrarian) requirements.

## Spotlight: Child Care or Job—the Chicken or Egg Problem

### Box 4.

Last year POH worked with a Black single mother “Sarah” whose goals were to gain employment but who could not find a job because she needed child care for her three-year-old son. Her Program Manager assisted her in finding an open spot for her son in Jubilee JumpStart—which was a significant opportunity since finding an open spot in a well-resourced early child care program is extremely hard. Due to her low income, it was apparent she would still need a child care subsidy voucher to afford tuition. While Jubilee JumpStart was able to support the process of applying for the voucher, she was deemed ineligible at that time because she was unable to prove she was working or in an educational program. This is an example of the “chicken-or-egg” problem when it comes to child care subsidies: the mother “Sarah” needed a job to receive the subsidy to access child care but the mother could not get a job until she had secured child care. The services meant to support working families are, in fact, putting undue burden on the participants due to an outsized concern that participants will be “undeserving” of those services (in this case, the government would define those who are “deserving” as already working or pursuing an education).

After much effort, we were able to support Sarah in accessing the voucher and her son was enrolled in child care. However, the process took over three months and had to be undergone once more when Sarah had to prove she was employed to re-enroll her son.

## Platform of Hope's Approach to Address & Advance Racial Equity in Human Services

Platform of Hope is both a hyper-local program and increasingly looking towards systems change on a D.C. government level to better support Black and Brown families and achieve racial justice. In many ways, D.C.'s local government has shown an interest in pursuing more progressive programs for its residents, despite the continual threat of oversight by a Congress that might overturn any policies it deems as too "radically liberal". As just one example, the D.C. Healthcare Alliance is a program specifically designed to ensure immigrant populations and other vulnerable communities are insured. While the intent behind this initiative is towards health equity, the actual administration of the Alliance—as is the common theme—disadvantages its users, who are primarily Black and Brown populations who are undocumented and experiencing extreme economic vulnerability.

### OUR VISION & THEORY OF CHANGE

Platform of Hope believes that to truly create programs that will be anti-racist, the programs need to be shaped and overseen by the people most impacted. This would mean changing the procedures and protocols to reflect the needs of the people who the programs are intended to serve. Ultimately, there must be a trust that the applicants to these programs are acting in good faith and not trying to cheat the system. An anti-racist public benefits system would include genuine two-way trust and respect for the people accessing those benefits. The current lack of respect for participants is yet another barrier to Black and Brown families accessing the help that they deserve. As just some examples of what this could look like:



- Providing child care subsidies to parents without requiring proof of a job or degree program, because we know that children deserve well-resourced care;
- Providing health care to all people, regardless of citizen status or country of origin; and
- Rather than revoking coverage while an applicant's paperwork is processed, defaulting to continued coverage and removing participants from the program only at their request. Health care should be a human right.

## Spotlight: D.C. Healthcare Recertification & Advocacy

### Box 5.

Pre-pandemic, the D.C. Healthcare Alliance program required that users recertify every six months in person. In practice, this process led to families arriving at five in the morning to wait in line outside of the Department of Human Services (DHS). These families were afraid to miss an appointment which would mean losing health insurance coverage.<sup>66</sup> During the pandemic, this process was changed to 12 months but would have expired and reverted to the pre-pandemic recertification process had it not been for local advocacy. Groups such as D.C. Fiscal Policy Institute, Legal Aid, Mary's Center/Briya Public Charter School (including students and current as well as former POH participants), La Clínica del Pueblo, the D.C. Healthcare Alliance Coalition, among others, demanded that the D.C. government address the recertification issue

permanently.<sup>67</sup> Ultimately, the D.C. Mayor and Council approved a new 12-month recertification process that eliminated the in-person mandate and made it possible to apply online in 2022. While this was a significant win, the recertification process unfortunately continues to be a laborious one. The online application has long, non-transparent processing times since the DHS cannot keep up with all the new submissions. This has cut families off from health insurance despite having submitted their documents on time. The system, in essence, penalizes residents for the DHS's lack of processing expediency.

## Transformative Changes & Opportunities

The consultations during this project cite many suggestions for advancing racial equity within these programs, specifically the need for streamlining the application processes as well as the idea for a “one-stop-shop”<sup>68</sup> center where families could apply for the many intersecting systems in one place. As noted by many, the documentation required for SNAP is also necessary when applying for Medicaid and TANF. So why not have these documents be easily accessible and/or automatically verified within the public benefits system? Having options for trusted community partners—nonprofits, health care centers, schools, etc.—to be the site for recertification and application would also help address current challenges around accessibility, language barriers, the lack of cultural competency, and the invasive nature of many of the applications. While in some ways moving the application process online has helped with transparency and efficiency, it has also led to additional confusion for families without digital literacy or who have additional questions or concerns that require human assistance (or in the case of the Healthcare Alliance [see Box 5], significant processing delays).

Platform of Hope works in partnership with other campaigns and coalitions—including Fair Budget Coalition, SPACeS in Action, and the Excluded Workers coalition—in uplifting the voices of those most impacted to advocate for greater

investment, better accountability, and improved program requirements for social services in D.C. These frequently include less invasive application questions, fewer eligibility requirements and recurring services without annual recertifications. In 2023, these campaigns have included “Give SNAP a Raise,”<sup>69</sup> demands for additional Emergency Rental Assistance (and streamlined processes for applications),<sup>70</sup> etc. Unfortunately—and too frequently—advocacy must first start with ensuring the programs receive adequate funding, as the programs only face more service problems the less funding they receive. However, this leads to the fight for dollars subsuming the current need for additional improvements to these programs once funded.

At Platform of Hope, we are modeling holistic, family-centered programming in response to the urgent need to identify and disrupt the economic, educational, and health disparities, among others, facing economically vulnerable families of color in Washington, D.C. and around the country. The COVID-19 pandemic has exacerbated the existing social and economic disparities for low-income families of color. Therefore Platform of Hope believes our model to connect these systems has never been more vital. Equally as important, is the way that Platform of Hope “delivers” our services. Our strategy is to:

- Embrace a power-shift in the provision of social services by having families self-direct their goals and strategies;
- Coordinate access to services through partners in order to eliminate barriers; and
- Seek to make a long-term positive impact by focusing on the creation of strong social networks.

Platform of Hope emphasizes building connectivity between our cohort families in recognition of the innate resourcefulness of participants, as well as their capacity to lead and be a source to others given their lived experience. The importance of participants’ social capital and family leadership is another central pillar that differentiates us from traditional social services. Rather than perpetuate patriarchal structures, we aim to model how family-centered programs can better support families and overturn systems of oppression. We continue to be inspired by our, now departed, Family Care Lead Sylvia Stokes’ assertion that “A Platform of Hope is needed in every city.”

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# Endnotes

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