



THE STATE OF INEQUITY

DREAMS DEFERRED

2023

children
at Risk
Speaking Out + Driving Change for Children

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THE STATE OF INEQUITY: DREAMS DEFERRED 2023

In *The State of Inequity: Dreams Deferred*, CHILDREN AT RISK explores our children's access to good health, basic needs, quality education, and fair justice through an equity lens. While not exhaustive, this report provides a snapshot of areas for further study and improvement, so that every child in Texas has a clear path to achieving their dreams.

ACCESS TO GOOD HEALTH

Texas ranks in the 22nd percentile of states regarding access to and quality of care for Black and Latinx populations, according to the Commonwealth Fund. Families and children of color are more likely to suffer worse outcomes from treatment than whites, according to the study.¹ While rates of anxiety, depression, and suicidal ideation are increasing for people of all races and ethnicities, there are notable differences across races.² Black youth have had the highest average percent increase over time for suicide.³ "The State of Inequity: Dreams Deferred" examines inequities in the following areas:

[Immunizations](#) | [Maternal Mortality](#) | [Mental Health](#) | [Healthcare in the Borderlands](#)

ACCESS TO BASIC NEEDS

We know that children cannot learn or thrive when basic needs, such as food and shelter, are not met. In Texas, the likelihood of children lacking basic needs varies based on location, socioeconomic status, and the color of their skin. In Harris County for example, 25% of Black children and 18% of Hispanic children experience hunger, compared to 7% of white children.⁴ Additionally, lack of rest is a major barrier to a family's success in life. For children of color, barriers to rest and resilience may include neighborhood and environmental factors like light and noise pollution, crime and sense of safety, access to green spaces and grocery stores, or even the adverse effects of structures or processes that disadvantage non-white families. Our report identifies the following disparities in the acquisition of basic

[Sleep](#) | [Food](#) | [Shelter](#) | [School Nutrition](#)

ACCESS TO QUALITY EDUCATION

Receiving quality childcare and education from birth to high school is a major determinant in a child's success. Roughly 1-in-10 Texas children (0-5) with working parents live in a childcare desert.⁵ Working parents who struggle to obtain quality care for their young children are limited in how they can provide for them. For many Texas school age kids, major hurdles, and inequalities inside and outside the classroom, keep them from gaining the knowledge and skills they need to meet life's challenges. This report delves into the following factors that affect access to quality education:

[Necessity for Equitable Access](#) | [Lack of Access to Early Childhood Education](#) | [Inequities in K-12](#)

ACCESS TO FAIR JUSTICE

Research shows that even one out of school suspension increases the likelihood that students will be held back in school, will not graduate on time, and will have future contact with the justice system. In Texas, Black girls experience the greatest gender disparity in discipline across racial groups. They are suspended at higher rates than their Black male counterparts through both one or more out-of-school (34% compared to 29%) and in-school suspensions (25% vs. 21%).⁶ Finally, "The State of Inequity: Dreams Deferred" will look at how children of color in Texas experience unfair justice in the following ways:

[School to Prison Pipeline](#) | [Disparities in School Discipline](#) | [Discrimination Based on Appearance](#)

ACCESS TO GOOD HEALTH

Without your health, there is no you, and without you, the dream remains a dream.
-Royale L'Radin

Immunizations

Decrease Rates of immunization



The federal Advisory Committee on Immunization Practices (ACIP) for young children recommends a series of 7 vaccines that are administered between birth 0 months and 2 years of age to guard against preventable diseases.⁷ Texas trend data shows that immunization rates are decreasing, and exemptions are increasing. Black and Latinx Texans are less likely to complete the vaccine series.



CDC (Centers for Disease Control) reported a nationwide increase in measles cases in 2019-. In Texas⁸, there was an increase as well in 2019 with 23 cases that year compared to an average of 5.6 the previous 10 years. Out of the cases in 2019, 43% (10 cases)⁹ were children under the age of 18. No recent data after 2019 is found in the report.

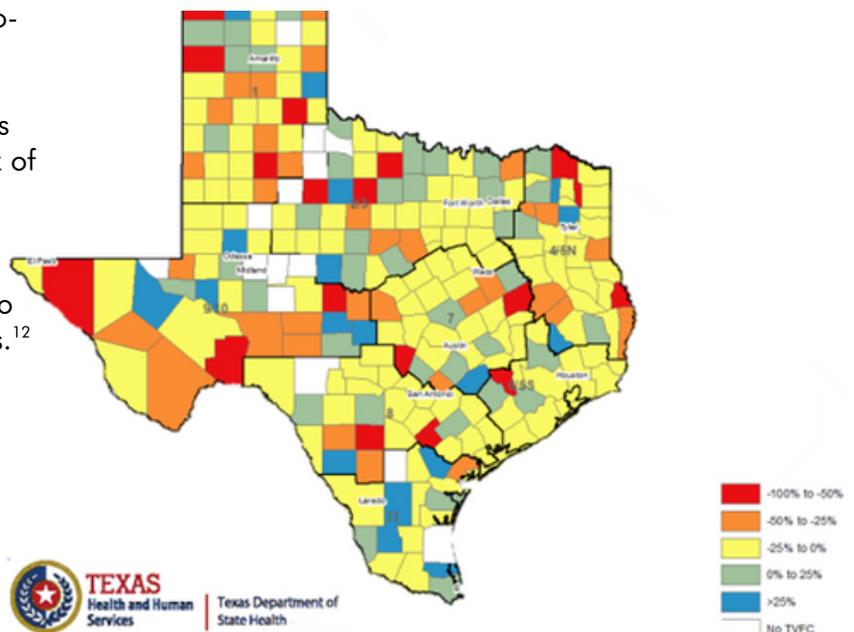
CDC reports also show a nationwide increase of mumps in 2016-2017, and then a further increase - (at a shorter rate) in 2019.¹⁰ Numbers decreased after 2020. In Texas, cases increased starting 2017 and have remained high, averaging 505 cases per year. In 2019, the last year of Texas data available, children under the age of 19 made up 24% of cases.¹¹

Increased Risks of Outbreaks

With COVID-19, lock-down disruptions reduced children's access to regular check-ups, further reducing the number of children with fully up-to-date vaccinations. The decreasing childhood vaccination rate combined with lower-than-expected COVID-19 vaccination rates continues to put schools and children at an increased risk of infectious disease outbreaks and disruptions to education. During the 2021-2022 school year with the return of in-person learning, over 45 school districts had temporary shutdowns due to COVID-19 outbreaks among staff and students.¹²

Texas Vaccines for Children (TVFC) is a state program that provides low-cost vaccines to children in the community, under the participations of providers statewide. Figure 1 below represents percentage change in TVFC administration of vaccines from January-September 2017-2019 to January-September 2021.¹³

FIGURE 1: TVFC ADMINISTRATION PERCENT CHANGE, JAN-SEP 2017-2019 TO JAN-SEP 2021¹³

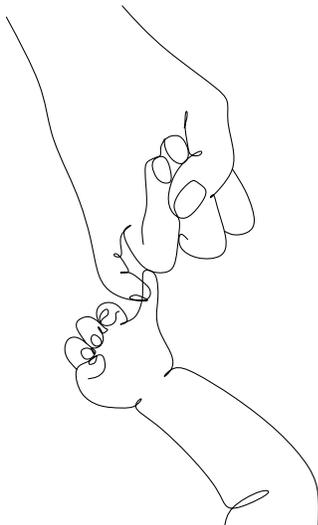
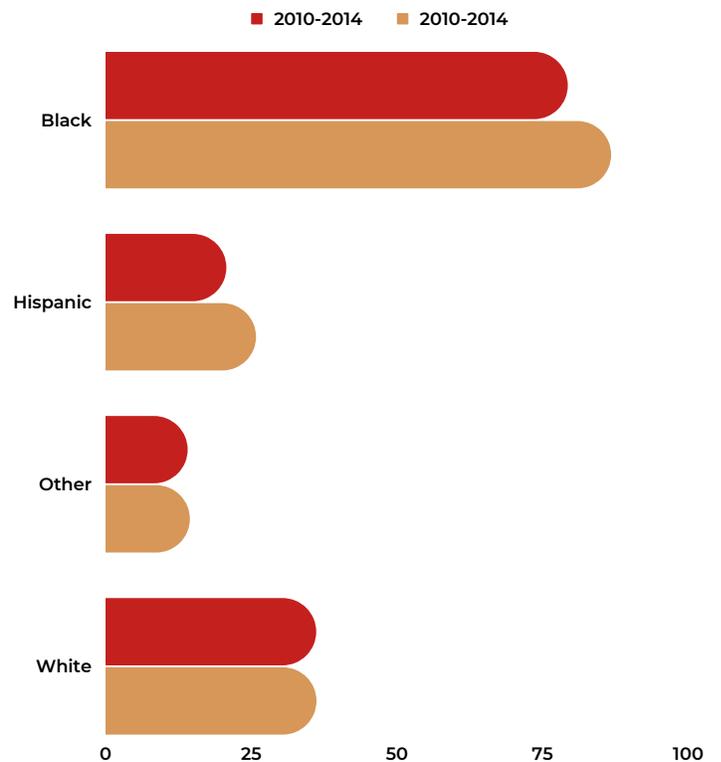


Maternal Mortality Rate

Increased Maternal Mortality Rates

Maternal morbidity describes any short- or long-term health problems that result from being pregnant and giving birth. Maternal mortality refers to the death of a woman from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.¹⁴ It is devastating for families when a mother does not survive childbirth, unfortunately a tragedy that happens at a higher rate in Texas than nationally. The maternal mortality rate in Texas for 2019 was 31.2 deaths per 100,000 live births compared with a rate of 17.4 nationwide (CDC).¹⁵ **While maternal mortality rates are declining worldwide, Figure 2 explains how Texas has seen a 10% increase in overall maternal mortality rate according to data from 2010-2014 to 2015-2019.**¹⁶ In late 2014, the Texas Department of State Health Services created the Maternal Mortality and Morbidity Review Committee (MMMRC) to address this alarming increase in maternal mortality rates.¹⁷

FIGURE 2: MATERNAL MORTALITY RATE BY RACE/ETHNICITY¹⁶



Need for More Data Collection

Originally scheduled to be released in September 2021, this delay of the Texas maternal health report perpetuates health inequities toward minority communities by fueling continued distrust of healthcare systems. Insufficient data and resources prevent stakeholders from making informed decisions to develop strategies, which in turn threaten the health of marginalized families. Five years after the state of Texas formation of the MMMRC, we continue to not only see an overall increase of Maternal Mortality Rate (MMR), but we see larger inequities between race/ethnicity.¹⁸

Disproportionate increase in Severe Maternal Mortality

Non-Hispanic Black families in Texas have the highest MMR in the state of Texas, with rates increasing 10% since 2014.¹⁸ We see a 25% increase in MMR among the Hispanic population, while the non-Hispanic white population saw no change. Black and brown families saw a disproportionate increase in severe maternal morbidity (SMM) since the state began their efforts to decrease the MMR.

Immigrant communities face specific barriers to receiving critical information regarding their pregnancies including lack of access to affordable medical care, language barriers, misinformation, and medical mistrust. In Texas, that means 5 million people, 17% of the population, are at risk of not getting this potentially lifesaving information.¹⁹ Additionally, many immigrant children and families don't have access to care they are otherwise eligible for because of their legal status. Over 850,000 children in Texas have undocumented parents and about 1.2 million children have a parent that is a legal permanent resident (LPR).²⁰ Current federal law requires citizenship or 5 years of permanent residency for Medicaid eligibility.

The MMR is a symptom of the larger systemic racism and biases rooted in our society, which in turn impact people's health outcomes. According to the World Health Organization, most maternal deaths occur in low and lower middle-income countries due to lack of resources, yet there is evidence that no matter the socioeconomic status of black women, they are at greater risk of poor maternal health outcomes.²¹ The American Medical Association issued an opinion that "although the primary drivers of racial health inequity are systemic and structural racism, racism and unconscious bias within medical research and health care delivery have caused and continue to cause harm to marginalized communities and society as a whole,"²² To further underscore this point, a California report revealed that a Black mother with a college education is still twice as likely to die than a white mother who has achieved a high school education, due to implicit biases in healthcare.²³

High-quality pre- and postnatal health care can diagnose treatable conditions and help people manage their medical condition through diet, exercise, and, when needed, medication. Medicaid covers both prenatal and postpartum care for many people in the United States who have lower incomes. In Texas, current policies such as inadequate Medicaid coverage directly influence the quality of maternal health care. With Texas having the highest uninsured rate in the country and no Medicaid expansion, Texans should be concerned.²⁴



Mental Health

Pandemic Trauma

In addition to coping with problems like food insecurity and limited access to health care, pandemic and post-pandemic issues add to the stress inflicted on Texas youth. More than 500,000 Texas children were diagnosed with anxiety or depression in 2020, an increase of 23% from 2016.²⁵ Nearly 4 in 5 Latinx youth suffer at least one traumatic experience, like poverty, or abuse.²⁶

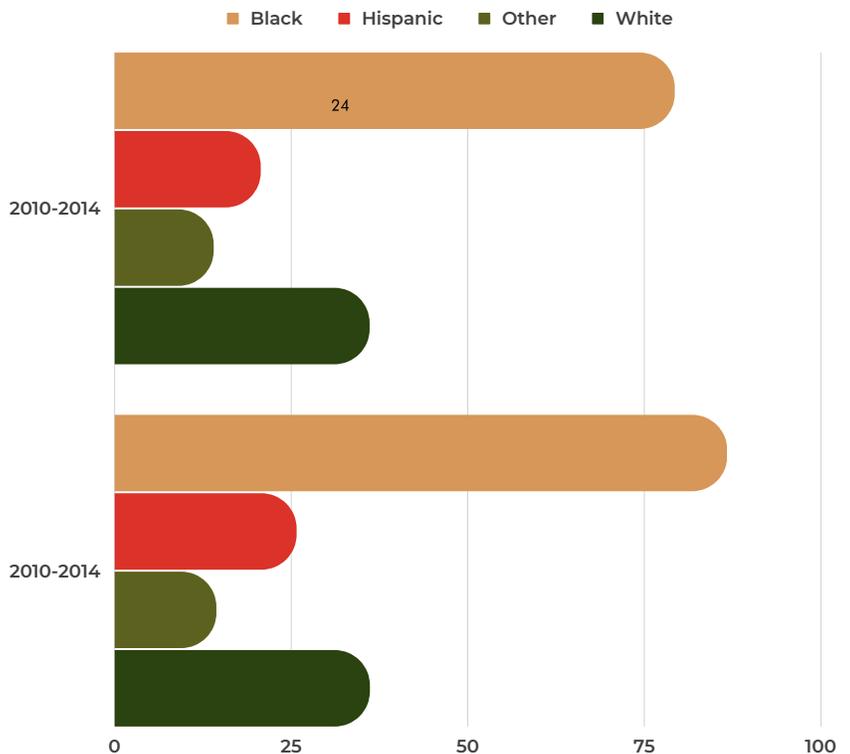
Shortage of Access

The number of people looking for help has increased, while simultaneously the mental health workforce has decreased, resulting in a shortage of qualified mental health professionals. Meanwhile insurance coverage for mental health services remains inadequate, a maelstrom that perpetuates the worsening mental health of children and adolescents in Texas. According to the National Alliance on Mental Illness, 65% of Texas youth with depression did not receive any care, ranking Texas 47 out of 51 states.²⁷ Untreated depression conflates with other risk factors, making high school students with depression twice as likely to drop out of school than their peers.²⁸

Increase in Suicidal Ideation

While rates of anxiety, depression, and suicidal ideation are increasing for people of all races and ethnicities, there are notable differences across race.²⁹ Non-Hispanic Black youth have had the highest average percent increase over time for suicide.³⁰ Figure 3 breaks down the youth suicide rates per 100,000 children from 2010-2020. Black children have a rate of 7.25 per 100,000, Hispanic children sit on a rate of 5.13 per 100,000 children, and white children have a rate of 9.44 per 100,000 children.²⁴ While rates are lower for black children, those rates are increasing at a rapid rate, and it is potentially indicative of an emerging trend/issue. LGBTQ children are also impacted more with mental health challenges; 22% of Texas high school students who identify as gay, lesbian or bisexual reported attempts at suicide, compared to 6% of heterosexual students.²⁵

FIGURE 3: YOUTH SUICIDE BY RACE/ETHNICITY IN TEXAS 2010-2020³⁰



Increased Reports of Mental Crisis

Online schooling, family members who got sick, and social isolation during the pandemic affected children and young adults deeply. Not only did it disrupt learning, but it also affected many families' economic security, and it interrupted the growth and progression of many children. The US Centers for Disease Control and Prevention states that

"In 2021, more than a third (37%) of high school students reported they experienced poor mental health during the COVID-19 pandemic, and 44% reported they persistently felt sad or hopeless during the past year. With many campuses shut down, students lost many of the supports and places of safety that schools provide:

- More than half (55%) reported they experienced emotional abuse by a parent or other adult in the home, including swearing at, insulting, or putting down the student.
- 11% experienced physical abuse by a parent or other adult in the home, including hitting, beating, kicking, or physically hurting the student.
- More than a quarter (29%) reported a parent or other adult in their home lost a job."³¹

Healthcare in the Texas Borderlands

Shortage of Medical Professionals

Having an adequate supply of medical professionals is essential for maintaining the health of a community. During CHILDREN AT RISK's Second Annual Border Health Summit, thought leaders shared that "For every 2,100 people in Hidalgo County, there is only one physician. For every 3,600 people, there is only 1 dentist. For every 1,500 patients seeking care, there is only 1 mental health professional."³² With 151 providers per 100,000 patients, El Paso County is well below the recommended ratio of 291.³³

Physician shortages limit access to needed medical services and as a result, lower the overall quality of care in a community. This can lead to misdiagnoses, untreated conditions, and adverse health outcomes. Families with limited access to primary care providers are less likely to get routine checkups, screenings, and immunizations. Having fewer providers serving a community can also lead to longer wait times, shorter doctor visits, and increased workload for doctors. Access to health care providers is especially difficult for people living in rural areas.³⁴

While the Texas border region has lower infant mortality rates there are also higher incidences of cervical cancer and caesarian section delivery rates."³⁵

Adequate preventative care and primary care is also hindered by physician shortages. A case in point is the devastating impact COVID-19 had on the border, on July 1, 2020, El Paso County had the highest COVID-19 death rate among all U.S. counties with more than 500,000 people; second was Hidalgo County.³⁶ High rates of chronic health conditions, including higher obesity, diabetes, and an aging population as well as an increased rate of people without health insurance put these border communities at risk. This crisis was compounded by the high proportion of frontline workers who were obligated to work in person.³⁷



ACCESS TO BASIC NEEDS

Whether one is rich or poor, educated or illiterate, religious or nonbelieving, man or woman, black, white, or brown, we are all the same. Physically, emotionally, and mentally, we are all equal. We all share basic needs for food, shelter, safety, and love. We all aspire to happiness, and we all shun suffering. Each of us has hopes, worries, fears, and dreams. Each of us wants the best for our family and loved ones.

--Dalai Lama XIV

Sleep



Economic Barriers

While there are research-backed practices parents can implement to support their child's sleep, it is important to acknowledge the barriers disadvantaged families face putting them into practice and added challenges that lead to child sleep disparities. For example, economically disadvantaged families are less likely to have the opportunity to practice bedtime routines that allow for optimal parent-child interaction.³⁸ Low-income parents are more likely to work multiple jobs, have shift work, and be on-call, which can make it difficult for them to enforce consistent bedtimes or find time for bedtime activities, including language-based activities such as singing and reading together.

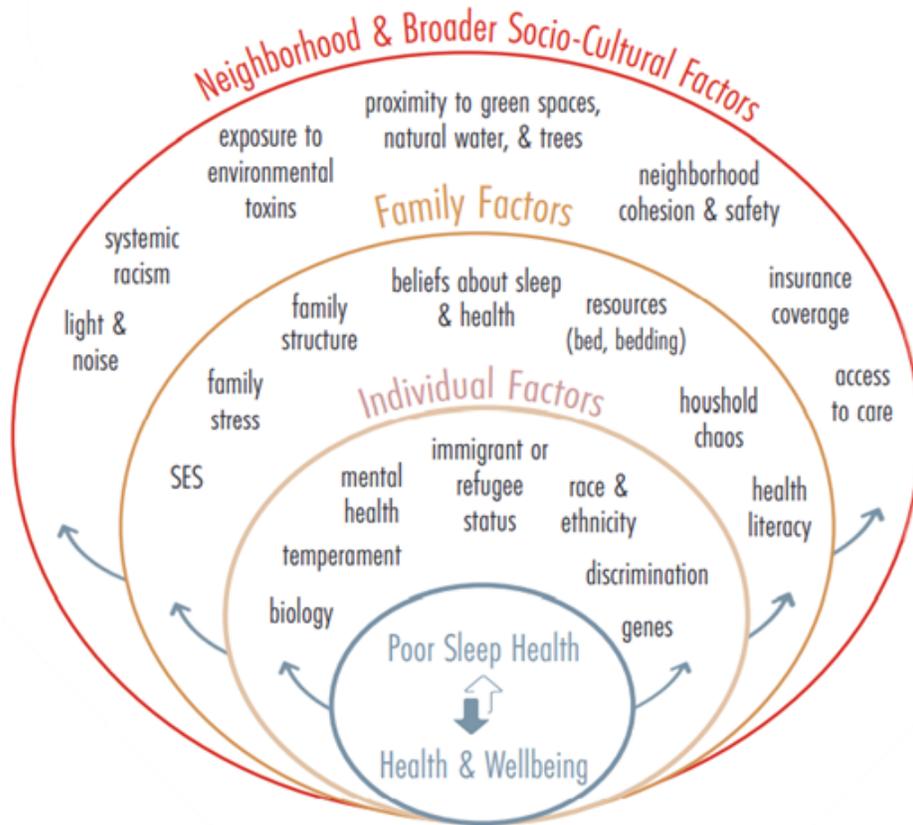


In a study of 483 Black and Latinx 9-12-year-old children in an afterschool program open to low-income families in the Greater Houston area, most children slept about 8 hours, a much shorter duration than recommended for children at their young ages.³⁹ Out of the 483 children, only 12 slept the recommended hours. Family income is not the only potential barrier to quality childhood sleep. Various socio-ecological factors can create added challenges to achieving the quality of sleep needed for adequate development.⁴⁰

Environmental Disruptions

There are various neighborhood and environmental factors like light and noise pollution, crime and sense of safety, access to green spaces and grocery stores, or even the adverse effects of systemic racism that can affect sleep. There are also family and individual level factors such as family structure, immigration status, race, ethnicity, and resources for quality beds and bedding that can have an impact.⁴⁰ Family separation due to deportations and immigration detention is traumatic for immigrant families in Texas. These fears create serious health consequences like anxiety, PTSD and depression, all factors that seriously disrupt a child's healthy sleep routine.⁴¹ Figure 4 below demonstrated the multiple levels and layers of social-ecological factors that contribute to disparities in sleep.

FIGURE 4: SOCIAL-ECOLOGICAL FACTORS AND SLEEP DISPARITIES ⁴⁰



Lack of Healthy Routines

Low maternal education, single-parent households, increased household size, and poverty were associated with decreased use of bedtime routines.⁴² Black children in the group had on average, later bedtimes, and therefore, fewer hours of sleep compared to their white counterparts.⁴² There are also racial and ethnic disparities observed in patterns of sudden unexpected infant deaths (SUIDS), of which infant death due to SIDS is one component. Among the 3,400 babies whose deaths are attributed to SIDS, more than two times higher rates are observed among Black and Native American/American Indian babies.⁴³

Food Insecurity

Low Energy for Learning

Food insecurity is derived from lack of access to enough food to fulfill a healthy life.⁴⁴ As a result, children experience food insecurity due to various social and economic needs. “20%, or 1 in 5 Texas children experiences hunger. Hunger deprives kids of more than just food.”⁴⁵ According to Feeding America, children who lack access to enough food during their first three years of life face disadvantages including a higher chance of health concerns such as asthma and anemia. In later years, children face a higher risk of “repeating a grade in elementary school; experiencing developmental impairments in areas like language and motor skills; having more social and behavioral problems”.⁴⁶ Many times, kids are distracted by their hunger or are lethargic due to their diet and have trouble focusing on classwork and essential learning.

More than 18% of Latinx children are at risk of hunger, compared to nearly 12% of white, non-Hispanic children. Black households face hunger at a rate more than twice that of white, non-Hispanic households. And getting enough to eat is a consistent struggle for 1 in 4 Black children. Rural Texans are also disproportionately affected.⁴⁷

Poverty is a Major Contributing Factor

Table 1 displays the hunger rates in selected Texas counties by race and/or ethnicity. Hunger rates are disproportionately higher amongst Black and Hispanic communities in selected Texas Counties. In Harris County, for example, 25% of children living in hunger are Black, while 18% are Hispanic and 7% are white.⁴⁷

“In Borden County, Texas, for example, a staggering 80 percent of people struggling with hunger may not qualify for federal food assistance. Additionally, over the last five years, the percentage of food-insecure people who are ineligible for federal nutrition programs has increased in some communities”.⁴⁸

TABLE 1: HUNGER RATES IN SELECTED TEXAS COUNTIES, BY RACE/ETHNICITY ⁴⁷

County	Black % living with hunger	Hispanic % living with hunger	White % living with hunger	Total % living with hunger
Bexar	24%	20%	9%	15%
Dallas	25%	18%	7%	14%
Harris	25%	18%	7%	15%
Tarrant	23%	17%	7%	13%
Travis	23%	17%	7%	13%

It is also important to note that food insecurity has a harsher toll on children during school breaks. During winter breaks there is more generosity in the community, but summer breaks are longer and are not often met with the same generosity of the holidays.

Shelter Insecurity

Although Housing insecurity trends have seen a change since 2017 for families with children, 2019 to 2020 data shows a drastic increase in housing insecurity. Black households with children had almost a 16% increase in housing insecurity (42.7% in 2020); Hispanic households with children had almost 9% increase in housing insecurity (41.7% in 2020). The Percentage of housing insecurity amongst white households has remained constant at 18% since 2018.⁴⁹

Public school data reported to the U.S. Department of Education during the 2018-2019 school year shows that an estimated 114,055 public school students in Texas experienced homelessness over the course of the year.⁵⁰

Capturing an accurate number of children experiencing homelessness is a challenge because of the challenges with locating and counting people experiencing homelessness. After COVID19, those numbers have become even more difficult to acquire.⁵¹ Based on data available from the yearly Point In Time (PIT) recording from shelters, 18.9% of people experiencing homelessness in the US were children.⁴⁹

School Nutrition

Many Kids Rely on School Meals

The number of Texas students who are eligible for free or reduced lunch grew 11.8 percentage points in Texas between 2008 and 2018. This significantly outpaces the national growth of 7.7 percentage points.⁵²

“Across Texas, over 3.7 million students from low-income households qualify for free or reduced-price school meals through federal programs, such as the National School Lunch Program and the School Breakfast Program. For many of these children, meals eaten at school are the only substantial meals they receive during the day. School districts are critical players in implementing school food programs – yet some districts are doing better than others in providing breakfast, lunch, and after-school meals to students in need.”⁵³

“The top 3 school districts (with at least 10,000 students and 60% economically disadvantaged) in the 2022 Kroger School Food Rankings are McAllen ISD, Brownsville ISD, and Waco ISD. The top 3 large school districts (at least 50,000 students and 60% economically disadvantaged) in the Texas School Food Rankings are San Antonio ISD, Pasadena ISD, and Houston ISD.”⁵⁴

ACCESS TO QUALITY EDUCATION

Dreams do come true, but not without the help of others, a good education, a strong work ethic, and the courage to lean in.

--Ursula Burns, Former CEO Xerox

Necessity for Equitable Access



Interrupt Poverty

Access to quality education is widely recognized as an essential intervention to cycles of poverty, and educational attainment has been positively correlated with healthier and longer lives.⁵⁵ However, students from low-income families, children with disabilities, and students who experience racial discrimination are less likely to graduate on time, less likely to attend high-performing schools, and less likely to perform at grade level in math and reading.⁵⁶ These barriers to reaching critical educational milestones are only exacerbated for immigrant children, whose mixed status households are threatened by the constant fear of deportation and family separation. For these reasons, it is imperative that advancements be made in equitable access to high-quality schooling for all children.



Create Safe and Affirming Spaces for Children

These advancements must begin early and must include provisions to ensure that not only do students have access to high-quality schooling, but that these spaces are also considered and enforced as “safe spaces” from immigration enforcement in accordance with federal immigration policies and encompass all the necessary protections to ensure long-term academic success.⁵⁷ These include, but are not limited to, a diverse workforce of educators, fair and just approaches to school discipline, as well as access to the basic needs required to learn safe and secure housing, sufficient nutritious food, and clean and safe neighborhoods.

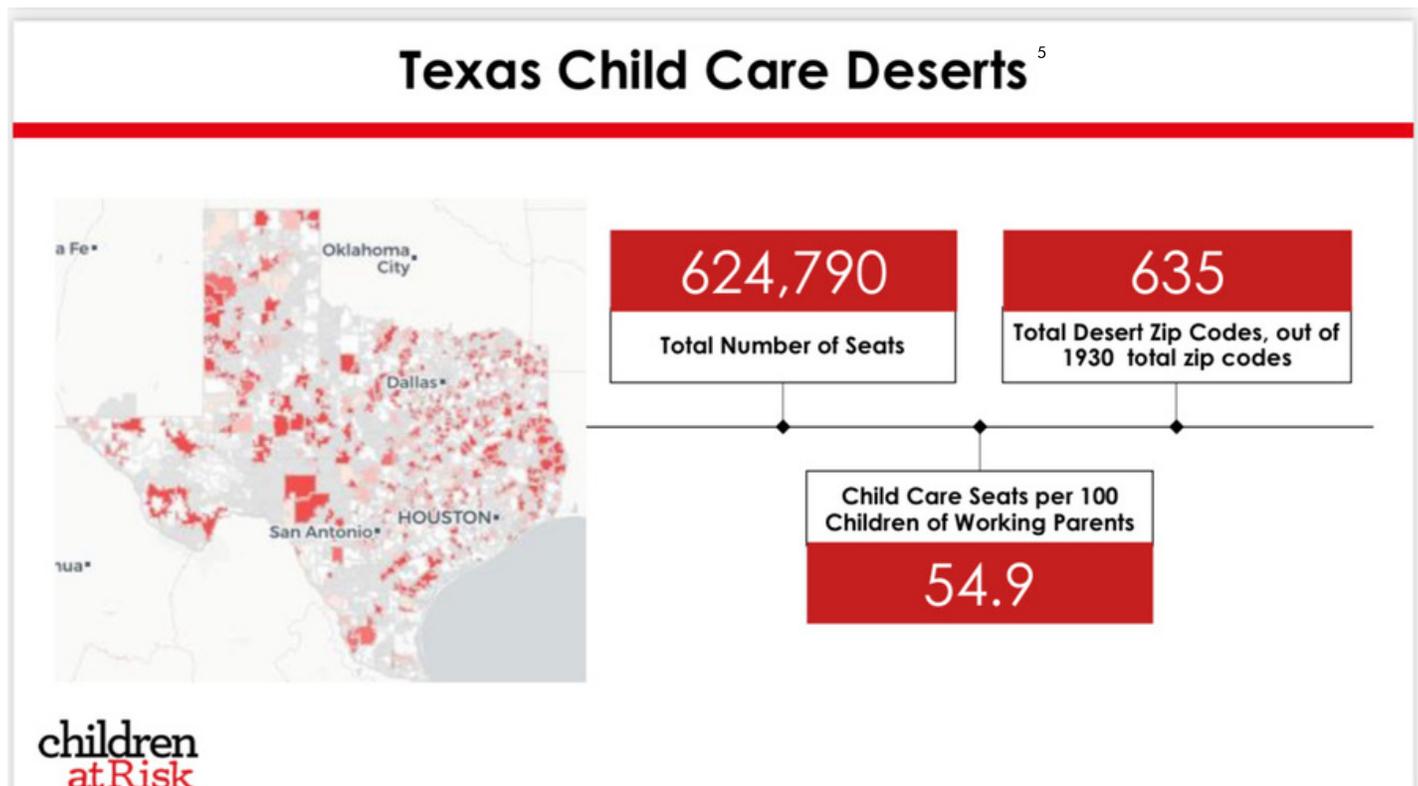
Early Childhood Education

Foundations of Success and Stability

The foundations of educational success begin early. Interventions designed to advance equity in education must include expanding access to quality, low-cost early childhood education (ECE) and childcare. This includes increasing the availability of high-quality ECE and ensuring that ECE programs retain their quality by investing in providers and students. Additionally, providing bilingual ECE training for prospective providers and investing in qualified ECE immigrant workers can empower our immigrant children through cultural and dual language support.

Over 80% of a child’s brain development occurs in the first 1,000 days, or 3 years, of their life. Ensuring that children have high quality education and care environments during these key developmental years is essential to setting children up for success in the longer term. Children who had access to quality ECE have been shown to earn more and live longer. Additionally, high-quality ECE has also been shown to act as a buffer against adverse experiences, especially for children from low-income backgrounds. Participants in high-quality ECE are more likely to experience higher graduation rates, lower enrollment in special education programs, and lower rates of behavioral issues later in life. In fact, early education programs have been shown to reduce, and in some cases eliminate, the income based cognitive gaps seen in elementary school children.⁵⁸ Access to high-quality ECE programs not only helps to bridge achievement gaps for marginalized children but ensures that parents of young children are given the opportunity to equitably participate in the workforce.

When parents have access to high quality, affordable childcare, they experience increased job stability and earnings. Recent data suggests that Texas is losing almost \$10 billion annually because of childcare disruptions to the workforce. In addition to workforce disruptions, data shows that the economy is losing workers, especially women, due to the lack of affordable and reliable childcare. Access to affordable childcare, on the other hand, has been shown to increase workforce participation, especially for low-income mothers. Unfortunately, affordable high-quality childcare is not accessible for many families in Texas often because of cost, geography, or both.⁵⁸



Limited Access for Marginalized Families

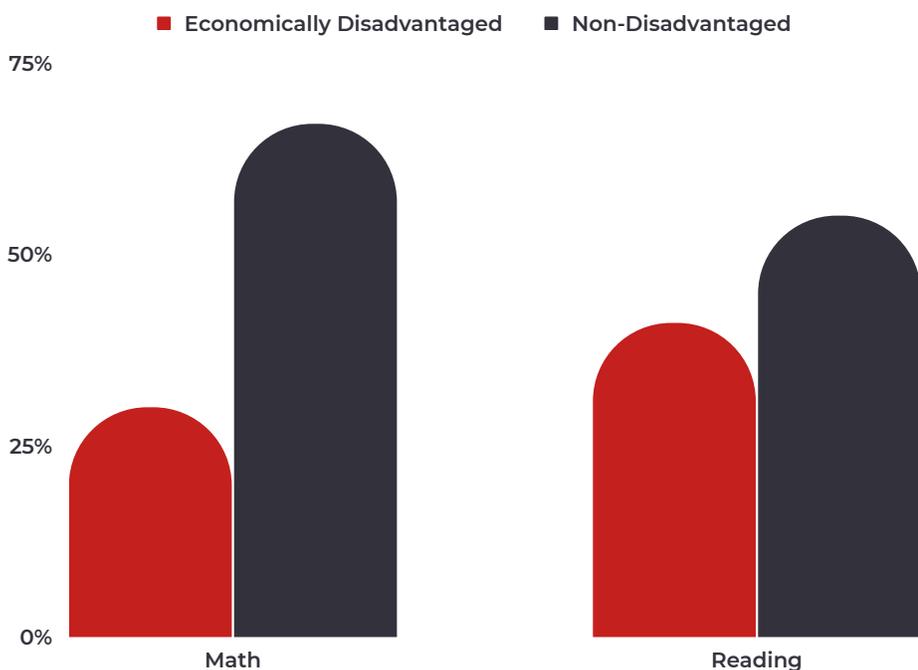
Access to quality early education in Texas is extremely limited, especially for low-income families and marginalized racial groups. In Texas, the average cost for infant care is over 17% of the median family income—double the recommended 7%. As a result, the subsidy system, funded through Child Care Development Block Grant (CCDBG), is many families' only opportunity to afford quality care for their child. With Texas' current level of funding from CCDBG, we are only servicing 14% of the eligible children.⁵⁹ Unfortunately, around 7-in-10 low-income children with working parents live in childcare deserts, zip codes where the supply of subsidized childcare meets less than a third of demand.⁵⁸

In addition to subsidized childcare being unavailable in low-income communities, recent studies have found that policies and practices within the subsidy program do not account for systemic racism and discrimination which lead to creating barriers of access for marginalized groups. Systemic racism, including outdated immigration policies, impacts housing, employment, community poverty, and other aspects of life that affect a child's ability to receive subsidies. For example, Black, Latinx, and immigrant parents are more likely to work non-traditional hours. However, 96% of children served by CCDBG subsidy in Texas receive that care in a childcare center with traditional hours. This disadvantages children who need care during nontraditional hours.⁵⁸

K-12 Education

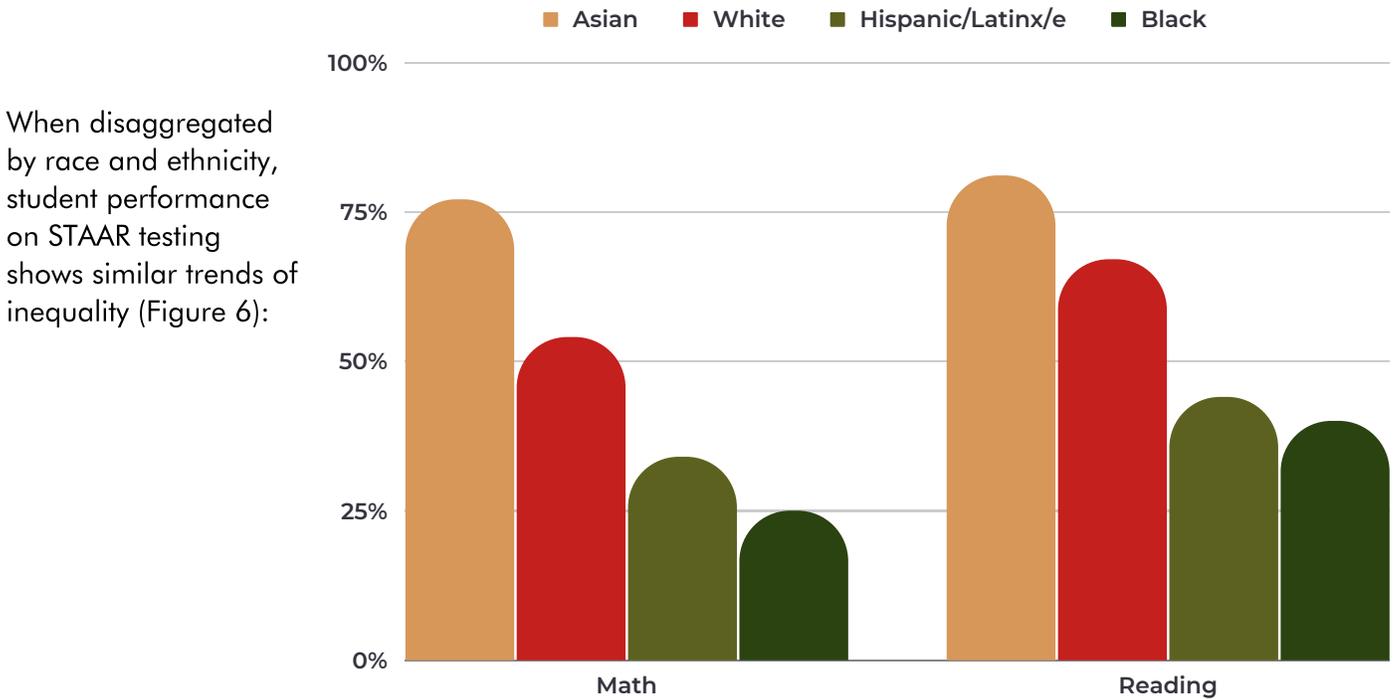
Impact of Inequities

FIGURE 5: PERCENTAGE OF TEXAS STUDENTS WITH PASSING STAAR SCORES 2022⁶⁰



The impact of inequality on Texas's most marginalized students only grows more apparent as they become school aged. Only 41% of students from economically disadvantaged households passed the reading component of the State of Texas Assessments of Academic Readiness (STAAR) examination, compared to 55% of students from non-economically disadvantaged households (Figure 5).⁶⁰ The results for math are similarly unequal, with 30% of economically disadvantaged students passing the math component, compared to 67% of their non-disadvantaged peers.⁶¹

FIGURE 6: PERCENT OF STUDENTS THAT MET GRADE LEVEL OR ABOVE BY RACE AND ETHNICITY, 2022 ⁶¹



Racially and economically disparate academic performance affects children’s outcomes in the long-term. 8.8% of Black high school students and 7.1% of Latinx students in Texas dropped out of school in 2019, compared to 3.3% of white students.⁶²

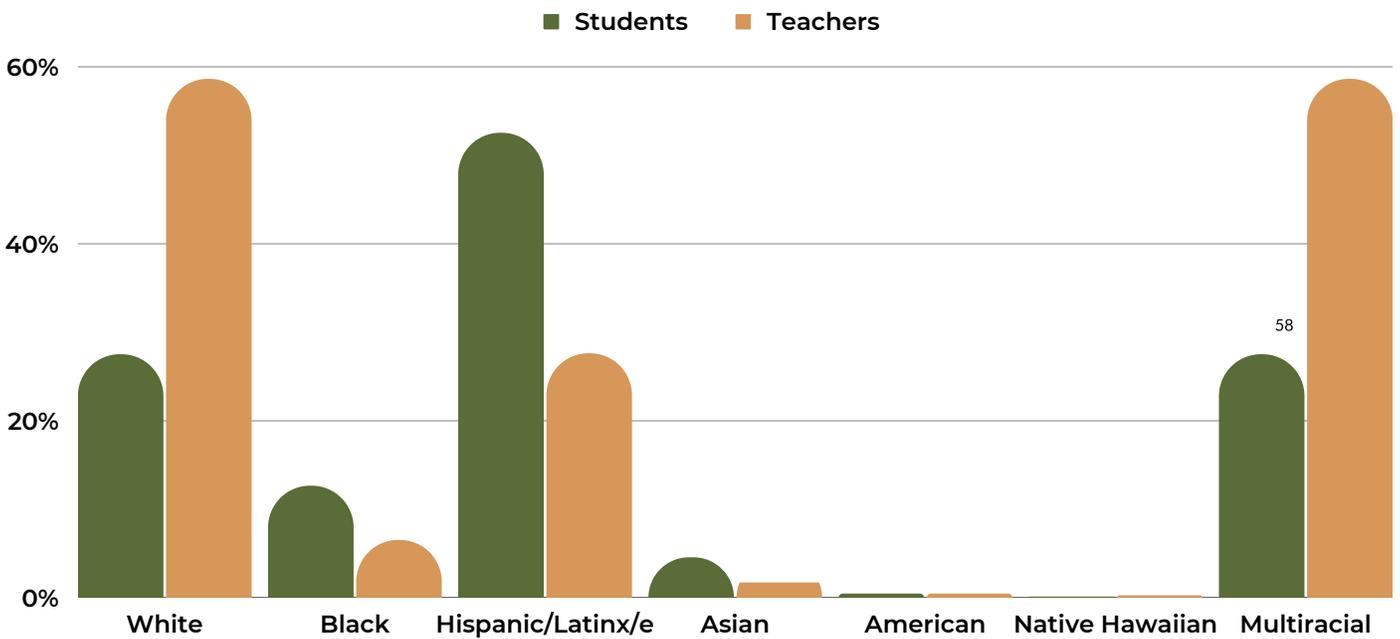
Chronic Absenteeism

CHILDREN AT RISK analyzed Texas Education Agency's student attendance records obtained by a public information request. Statewide, chronic absenteeism averaged at 15.2% in 2021-2022 school and varies dramatically by region. More than 760,000 students missed at least one-tenth of their instruction in 2021. The Corpus Christi and Midland regions have some of the highest rates of chronic absenteeism. The El Paso and Edinburg areas have some of the lowest rates. Similarly, different populations are more impacted than others. Pregnant students have the highest rates of chronic absenteeism (almost 54%). Disaggregated by race and ethnicity, Black and Latinx students are both above the state average (22 and 17 % respectively). The overall average rate of chronic absenteeism for special education students is 20%. Chronic absenteeism increased three percentage points from the 2020-2021 school year to 2021-2022 school year.⁶³

Importance of Recruitment and Retention of Educators of Color

While many factors contribute to the uneven terrain of Texas children’s outcomes, data suggests that diversifying Texas’s education workforce benefits students of all backgrounds. While 72.5% of Texas students are of color, only 41.4% of Texas teachers are people of color (POC). Close to 5% of Texas schools have no teachers of color.⁶⁴

FIGURE 7: RACIAL DEMOGRAPHICS OF TEXAS STUDENTS VS TEACHERS ⁶⁴



Studies show that students, especially students of color, who have access to teachers of color demonstrate improved academic performance, higher graduation rates, and are more likely to attend college.⁶⁵

ACCESS TO FAIR JUSTICE

Justice is a dream; we are determined to realize.

-Aung San Suu Ky

School to Prison Pipeline

Police Presence on Campus



An ACLU report titled “Cops and no Counselors” compiled national 2015-2016 school year data from the Department of Education. The report analyzed the number of social workers, nurses, psychologists, and law enforcement employed in schools nationwide. The report emphasized a shortage of helping professionals in schools compared to the number of police officers employed. Having enough nurses, counselors, and social workers in schools can impact the school to prison pipeline. The report revealed that states reported two to three times as many police officers in schools than social workers.⁶⁶



Why is it concerning and dangerous to have a greater police presence on school campuses? One reason is that the police presence may increase the likelihood of law enforcement involvement in disciplinary issues educators would have otherwise handled independently. The evidence of police officers mishandling student disciplinary problems is abundant. For example, police officers stationed at schools have arrested students for minor things like texting, passing gas in class, violating the school dress code, stealing two dollars from a classmate, bringing a cell phone to class, arriving late to school, or telling classmates waiting in the school lunch line that he would “get them” if they ate all of the potatoes. There are incidents of mishandlings not

only in high schools and middle school, but elementary schools as well. In 2005, when police arrested a five-year-old girl because she threw a temper tantrum when her teacher ended a mathematical counting exercise involving jellybeans. Then in 2007, police arrested six-year-old Desre'e Watson for throwing a temper tantrum in an elementary school. Police had to place the handcuffs around Desre'e's biceps because her wrists were too small for the handcuffs.⁶⁷

Research shows that students' increased contact with the justice system in this way contributes to what is known as the “school-to-prison pipeline.” This term speaks to the trend of referring students directly to law enforcement for committing offenses at school and/or creating conditions that increase the probability of a student ultimately becoming incarcerated, like being suspended or expelled, with a disproportionate and inequitable effect on minority children.

Our schools need more resources to be able to provide students with additional services such as counselors, nurses, psychologists and mentoring programs. These helping professions could develop campus specific programs that encourage community, character, collective responsibility, and trust. An added benefit to schools would be programs that help students develop anger-management skills and teach students conflict resolution. Further, some schools have implemented restorative justice in many forms that has improved school safety and student discipline.

Campus Arrest Rates

Schools nationwide were asked to report the number of arrests on their campuses per race.

"Black students had an arrest rate of 28 per 10,000, which was three times that of white students. Native American and Pacific Island/Native Hawaiian students both had arrest rates of 22 per 10,000, more than twice the arrest rate of white students. Nationally, Latinx students were arrested at a rate 1.3 times that of white students (11 per 10,000 compared to 9 per 10,000)".⁶⁸

In Texas, even higher numbers were reported for arrests based on race. Black students in Texas lead with arrest rates of 38 per 10,000, which was 4.75 times that of white students in Texas (8 per 10,000). Latinx students had reported 14 arrests per 10,000 students, which is 2.25 times that of white students in Texas. Native American students had rates of 14 arrests per 10,000, which is 1.75 that of white students. Pacific islander students reported 13 arrests per 10,000, which is 1.6 that of white students.⁶⁸

Based on gender nationwide averages, Black girls are 4 times as likely, and Latinx students are 1.4 times as likely to be arrested in school than white girls. In Texas, Black girls are almost 5 times as likely, and Latinx students are twice as likely to be arrested in school than female white students.⁶⁸

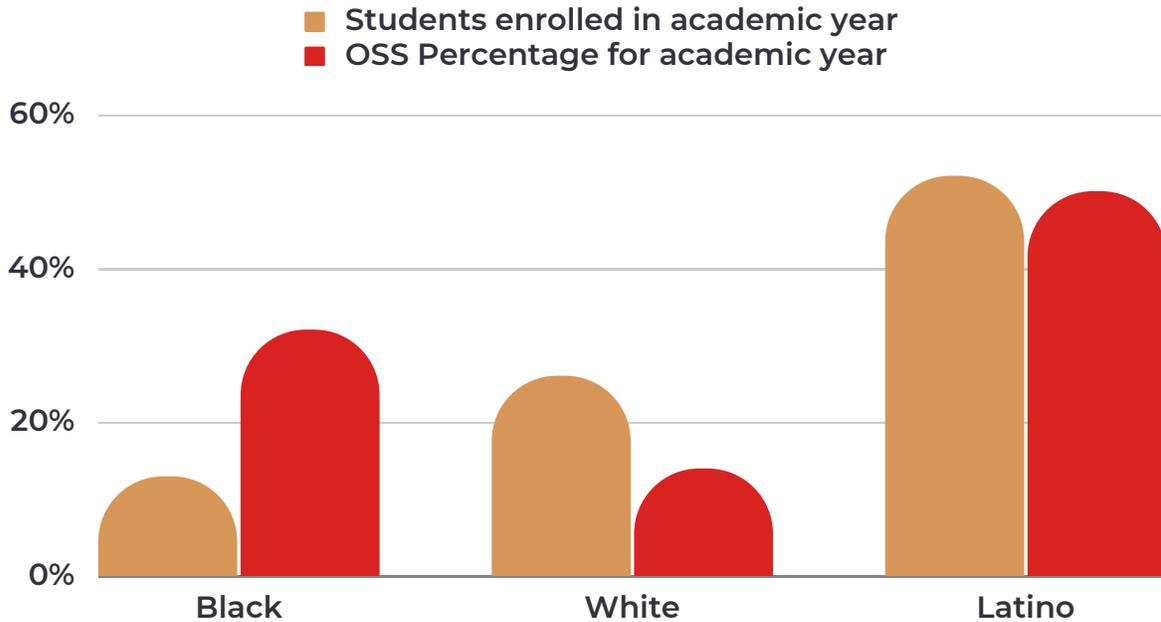
Additionally, students with disabilities face a higher risk of arrests in schools in general. Nationwide, students with disabilities are arrested at a rate of 29 per 10,000 students, nearly three times higher than their non-disabled peers. In Texas, children with disabilities are arrested at a higher rate of 49 students per 10,000 students, or 7 times the amount of non-disabled students in Texas.⁶⁸

Disparities in Discipline

The importance of racial diversity in the teacher workforce is further exemplified through stark racial disparities in school discipline. Several studies have indicated that when students have a teacher of the same race, racial disparities in discipline become smaller.⁶⁹ However, racial disparities remain in the disciplinary actions taken against Texas's students. These disparities not only point to unfair and biased action against marginalized students but have consequences in students' overall academic performance and outcomes.

Black students in Texas accounted for 32% of all out-of-school suspensions (OSS) in the 2021-2022 school year, despite making up only 13% of the student population, as displayed in Figure 8.⁷⁰ In the same year, white students accounted for 14% of all out of school suspensions, while composing 26% of the student body of Texas, and Hispanic or Latinx students accounted for 52% of the student body populations and 50% of all OSS. 79% of all suspended students were economically disadvantaged, while only 61% of Texas's students qualify as economically disadvantaged.⁷⁰

FIGURE 8: OUT-OF-SCHOOL SUSPENSIONS (OSS) ACTIONS IN THE 2021-2022 SCHOOL YEAR⁷⁰



CHILDREN AT RISK partnered with the University of Houston's Hobby School of Public Affairs in 2022 to analyze common themes in exclusionary and disciplinary punishments across student codes of conduct policies in Texas school districts. The analysis shows that when controlling for other variables, school districts whose student population is majority white (51% or over) are less likely to report exclusionary punishments and less likely to report four of the top five disciplinary violations. Additionally, as the percentage of students of color in a school district increases, so do the percentages of reported discipline violations and exclusionary punishments in a school district. A conclusion can be made that students of color are more likely to receive exclusionary punishments and be cited for a disciplinary violation. When compared to urban school districts, school districts in a town, suburb, or rural area have fewer percentages of reported discipline violations and exclusionary punishments.⁷¹

Kids in Cuffs

Restraint in Schools

The U.S. Department of Education measured the prevalence of public-school students subjected to mechanical and physical restraint by race/ethnicity for the 2017-18 school year. In that study **45% of the students that were mechanically restrained in the US were from Texas.** The report also found that Black students are mechanically restrained at a rate of 6.3 per 10,000 students, which is over three times the rate of white students (1.9 per 10,000 students).⁷²

Discrimination Based on Appearance

Hair Discrimination

Girls of color are disproportionately policed and impacted by both gendered and racial language in the dress code section of school codes of conduct. For example, natural and protective hairstyles associated with race, such as braids, cornrows, dreadlocks, afros, and twists are often explicitly cited as unacceptable hairstyles in the classroom and students may face disciplinary action for wearing them.

Additionally, many codes of conduct do not provide clear disciplinary actions for dress code violations. This lack of delineation can leave enforcement to be subjective and inconsistent, making it possible for prejudices and subconscious bias to affect which students get harsher punishments.

Dress Code Disparities

The CHILDREN AT RISK/University of Houston study also examined Texas school dress codes for words and phrases that could be racially charged and identified some themes and patterns. The school districts that were found to have racially charged language were Cleveland ISD, Clint ISD, Irving ISD, Mercedes ISD, Morgan ISD, Princeton ISD, Rule ISD, Sharyland ISD, Spring ISD, and Waco ISD. Dress code rules believed to have racial or cultural connotations included prohibitions of items such as baggy/sagging pants, bandannas, bonnets, durags, and headwraps. Usually, these items are not worn by white students. For example, bonnets, which are used to protect curly hair, tend to be worn by Black women. In addition, durags, which are also used to protect Black men's hair, tend to be worn by Black men, not white men. Though there were no results for "dreadlocks," these dress codes did tend to restrict male student's hair by prohibiting long hair or requiring their hair to be tapered, meaning that males could not have dreadlocks, afros, or other Black hairstyles that are not short and tapered.⁷¹

Students across the El Paso Independent School District protested their new dress code that students felt unfairly target women, Latinas, and members of the LGBT community. Coronado High School's student run newspaper, *The Explorer*, reported that students from Franklin, El Paso High and Coronado protested with posters outside their school in hopes to reform the dress code.⁷³ Students felt that female students had a higher probability of getting sent home or being told to change because of their outfits and failed to recognize people's preferred gender. Latinas also spoke out, angry that the dress code targeted curvier women.

Other key dress code themes include rules related to piercings, jewelry, and tattoos. Students were often prohibited from wearing large hoop earrings, face and/or body piercings, and visible tattoos or other body markings, both permanent and temporary. Hoop earrings are a common adornment of Latinas and Black women but are often prohibited. Additionally, face and body piercings, and tattoos, are a part of many cultures worldwide. Alaska Natives, for example, have traditionally used septum piercings and tattoos.⁷⁴ Henna, a temporary marking on the body created by using a paste, is widely used for celebrations in Middle Eastern and Hindu cultures.

I hope I will see in my lifetime a growing realization that we are one and that no one is going to have quality of life unless we support everyone's quality of life.
Dr. Helen Rodriguez-Trias

While there are several approaches to creating a more equitable and fairer Texas for children and families, the following are some steps that are immediately achievable, if Texas lawmakers take heed. Kids deserve every opportunity to have their dreams realized, not deferred.

MEASURE DISPARITIES IN EDUCATION, HEALTH, AND HUMAN SERVICES

Require the Sunset Advisory Commission to assess key state agency efforts to reduce disparities as a part of the regular review process.

- Texas Education Agency (TEA) and Health and Human Services Commission (HHSC) have oversight of the largest public services in Texas.
- 65% of the over 1 million Texas children who had classes canceled because of COVID-19 were Black and Hispanic.
- Black and Hispanic Texans were 71% of the state's uninsured population in 2018.

This requirement is not creating a new sector of government but is instead utilizing an existing process in the Sunset Review to evaluate how different sectors of state government are working to reduce disparities. By ensuring that state agencies like TEA and HHSC are working to address disparities in the outcomes of their work, Texas can improve efficiency and move closer to becoming a state where everyone benefits from an equitable playing field.

PASS A TEXAS CROWN ACT

Create a process to protect students and reduce hair discrimination in academic settings throughout Texas.

- End forms of hair discrimination that removes children from school settings and programs;
- Address unequal discipline and dress code systems that target hairstyles; and free children from a cycle of discrimination that leads to inequitable outcomes.

A Texas Crown Act will bring us one step closer to creating a fair and equal society for ALL Texans.

RE-ESTABLISH THE OFFICE OF MINORITY HEALTH STATISTICS AND ENGAGEMENT

Renew funding and re-establish the state Office of Minority Health Statistics and Engagement. Having an active Office of Minority Health Statistics and Engagement would centralize information about health disparities in minority groups and create a hub for existing local and federal offices to facilitate cohesive policies promoting access to healthcare for ALL Texans.

- Texans need a state office dedicated to collecting and analyzing data on disparities of health outcomes.
- The goal is to fully equip policy makers with centralized information about health disparities, while working with existing local and federal agencies to develop strategies to repair the damage exacerbated from the pandemic.
- The state of Texas should address the pressing maternal health needs of Black and Brown women through evidence-based policies and interventions to achieve maternal health equity.

Re-establishing the Office of Minority Health Statistics and Engagement as part of the Texas Department of State Health Services (DSHS) will ensure that our state is ready to respond to the disparate needs of ALL Texans and the aftershocks of COVID-19.

DEFINE, CATEGORIZE AND REPORT CHRONIC ABSENTEEISM

A student who is chronically absent in any year is more likely to drop out of school. For high school students, lack of attendance is a better indicator of dropping out than test scores. High school graduation is an important step for Texas youth as they become young adults. Early interventions are most effective at keeping kids on track to graduate on time and monitoring chronic absenteeism is critical in identifying those students at risk.

- Currently there is no official definition of chronic absenteeism. Define chronic absenteeism in the Texas Education Code as a student who misses 10% or more of instructional time within an academic year for any reason.
- Add chronic absenteeism to the “at risk” category to better support students who are chronically absent and therefore at risk of dropping out.
- Require TEA to track and report student chronic absenteeism to increase transparency and better target student supports.

Texas parents and school administrators need accurate data about chronic absenteeism in public schools and public charter schools. With better data, we can address the causes of chronic absenteeism.

INCREASE ACCESS TO QUALITY EARLY CHILDHOOD EDUCATION

Access to a high-quality early childhood education lays the foundation for a lifelong love of learning and sets children up for success in school and beyond. Yet, we know families have too few options and child care programs are challenged to maintain an early childhood workforce to keep classrooms open. Therefore, Texas must find ways to increase access to quality affordable child care as well as strengthen the early childhood workforce.⁷⁵

- Invest sustainable state dollars into the child care system will
 - Support more low-income and working families to access affordable child care
 - Increase wages for Early Childhood workforce
 - Increase the number of child care providers in child care deserts
- Provide family choice by supporting a early childhood education system in a variety of settings including child care centers, family child care homes, public school Pre-K and Head Start/Early Head Start
- Invest in a early childhood workforce pipeline to recruit and retain highly qualified educators to teach and care for our youngest children
- Reduce the administrative burden by streamlining eligibility for PreK children when enrolled in a Pre-K partnership between school districts and community child care programs.

ENCOURAGE USE OF ELEMENTARY AND SECONDARY SCHOOL EMERGENCY RELIEF (ESSER) FUNDS TO INCREASE EQUITABLE ACCESS TO MENTAL HEALTH SERVICES

73% of Texas youth with a major depressive episode last year did not receive mental health services. 57% of Texas school districts plan to spend federal ESSER Funds on Behavioral or Mental Health. The following are recommended best practices for use of the funds to increase equitable access to care.

- Set required ratios for counselors and mental health professionals per student in public schools
- Provide long-term funding for schools to establish school-based health centers that include mental health services

Sustainably fund school mental health services when ESSER funds run out

Endnotes

- 1 David C. Radley et al., *Achieving Racial and Ethnic Equity in U.S. Health Care: A Scorecard of State Performance* (Commonwealth Fund, Nov. 2021). <https://doi.org/10.26099/ggmq-mm33>
- 2 Texas 2019 and 2017 Results. (n.d.). Center for Disease and Control Prevention. <https://nccd.cdc.gov/youthonline/App/Results.aspx?TT=F&OUT=1&SID=HS&QID=H25&LID=TX&YID=2019&LID2=TX&YID2=2017&COL=R&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2=&QP=G&DP=1&VA=CI&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC>
- 3 Texas Health Data - Youth Suicides in Texas. (n. d.). <https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/youth-suicides-in-texas>
- 4 Gonzalez, J. (2022, November 16). Hunger Hits Kids and Texans of Color Even Harder. Feeding Texas. <https://www.feedingtexas.org/hunger-hits-kids-and-texans-of-color-even-harder/>
- 5 Hernandez, K., Moran, S. (2020). Access to Affordable High-Quality Child Care is Scarce. CHILDREN AT RISK. <https://childrenatrisk.org/child-care-desert-analysis-2/>
- 6 2017-18 Discipline Estimations by Discipline Type. (n.d.). Civil Rights Data Collection (CRDC) - Department of Education. <https://ocrdata.ed.gov/estimations/2017-2018>
- 7 ACIP General Best Practice Guidelines for Immunization | CDC. (n.d.). <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>
- 8 Measles Cases and Outbreaks. (2023, January 30). Centers for Disease Control and Prevention. <https://www.cdc.gov/measles/cases-outbreaks.html>
- 9 Measles (Rubeola) Data | Texas DSHS. (n.d.). <https://www.dshs.texas.gov/vaccine-preventable-diseases/measles-rubeola/measles-rubeola-data>
- 10 Mumps | Cases and Outbreaks | CDC. (2023, January 6). Centers for Disease Control and Prevention. <https://www.cdc.gov/mumps/outbreaks.html>
- 11 Mumps Data | Texas DSHS. (n.d.). <https://www.dshs.texas.gov/vaccine-preventable-diseases/mumps/mumps-data>
- 12 Cai, M., Huang, K., & Waller, A. (2021, September 4). At least 45 Texas school districts shut down in-person classes due to COVID-19. The Texas Tribune. <https://www.texastribune.org/2021/09/03/texas-covid-school-districts-shut-down/>
- 13 Preliminary report on the Texas Vaccines for children (TVFC) program: Impacts of COVID 19 on TVFC Vaccine Administration. (2021, October). Texas Department of State Health Services. <https://www.dshs.texas.gov/sites/default/files/immunize/docs/COVID19impactTVFC.pdf>
- 14 The Human Placenta Project (HPP) Sixth Annual Meeting. (2020, May). NICHD. <https://www.nichd.nih.gov/health/topics/factsheets/maternal-morbidity-mortality#:~:text=Maternal%20mortality%20refers%20to%20the,weeks%20after%20the%20pregnancy%20ends.>

- 15 Hoyert, D. (2021, April). Maternal Mortality Rates in the United States, 2019. CDC.gov. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality-2021/E-Stat-Maternal-Mortality-Rates-H.pdf>
- 16 Texas Health Data - Home. (n.d.). <https://healthdata.dshs.texas.gov:443/>
- 17 Maternal Mortality and Morbidity Review Committee | Texas DSHS. (n.d.). <https://www.dshs.texas.gov/maternal-child-health/maternal-mortality-morbidity-review-committee>
- 18 Texas Health Data - Home. (n.d.). <https://healthdata.dshs.texas.gov:443/>
- 19 Immigrants in Texas. (2020, August 6). American Immigration Council. Retrieved January 24, 2023, from <https://www.americanimmigrationcouncil.org/research/immigrants-in-texas>
- 20 Immigration Profiles: Texas. (n.d.). National Center for Children in Poverty. Retrieved January 24, 2023, from <https://www.nccp.org/immigration/?state=TX>
- 21 Maternal mortality. (2021, August 31). <https://www.who.int/europe/news-room/fact-sheets/item/maternal-mortality>
- 22 American Medical Association & American Medical Association. (2021, May 24). Examining the Black U.S. maternal mortality rate and how to cut it. American Medical Association. <https://www.ama-assn.org/delivering-care/population-care/examining-black-us-maternal-mortality-rate-and-how-cut-it>
- 23 Birth Equity - California Health Care Foundation. (2022, October 5). California Health Care Foundation. <https://www.chcf.org/program/advancing-black-health-equity/birth-equity/>
- 24 Kim, B. (2022, September 20). Texas maintains highest uninsured rate for children and adults in the country at 18% in 2021. State of Reform. <https://stateofreform.com/featured/2022/09/texas-maintains-highest-uninsured-rate-for-children-and-adults-in-the-country-at-18-in-2021/>
- 25 Annie E. Casey Foundation. 2022 Kid Count Data Book. Baltimore, Maryland, Annie E. Casey Foundation, 2022.
- 26 Ramirez, A., Gallion, K., Aguilar, R., & Swanson, J. (2017, November 14). The State of Latino Early Childhood Development: A Research Review. Salud America. <https://salud-america.org/wp-content/uploads/2017/11/Early-Child-Dev-Res-Review.pdf>
- 27 2021 State-Specific Fact Sheet References. (2021, February). NAM. <https://nami.quorum.us/mhpolicystats/>
- 28 Dupéré V, Dion E, Nault-Brière F, Archambault I, Leventhal T, Lesage A. (2018). Revisiting the link between depression symptoms and high school dropout: Timing of exposure matters. *Journal of Adolescent Health*. 2018;62:205–211. doi: 10.1016/j.jadohealth.2017.09.024. <https://pubmed.ncbi.nlm.nih.gov/29195763/>
- 29 Texas 2019 and 2017 Results. (n.d.). Center for Disease and Control Prevention. <https://nccd.cdc.gov/youthonline/App/Results.aspx?TT=F&OUT=1&SID=HS&QID=H25&LID=TX&YID=2019&LID2=TX&YID2=2017&COL=R&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2=&QP=G&DP=1&VA=CI&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC>
- 30 Texas Health Data - Youth Suicides in Texas. (n.d.). <https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/youth-suicides-in-texas>

- 31 New CDC data illuminate youth mental health threats during the COVID-19 pandemic. (2022, March 31). Centers for Disease Control and Prevention. Retrieved January 25, 2023, from <https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>
- 32 Risk, C. A. (2022a, April 21). Thought Leaders Convene for Second-Annual Border Health Summit. CHILDREN AT RISK. <https://childrenatrisk.org/thought-leaders-convened-for-second-annual-border-health-summit>
- 33 County Supply and Distribution Tables - Direct Patient Care Physicians | Texas DSHS. (n.d.). <https://www.dshs.texas.gov/health-professions-resource-center-hprc/health-professions/county-supply-distribution-tables-11>
- 34 Healthy Paso del Norte. (n.d.). Healthy Paso del Norte: Indicators: Physician Rate. Copyright (C) 2023 by Healthy Paso Del Norte. <https://www.healthypasodelnorte.org/indicators/index/view?indicatorId=1914&localeType=2>
- 35 Texas Border Public Health | Texas DSHS. (n.d.). <https://www.dshs.texas.gov/border-health>
- 36 Moore, R. (2022, July 7). A year into the pandemic, COVID-19 has ravaged El Paso. El Paso Matters. <https://elpasomatters.org/2021/03/14/a-year-into-the-pandemic-covid-19-has-ravaged-el-paso/>
- 37 Cione C, Castaneda E, Ferdinando A, Prince J, Jackson D, Vetter E, McCarthy S. COVID-19 Susceptibility Among Latin People in El Paso, TX. SSRN [Preprint]. 2020 Jun 12:3608396. doi: 10.2139/ssrn.3608396. PMID: 32714118; PMCID: PMC7366809.
- 38 Guglielmo, D., Gazmararian, J. A., Chung, J., Rogers, A. E., & Hale, L. (2018). Racial/ethnic sleep disparities in US schoolaged children and adolescents: A review of the literature. *Sleep Health*, 4(1), 68–80. <https://doi.org/10.1016/j.sleh.2017.09.005>
- 39 Wong, W. W., Ortiz, C. L., Lathan, D., Moore, L. A., Konzelmann, K. L., Adolph, A. L., Smith, E. O., & Butte, N. F. (2013). Sleep duration of underserved minority children in a cross-sectional study. *BMC Public Health*, 13(1), 648. <https://doi.org/10.1186/1471-2458-13-648>
- 40 Billings, M. E., Cohen, R. T., Baldwin, C. M., Johnson, D. A., Palen, B. N., Parthasarathy, S., Patel, S. R., Russell, M., Tapia, I. E., Williamson, A. A., & Sharma, S. (2021). Disparities in Sleep Health and Potential Intervention Models: A Focused Review. *Chest*, 159(3), 1232–1240. <https://doi.org/10.1016/j.chest.2020.09.249>
- 41 Lastres, G., Guttin, A., & De Leon, A. (2020, November 10). Communities Torn Apart: The Impact of Detention and Deportation in Houston. Houston Immigration Legal Services Collaborative. <https://www.houstonimmigration.org/communitiestornapart/>
- 42 Hale, L., Berger, L. M., LeBourgeois, M. K., & Brooks-Gunn, J. (2011). A longitudinal study of preschoolers' language-based bedtime routines, sleep duration, and well-being. *Journal of Family Psychology: JFP: Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 25(3), 423–433. <https://doi.org/10.1037/a0023564>
- 43 Centers for Disease Control and Prevention (CDC) (Oct 2021). PLACES: Local Data for Better Health, Health Status. Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion. Retrieved February 22, 2022 from Health Status | PLACES: Local Data for Better Health | CDC
- 44 USDA ERS - Food Security in the U.S. (n.d.). <https://ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/>
- 45 Feeding Texas. (2021, October 5). Learn About Hunger. <https://www.feedingtexas.org/learn/>

- 46 Child Hunger in America | Feeding America. (n.d.). <https://www.feedingamerica.org/hunger-in-america/child-hunger-facts>
- 47 Gonzalez, J. (2022, November 16). Hunger Hits Kids and Texans of Color Even Harder. Feeding Texas. <https://www.feedingtexas.org/hunger-hits-kids-and-texans-of-color-even-harder/>
- 48 Millions of Americans Ineligible for Hunger Assistance | Feeding America. (n.d.). <https://www.feedingamerica.org/about-us/press-room/MMG2018Release>
- 49 Yixia Cai, J., Frenstad, S., & Kalkat, S. (2021, April). Housing Insecurity by Race and Place During the Pandemic. Center for Economic and Policy Research. <https://cepr.net/report/housing-insecurity-by-race-and-place-during-the-pandemic/>
- 50 Homelessness statistics. (n.d.). United State Interagency Council on Homelessness. <https://www.usich.gov>
- 51 Texas Comptroller of Public Accounts. (n.d.). Housing Affordability and Homelessness in Texas. <https://comptroller.texas.gov/economy/fiscal-notes/2021/mar/housing.php>
- 52 Division of Research and Analysis Office of Governance and Accountability Texas Education Agency. (2021, June). Enrollment in Texas Public Schools 2020-21. <https://tea.texas.gov/sites/default/files/enroll-2020-21.pdf>
- 53 Morris, J. (2021, March 26). 2021 Kroger School Food Rankings. CHILDREN AT RISK. <https://childrenatrisk.org/2021-food-rankings/>
- 54 Risk, C. A. (2022, July 7). 2022 Kroger School Food Rankings. CHILDREN AT RISK. <https://childrenatrisk.org/22-school-food-rankings/>
- 55 Education Access and Quality - Healthy People 2030 | health.gov. (n.d.). <https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>
- 56 Public Impact: (2018). Closing achievement gaps in diverse and low-poverty schools: An action guide for district leaders. Chapel Hill, NC: Public Impact and Geneva, Switzerland: Oak Foundation. Retrieved from http://publicimpact.com/pi/wp-content/uploads/2018/08/Closing_Achievement_Gaps_in_Diverse_and_LowPoverty_Schools.pdf
- 57 Ullrich, R., & Londono Gomez, A. (2022, February). A Guide to Creating “Safe Space” Policies for Early Childhood Programs. Center for Law and Social Policy. https://www.clasp.org/wp-content/uploads/2022/04/2022_safespacesguide.pdf
- 58 The Quest for Equity and Quality Examining Provider Experiences and Participation in Texas Rising Star. (2022, April). CHILDREN AT RISK. <https://childrenatrisk.org/wp-content/uploads/2022/04/The-Quest-for-Equity-and-Quality.pdf>
- 59 Early Childhood Education in Texas. (n.d.). First Five Years Fund. https://www.ffyf.org/wp-content/uploads/2022/07/FFYF_Texas_2022.pdf
- 60 Students passing STAAR reading (all grades) by economic status | KIDS COUNT Data Center. (n.d.). <https://datacenter.kidscount.org/data/tables/7913-students-passing-staar-reading-all-grades-by-economic-status?loc=45>

- 61 Texas Education Agency. (n.d.). 2022 STAAR Results Summary. Texas Education Agency - Texas.gov. <https://tea.texas.gov/sites/default/files/2022-staar-results-summary.pdf>
- 62 High school dropouts by race and ethnicity | KIDS COUNT Data Center. (n.d.). <https://datacenter.kidscount.org/data/tables/8968-high-school-dropouts-by-race-and-ethnicity>
- 63 HB 185 Chronic Absenteeism Legislative One-Pager. (2022). In CHILDREN AT RISK. <https://childrenatrisk.org/chron-abs-tx88/>
- 64 Educator Diversity State Profile: Texas. (2022, July). Education Trust. <https://edtrust.org/wp-content/uploads/2014/09/Educator-Diversity-State-Profile-Texas-June-2022.pdf>
- 65 Cook, G. (n.d.). Diverse Teachers Matter. <https://www.nsba.org/ASBJ/2021/February/diverse-teachers-matter>
- 66 American Civil Liberties Union. (2020). Cops and No Counselors: How the Lack of School Mental Health Staff Is Harming Students. <https://www.aclu.org/report/cops-and-no-counselors>
- 67 Jason P. Nance, Students, Police, and the School-To-Prison Pipeline, 93 WASH. U. L. REV. 919 (2016). Available at: https://openscholarship.wustl.edu/law_lawreview/vol93/iss4/6
- 68 American Civil Liberties Union. (n.d.). Cops and No Counselors. <https://www.aclu.org/report/cops-and-no-counselors>
- 69 Kelliher, R. (2021, November 8). Study: Suspensions of Students of Color Go Down When Teachers of Color Are In Charge. Diverse: Issues in Higher Education. <https://www.diverseeducation.com/students/article/15281068/study-suspensions-of-students-of-color-go-down-when-teachers-of-color-are-in-charge>
- 70 Texas Education Agency Counts of Students and Discipline Actions by Discipline Actions on Groups PEIMS 2021-2022 DATA. (2022, September). Texas Education Agency. https://rptsvr1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=adhoc.download_static_DAG_summary.sas&district=&agg_level=STATE&referrer=Download_State_DAG_Summaries.html&test_flag=&_debug=0&school_yr=22&report=01&report_type=html&Download_State_Summary=Next
- 71 Hobby School of Public Affairs, University of Houston & CHILDREN AT RISK. (2022). An Analysis of Reported Exclusionary Punishments and Disciplinary Violations in Texas School Districts.
- 72 2017-18 Restraint and Seclusion Estimations. (n.d.). Civil Rights Data Collection (CRDC) - Department of Education. <https://ocrdata.ed.gov/estimations/2017-2018>
- 73 Abbud, G. (2021, September 3). Students protest against the dress code. The Explorer. <https://coronadoexplorer.com/6231/showcase/dresscode-students-side/>
- 74 Fortune, R. (1985). Lancets of Stone: Traditional Methods of Surgery among the Alaska Natives. *Arctic Anthropology*, 22(1), 23±45. <http://www.jstor.org/stable/40316078>
- 75 88th Session Early Childhood Education Legislative Agenda. (2022). Children at Risk. <https://childrenatrisk.org/wp-content/uploads/2022/11/ECE-One-Pager-Bill-Topics-4.pdf>