UNDERSTANDING SYSTEMIC RACIAL AND ETHNIC INEQUITIES IN HUMAN SERVICES PROVISION

Introduction

Federal and state human services programs and policies can perpetuate or disrupt systemic racism. From the federal safety net to state and local policy decisions, race and racism affect human services policies and outcomes. Federal and state human services systems may perpetuate racial and ethnic discrimination through explicitly or implicitly racist policy designs. Racial and ethnic disparities in human services programs and program outcomes are well documented. However, causal evidence linking program designs and policies directly to racial disparities is difficult to find because of multiple confounding factors. For example, disproportionate rates of poverty by race may also contribute to inequities in program outcomes (McDaniel et al., 2017). To date, most research has focused on disparities for Black and Hispanic Americans while research on other races and ethnicities is less common.

Knowledge about how to disrupt racial inequities in human services is still emerging. Although there are some promising practices, efforts to address racial bias in the policymaking process have not been carefully evaluated. That said, some federally administered programs, including Head Start and Social Security, have been shown to help disrupt the effects of structural racism and increase equity. Additionally, policies that increase all eligible people’s access to programs, such as reducing administrative burdens, may support greater equity. Finally, a range of programs aimed at counteracting past racist policies, such as Baby Bonds, and reparations, have been proposed.

This memo offers a brief description of current racial inequities in both program structures and outcomes. It then discusses theories behind how federal and state human services systems and policies perpetuate racism and ends by examining opportunities to increase equity in the policymaking process and by identifying human services programs that promote equity.

Key Takeaways:

- Federal and state human services systems perpetuate explicit and implicit racial and ethnic discrimination through policy designs.
- Black and Hispanic families generally face worse outcomes in human services programs than non-Hispanic White families.
- Promising practices to increase equity in human services include:
  - involving community members in program decisions;
  - measuring outcomes by race and ethnicity;
  - hiring to increase racial, ethnic, and economic perspectives in policymaking; and
  - creating new or more expansive federally-administered human services programs.

This memo was supported by Cooperative Agreement number AE000103 from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. The opinions and conclusions expressed herein are solely those of the author(s) and should not be construed as representing the opinions or policy of any agency of the federal government.
Currently racial and ethnic disproportionality and disparity persist in overall poverty rates and program outcomes. Black, Hispanic, and Native Americans persistently experience higher rates of poverty than those of White and Asian Americans, often resulting from current and historical labor force discrimination, residential segregation, and intergenerational poverty (Bertrand & Mullainathan, 2004; Chetty et al., 2020). Although many first-generation immigrants live in poverty, second-generation Asian Americans have high economic mobility and are less likely to live in poverty than their immigrant parents (Chetty et al., 2020). As shown in Figure 1, poverty rates in 2019 for Black, Hispanic, and Native American families were more than double the poverty rates for non-Hispanic White or Asian families, with Native Americans experiencing the highest poverty rates (Semega et al., 2020; U.S. Census Bureau, 2020). Black and Hispanic workers also experience persistently higher unemployment rates and tend to have less wealth than non-Hispanic White and Asian American workers (Bhutta et al., 2020; Bureau of Labor Statistics, 2020). Unsurprisingly, due to lower average incomes, Black and Hispanic Americans have higher participation rates in means tested social and economic programs than White and Asian Americans. Further, Asian American individuals in poverty are less likely to seek access to social and economic programs than others in poverty, though disparities in access may be inflated due to data limitations (Tran, 2018).

Black and Hispanic families generally face worse outcomes in human services programs than non-Hispanic White families for a variety of reasons encompassing both policy design and implementation. Disparities in outcomes are wide ranging. For example, Black and Hispanic participants in Temporary Assistance for Needy Families (TANF) are less likely to find work and are more likely to be sanctioned than other participants (McDaniel et al., 2017). Similarly, Native American children involved in the child welfare system are more likely than White children to be placed in foster care while Black children involved in the child welfare system are more likely than White children to have multiple placements and less likely to be reunified with their birth parents (Becker et al., 2007; Courtney et al., 1996; McDaniel et al., 2017; Watt & Kim, 2019; Wells & Guo, 1999).

Key aspects of program design and implementation affect access to human services and benefits; people of color face disproportionate challenges. Programs serving low-income parents, who are disproportionately people of color, often require applicants to document that they meet income and other eligibility rules and, once eligible, require ongoing participation such as meeting with a case worker to retain eligibility (Herd & Moynihan, 2020; Moynihan & Herd, 2010; Ray et al., 2020). Administrative burdens, which make the process of gaining and maintaining access to benefits complicated and onerous, disproportionately restrict access to benefits for Black Americans (Herd & Moynihan, 2020; Minoff, 2020; Moynihan & Herd, 2010; Ray et al., 2020). Decentralized programs that give substantial decision-making discretion to state and local policymakers perpetuate inequitable access to benefits and disproportionately affect people of color. For example, the
structure of TANF block grants perpetuate racial and ethnic disparities by granting discretion to state and local jurisdictions, allowing them to politicize access to benefits and discourage or exclude participation from people of color (Bentele & Nicoli, 2012; Bruch et al., 2018; Hardy et al., 2019; Parolin, 2019). In contrast, programs with established rules at the federal level, such as those serving individuals with disabilities and the elderly, often have fewer administrative burdens and thus allow for more equitable access to benefits regardless of race or ethnicity (Moffit, 2015).

Theories Explaining Inequitable Service Delivery & Outcomes

Theoretical frameworks provide an understanding of why inequities in human services access and outcomes may arise and continue to exist. This section discusses four major frameworks: (1) critical race theory, (2) colorblind racism theory, (3) psychosocial theories about racism and public opinion, and (4) elite theory. Most of the literature on these theories uses comparisons between Black and White Americans and focuses heavily on TANF and welfare reform.

Critical Race Theory

Critical race theorists posit that federal and state mechanisms reinforce White privilege and power by restricting people of color’s access to social and economic benefits (Kolivoski et al. 2018). The history of slavery for Black Americans and the forced displacement of Native Americans set up the current context of systemic inequalities in the United States. Explicitly racist motives influenced the design of many current social welfare programs. For example, in the 1930s countless Black workers were excluded from receiving Unemployment Insurance benefits and Old Age Insurance, the precursor to today’s Social Security Program, due to a compromise President Franklin D. Roosevelt made with a group of unified and senior members of Congress who opposed all-inclusive programs in the Social Security Act and sought to exclude agricultural and domestic workers because Black Americans disproportionately worked in those roles (Rodems & Schaefer, 2016). Historians argue that the initial decision to allow states to determine welfare eligibility requirements and benefit levels in this same Act was made in response to Southern legislators’ explicitly racist opposition to programs that would provide economic resources to Black families (Kail & Dixon, 2011; Quadagno, 1994). Additionally, many scholars view the disproportionate representation of Native American children in foster care as a modern-day manifestation of historically racist policies meant to remove Native American children from tribes and assimilate them into White culture such as Indian Boarding Schools and the Indian Adoption Project (Crofoot & Harris, 2012).

Racist attitudes, while in some respects less explicit than in the past, continue to influence program design and policy making. A prime example of this is the impact racist attitudes may have on the support for block grants. Some experts argue that block grants perpetuate racial inequity by providing mechanisms to reduce federal and state spending on social programs while making it difficult for the federal government to hold states and municipalities accountable to performance metrics (Chernick 1998; Dilger & Boyd, 2014; Jarosck et al., 2020). In fact, states with higher proportions of Black residents have lower TANF coverage (ratio of children on TANF to children in poverty), even controlling for income, and are less likely to spend TANF funds on cash assistance (Bentele & Nicoli, 2012; Bruch et al., 2018; Hardy et al., 2019; Parolin, 2019). Programs can also use mechanisms like drug testing and work requirements to limit access to services. Studies have found that such eligibility requirements disproportionately exclude Black Americans from human services programs (Herd & Moynihan, 2020; Minoff, 2020; Moynihan & Herd, 2010; Ray et al., 2020).
Critical race theorists also suggest that human service workers can perpetuate racism in the U.S. welfare system. For example, child welfare experts theorize that the implicit racism of some case workers contributes to the higher percentage of children of color placed in foster care nationally compared to White children (Johnson et al., 2020; Needell et al., 2003; Watt & Kim, 2019). Though poverty and other factors partially explain this disparity, studies controlling for these factors report persistent racial disparities in out-of-home-placements. Racial bias and stereotyping among caseworkers who make referrals to important support services may also disproportionately restrict people of color’s access to welfare benefits. In fact, White clients receive supports such as child care, transportation assistance, work development programs, mental health services, and education and training programs more often than Black or Hispanic clients (Bonds 2006). In addition, TANF case workers are more likely to recommend sanctions for Black clients than for White clients given the same circumstances (Schram et al., 2009).

**Colorblind Racism Theory**

**Colorblind racism theory** asserts that ignoring race perpetuates racist systems. Colorblind racism is created by the normalization of whiteness or rationalization of racial disparities through mechanisms such as cultural racism, which blames inequities on cultural differences between races, or “abstract liberalism,” which blames racial inequities on individuals’ choices. To actively counteract historic and current racism, these theorists argue that institutions must not simply ignore race but explicitly recognize racial differences (Aldana & Vazquez, 2019; Bonilla-Silva, 2018; Flagg, 1993).

Colorblind Racism

So-called “race neutral” or “colorblind” policies may perpetuate racial disparities by ignoring racial differences in poverty and employment, such as the predictability and consistency of hours for low-income workers. When policies expect the same economic and labor market benchmarks for participants regardless of their racial and ethnic background, they set up a context that may lead to racial disparities in program outcomes. For example, Black and Hispanic children have less access to high quality childcare due to the low-income, often unpredictable work available to their parents and the unavailability of childcare providers who can meet that need (Johnson-Staub, 2017). Further, “race neutral” child support debt and enforcement policies ignore current and historic systemic discrimination in the labor force that limits job opportunities for non-custodial parents of color (Brito et al., 2015). Limited job opportunities for non-custodial parents of color increase the likelihood of accruing large amounts of child-support debt and, therefore, incarceration for non-payment of child support compared to their White counterparts (Brito et al., 2015; McDaniel et al., 2017). Additionally, colorblind racism and its institutionalization in policy design offers an explanation for why policies that give caseworkers discretion in decisions regarding access to benefits perpetuate racial disparities (Bonilla-Silva, 2018; Schram et al., 2009).

**Social Identity and Social Dominance Theories**

Social identity theory and social dominance theory suggest that non-Hispanic White Americans tend to support policies to maintain power and privilege as a dominant group while limiting resources available to people of color. Research has shown that non-Hispanic White Americans may support more restrictive welfare policies when they feel their status as a dominant group is threatened (Richeson & Sommers, 2016). For example, states with declining White labor force participation are more likely to implement drug testing requirements for recipients of TANF benefits (Bjorklund et
Additionally, low-income non-Hispanic White Americans who struggle to make ends meet but are ineligible for the same level of benefits may be resentful of low-income Black and Hispanic Americans that receive government assistance, impacting their opinion of welfare eligibility requirements (Haeder et al., 2021; Krimmel & Rader, 2021). Racially resentful Americans are more likely to support Medicaid work requirements and oppose government spending in general due to their own identity as low-income and their subsequent perceptions of who deserves assistance (Haeder et al., 2021; Krimmel & Rader, 2021). Beliefs about the causes of poverty also impact what anti-poverty policies communities adopt because legislators and the public are more likely to support implicitly racist policies that align with their views to further support their social dominance. For example, people who believe that poverty is caused primarily by individual laziness and poor choices are likely to support drug rehabilitation and work requirements in order to hoard resources for those who they perceive as deserving of assistance (Bradshaw, 2007).

**Elite and Representative Bureaucracy Theories**

White Americans and affluent Americans have a disproportionate influence over policymaking (Foundation Board Leadership, 2018; GAO, 2020; OPM, 2020). Because very few policymakers have lived experience with poverty, they may enact paternalistic and racially discriminatory policies out of the belief that people who are poor need guidance to make good decisions rather than economic supports. For example, The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 implemented work requirements in exchange for cash-assistance through TANF and increased mechanisms to control the behaviors of people receiving aid as compared to eligibility requirements for its predecessor, Aid to Families with Dependent Children (AFDC) (Minoff, 2020; Schram et al., 2010). TANF formalized the belief that people who are poor would not work if not required to (Schram et al., 2010).

**Mechanisms to Disrupt Inequity**

Federal and state human services systems may be able to disrupt or eliminate racial inequities through more open policymaking processes, proactive antiracist designs, and policy designs which increase access to benefits and take into account historical and current experiences of discrimination and oppression.

Equity in the policymaking process includes involving community members in program decisions, hiring to increase racial diversity in policymaking, and measuring outcomes by race and ethnicity (Kennedy, 2014; McDaniel et al., 2017; Tripoli et al., 2021). Including the voices of community members most affected by policies and programs in decision-making may result in more equitable program and policy designs (Farrell et al., 2021; Liedtka et al., 2017). While few such efforts have been evaluated, the Maternal, Infant and Early...
Childhood Home Visiting (MIECHV) program in Michigan, for example, reports that parent voice has been integral to policy design and implementation. However, until recently only parents with the economic privilege to volunteer participated; Michigan’s MIECHV program now covers the cost of participation by providing financial support to members so that a broader range of parents have a voice in the program’s decision-making (Stark, 2020). Experts also argue that to increase “active representation”—the extent to which the policies created by the bureaucracy represent the interests of all the people it serves—government agencies should intentionally increase “passive representation”—the extent to which the demographic makeup of a bureaucracy represents all the people it serves (Kennedy, 2014). While in theory this could improve equity in policy design and program delivery, empirical evidence is mixed. Diversifying leadership alone may or may not lead to changes in policies and diversifying caseworker staff may not explicitly improve equity for clients (Kennedy, 2014). Finally, policymakers cannot take steps to address inequities if they are unaware of unequal outcomes. Collecting data on outcomes by race and ethnicity is the first step in identifying and addressing racial and ethnic disparities in programs and policies. Insufficient representation of some racial and ethnic groups in data sets, particularly Asian Americans and Native Americans, make it difficult for researchers to measure discrimination and racism in programs and policies (Akee & Casey, 2021; Ponce et al., 2019; Tran, 2018). However, data collection alone is not sufficient to address disparities; policymakers must seek to develop strategies to address community identified issues (Farrell et al., 2021; Liedtka et al., 2017).

More inclusive entitlement programs administered at a federal level may disrupt racial inequities. Due to lower average incomes and higher rates of poverty, people of color disproportionately benefit from entitlement programs with low administrative burdens. For example, Black Americans benefit from Social Security’s progressive benefit structure because, on average, they have lower lifetime earnings than White Americans, which has helped to reduced economic disparities by race among older adults (Kijakazi et al., 2019; Spriggs & Furman, 2006). Likewise, Black Americans are more likely than other racial or ethnic groups to benefit from Social Security’s disability and survivor insurance as a result of higher rates of disability and shorter lifespans for Black men compared to men from other racial or ethnic groups (Spriggs & Furman, 2006). Additionally, women of color are more likely than White women to benefit from the Earned Income Tax Credit (EITC) because they are more likely to work in low-wage jobs (Marr & Huang, 2019). Finally, Medicaid participants of color disproportionately benefit from the coverage provided because they are more likely to be in poor health and have chronic health conditions such as diabetes and heart disease (Ochieng et al., 2021). The design and relative ease of access of these programs provide useful support to disrupt racial inequities and are structured to provide support to all eligible individuals regardless of nuanced program eligibility requirements. Many other human services programs are not designed to equitably serve all eligible individuals and include administrative burdens which decrease participation rates while disproportionately excluding people of color. Reducing administrative burdens to program access will ensure social and economic supports are available to all eligible individuals and will increase participation while supporting racial equity (Moffit, 2015).

Outside of ensuring equitable access through reducing administrative burdens, policymakers could consider larger redesigns of current structures to support increased access and equitable outcomes. Expanding existing and creating new programs administered by the federal government that are explicitly designed to redress current and historical racial inequities and those that provide other universal supports to combat poverty may help improve outcomes for populations of color. One such program is Head Start which benefits many Black children who see larger gains in earnings, self-esteem, as well as self-control and positive parenting practices later in life, compared to White participants (Bauer & Schanzenbach, 2016). Many proposed programs show promise in increasing wealth and income for families of color (Oliver & Shapiro, 2019; Schwartz, 2018; Zielewski et al. 2009). Baby bonds, for example, would create trust funds for children in low-wealth families, with the funds accessible to the children when they reach adulthood. Baby bonds would particularly help Black families build wealth and reduce the racial wealth gap in the United States (Hamilton & Darrity, 2010). Reducing student loan debt could also reduce the racial wealth gap because Black Americans have significantly
more student loan debt than White Americans (Braga, 2016). Other proposed initiatives include implementing a universal basic income or establishing individual development accounts. While these programs would be useful to combat disparities, some scholars assert they are not sufficient to close the racial wealth gap. The incremental nature of these programs is unlikely to amass sufficient growth in wealth to eliminate disparities between Black and White Americans that currently total an average difference in wealth of $800,000 (Darity, 2021; Darity & Mullen, 2020). Instead, policymakers should consider establishing reparations for Black Americans in order to invest in the economic growth of Black Americans and take deliberate action to eradicate the vast disparities in wealth that have been perpetuated by both explicit and implicit racist policy design (Darity, 2021; Darity & Mullen, 2020).

Conclusion

Federal and state human services systems have perpetuated racism through decisions resulting from explicit bias, implicit bias, and “race-neutral” policies that ignore preexisting racial disparities in policymaking and program design. The field of human services has much work to do in dismantling the history of White supremacy that has characterized its history. Involving community members in program decisions and policymaking, increasing efforts to hire more racially diverse staff, measuring race in data collection and reporting, expanding key programs, and creating new programs broadly administered by the federal government could reduce racial and ethnic inequalities.

The Biden Administration’s Executive Order “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government” calls for establishing an equitable data working group and directs federal agencies to increase their engagement with community members to advance equity (E.O. 13985 of Jan 20, 2021; Farrell et al., 2021). Looking forward, the evidence-base of effective strategies to increase equity in human services will likely grow. Future research could also expand beyond disparities between Black and White Americans and focus more on Hispanic, Asian, and Native Americans across a wider variety of human services programs.
References


