



Relief and Recovery: Addressing COVID-19's Impact on Food Insecurity

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Children's Health and Well-Being: Recommendations for a Post-Pandemic World

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Towards a Stronger Child Welfare System: The Pandemic's Impact on Foster Families

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ABOUT THE HATFIELD PRIZE

The Hatfield Prize is awarded annually to three student-faculty pairs from Council for Christian Colleges & Universities (CCCU) schools. Recipients conduct research on social policies that impact vulnerable children, families, and communities, and explore the impact of these policies in their local communities. This semester-long research project culminates in three policy reports that make recommendations for both government and civil society institutions in contributing to policies that promote flourishing communities. The Hatfield Prize is named in honor of the late Senator Mark O. Hatfield, who served as a United States senator from Oregon for three decades, and was known for his principled Christian faith and for his commitment to working across difference to find common ground.

ABOUT SHARED JUSTICE

Shared Justice, the Center for Public Justice's initiative for 20- and 30-somethings, exists to equip the next generation of leaders with a hopeful vision and framework for Christian engagement in public life. Through its online publication, SharedJustice.org, CPJ has published hundreds of articles written by college students and young adults committed to pursuing justice for their neighbors through political engagement. Shared Justice also offers a variety of programs and resources, including The Hatfield Prize, books and resources such as *Unleashing Opportunity: Why Escaping Poverty Requires a Shared Vision of Justice*, and campus speaking engagements. Visit www.sharedjustice.org to learn more.

ABOUT THE CENTER FOR PUBLIC JUSTICE

The Center for Public Justice (CPJ) is an independent, nonpartisan organization devoted to policy research and civic education. Working outside the familiar political categories of right and left, conservative and liberal, we seek to help citizens and public officeholders respond to God's call to do justice. Our mission is to equip citizens, develop leaders, and shape policy in pursuit of our purpose to serve God, advance justice, and transform public life. Visit www.cpjustice.org to learn more.



FOREWORD

I am thrilled to introduce the Center for Public Justice’s 2021 Hatfield Prize reports. COVID-19 has impacted every area of life throughout 2020 and 2021, and this year’s Hatfield Prize research was no different. Instead of an orientation in Washington, D.C., in-person meetings with students and faculty advisors, and in-person interviews with national and local leaders, the 2021 student recipients experienced all of these things via Zoom.

Despite these challenges, this year’s reports are as comprehensive, insightful, and timely as ever. Examining the impact of COVID-19 on communities hit hardest by the dual public health and economic crises, the authors tell the story of what happened in local communities and make concrete recommendations for both government and civil society institutions as our nation recovers from the pandemic.

COVID-19 has taken a disproportionate toll — both in terms of health outcomes and economic shocks — on people of color and on under-resourced communities. This year’s reports explore three policy issues that also disproportionately impact people of color and under-resourced communities — food insecurity, children’s health, and foster care.

The student-faculty pairs researched COVID-19’s impact on food insecurity in Northwest Arkansas; the ways in which the pandemic has exacerbated child health disparities in Denver, CO; and COVID-19’s impact on the recruitment, retention, and support of foster parents in Longview, TX. Each report explores the scope of the issue on both a national and local level, highlights racial, ethnic, and socioeconomic disparities, and frames solutions in the context of both government policies as well as the vital contributions of faith-based organizations, churches, and other civil society institutions.

Divided into three sections — Discover, Frame, and Engage — each report is designed to provide a framework for understanding each issue within a federal, state, and local context.

DISCOVER introduces readers to a specific social policy in the United States and examines the current response of the federal government in addressing the issue and its impact on individuals and families facing new or worsened economic hardship due to COVID-19.

FRAME articulates the normative Christian principles which support the social safety net, considers the unique responsibilities and contributions of government and civil society institutions, and makes concrete recommendations.

ENGAGE brings Discover and Frame to life, telling the stories of impacted individuals and the communities in which they live. This section features original reporting by the student-faculty pairs in Arkansas, Colorado, and Texas.

Together the 2021 Hatfield Prize reports offer a snapshot of COVID-19’s devastating toll on individuals and communities. Yet they also offer a hopeful vision, rooted in Christian principles, for how we can collectively respond to the pandemic’s impact on food insecurity, children’s health, and foster care. The Hatfield Prize reports can be accessed online at www.sharedjustice.org/hatfieldprize2021.

With thanks,



Katie Thompson
Program Director, Shared Justice
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RELIEF AND RECOVERY: ADDRESSING COVID-19'S IMPACT ON FOOD INSECURITY

By Seth Billingsley and Daniel Bennett, Ph.D.

DISCOVER

Refrigerated trailers serving as temporary morgues, family members saying their goodbyes to loved ones via video chat, and permanently shuttered doors of family-owned businesses — the unanticipated and devastating arrival of COVID-19 in the United States imparted hundreds of harrowing images onto the public consciousness as the coronavirus ravaged the bodies of hundreds of thousands of people across the nation and upended every sector of society. Almost overnight, thousands of families found themselves without employment while thousands more — already economically insecure — found their situations worsened.

Of the many heart-wrenching scenes brought about by the coronavirus pandemic, lines of families waiting to receive food will likely remain one of the most pertinent. In Dallas, Texas, for example, a line of cars stretched for miles as thousands waited to receive food from the North Texas Food Bank. Some families arrived as early as 5 a.m. — four hours before volunteers began distributing food — to secure a spot in line. In just one day 25,000 people received food.¹ Between March and August 2020, the Feeding Texas network surpassed 400 million pounds of food provided to hundreds of thousands of Texans, a jump of 60 percent compared to the same period only a year prior.² This unprecedented

shift was reflected around the country, swiftly undoing decades of progress in alleviating and diminishing the food insecurity crisis.³

What is Food Insecurity?

The United States Department of Agriculture (USDA) defines a food-insecure household as one that, at some point during any given year, was “unable to acquire adequate food for one or more household members because they had insufficient money and other resources for food.”⁴ The USDA recognizes two further categorizations of food insecurity. The first, low food security, implies “reports of reduced quality, variety, or desirability of diet” with “little or no indication of reduced food intake.”⁵ The second, very low food security, means that one or more members of a given household experienced “disrupted eating patterns and reduced food intake” due to an inability to “afford enough food.”⁶ According to USDA reporting, in 2019 about 13.7 million households experienced food insecurity, a decrease from 14.3 million households in 2018.⁷

Food insecurity is distinct from hunger, as the latter represents an individual’s physical sensation and need. The former, meanwhile, refers to a complex and diverse web of financial and economic challenges at the household level which result in inconsistent access to meals, limited nutritional value and variety, and a general uncertainty regarding where food will come from.⁸ Put simply, as the food distribution network Feeding America explains, “food insecurity does not exist in isolation” but is connected to a number of interrelated causes and effects.⁹ As such, families may become food-insecure due to any number of factors, including seemingly unrelated shocks, such as rising transportation costs or school closures. Lastly, food insecurity can be described as

either temporary or enduring; households can be classified as food-insecure for an extended period of time, or only very briefly.¹⁰

COVID-19 fundamentally shifted the nature of the food insecurity crisis in the United States.

In 2019, over 10 percent of families were classified as food-insecure, including 13 percent of families with children.¹¹ Those percentages translate to over 35 million people, including 5.3 million children.¹² The food insecurity crisis closely relates to poverty — in that same year 34.9 percent of families living beneath the federal poverty line experienced food insecurity.¹³ There are also significant racial and ethnic disparities among households experiencing food insecurity. Black households, for example, were twice as likely to experience food insecurity as compared to white households.¹⁴ In 2019, 1 in 12 white individuals (7.9%) experienced food insecurity compared to 1 in 6 Latino individuals (15.6%), 1 in 5 Black individuals (19.1%), and 1 in 4 Native American individuals (25%).¹⁵

Food insecurity also varies by geography, as Americans in different states and communities have varying access to supermarkets and other food vendors.¹⁶ The USDA reports that 19 million Americans — a staggering six percent of the population — live in food deserts. A food desert is an area “where people have limited access to a variety of healthy and affordable food.”¹⁷ Food deserts are more prevalent in rural areas, but this may be partially accounted for due to the differing qualifications for rural and urban food deserts: in urban settings a given area is identified as a food desert if the nearest

supermarket is over a mile away, but for rural regions, that distance increases tenfold.¹⁸ In these neighborhoods, purchasing nutritious and affordable food not only costs more, but it also often requires comparatively extensive travel thereby further increasing both direct and indirect costs through travel expenses and lost time available for work.¹⁹ Food-insecure households tend to be concentrated in pockets throughout the nation. Southern and Rust Belt states see levels of insecurity well above the national average while several states, including California and Iowa, fall below the average.²⁰

The Pandemic's Impact on Food Insecurity

COVID-19 fundamentally shifted the nature of the food insecurity crisis in the United States. The economic challenges brought about by the coronavirus contributed to an unprecedented surge in demand for food and aid only months into 2020. Between March and December 2020, the number of food-insecure households doubled, resulting in an astonishing one-fourth of American families experiencing food insecurity.²¹ This stark increase in food insecurity only exacerbated existing racial disparities among those experiencing food insecurity. The Northwestern Institute for Policy Research found that, by June 2020, the prevalence of food insecurity among Black households had risen to 42 percent and 39 percent for Hispanic households compared to about 25 percent of non-Hispanic white households.²² Forty percent of Americans reported experiencing food insecurity for the first time in 2020. Prior to the pandemic, approximately 35 million Americans lived in food-insecure households, but by the end of 2020 that number had risen to 45 million.²³

In an effort to track the impact of the pandemic, the United States Census Bureau conducted a Household Pulse Survey each week, and during the last week of February 2021, approximately 22 million adults — over 10 percent of Americans — were still struggling to put food on the table.²⁴ A brief analysis of the survey data revealed that 21.5 percent of Black respondents and 16 percent of Hispanic respondents reported that they “often” or “sometimes” did not have enough to eat within the past seven days, compared to just 7.2 percent of white respondents and 6.1 percent of Asian respondents. While these numbers may seem to indicate a decline in food insecurity, they in fact reveal the drastic impact of the pandemic and continuation of need: in 2019, 10.9 percent of Americans experienced food insecurity at some point during the whole 12-month period; in February, 10.5 percent of experienced this in one week alone.²⁵

Increased food insecurity was a result, in part, of the economic crisis triggered by the pandemic. As the coronavirus forced many businesses to close, thousands of Americans lost their jobs. For families already on the economic margins, as well as those experiencing new economic hardship as a result of the pandemic, securing consistent access to food became more difficult. Many civil society institutions — including schools, houses of worship, and nonprofit organizations — that historically provided children and families with meals and other supports also struggled to stay open due to the pandemic. School closures had an outsized impact on food insecurity among families with children. While less than 15 percent of households with children experienced food insecurity in 2019, that number doubled to almost 30 percent by May 2020.²⁶ Before 2020, on average, households with children were less likely to experience

food insecurity, but 2020 demonstrably shook that norm. Families who relied on school meals from public or faith-based schools suddenly needed to feed children when they could not afford to. The sudden and unanticipated nature of school closures created immense financial hardship and additional, unanticipated expenses.²⁷

Short and Long-Term Impacts of Food Insecurity on Families

While the economic impact of the pandemic is still felt today, there will invariably be long-term complications resulting from the crisis. Economic challenges frequently involve both short- and long-term consequences for families, and the economic toll on many nonprofits and religious institutions will continue. Thousands of nonprofits laid off employees, and an estimated 11 percent of these organizations will permanently shutter their doors.²⁸

Impacting not only the body but also the mind, food insecurity can leave a lasting negative impact on health, particularly in children. Inexpensive food is often unhealthy, and food insecurity is therefore associated with some of the deadliest chronic diseases including diabetes, obesity, and developmental disorders, among other illnesses.²⁹ Food-insecure families also experience greater exposure to psychological stressors, and they feel these stressors differently than financially and food-secure families as a result of both a lack of nutrition and the additional stress that accompanies poverty and economic hardship.³⁰ In addition to their own stress, children in food-insecure households experience the stress of their parents and caregivers: when caregivers feel uncertain and worried about putting food on the table, children recognize and adopt these sentiments and behaviors.³¹ It comes as

little surprise, then, that the impact of food insecurity extends beyond the immediate physical health of a child: children who experience food insecurity are more likely to struggle academically and experience difficulty with social skills and engaging with their peers.³² These impacts extend to food-insecure adolescents as well. Teenagers who live in food-insecure households are comparatively more likely to struggle in school and less likely to attend college.³³ Additionally, food-insecure teens possess a higher probability of having children as young adults and are more likely to experience psychological distress in young adulthood.³⁴

The pandemic provided many valuable lessons for what policy solutions worked, and which ones failed.

The additional challenges of food insecurity extend to the elderly as well. Difficulties associated with food access and economic stability for adults are generally heightened for the elderly: Transportation becomes more challenging and employment may be less feasible. Food-insecure elders also experience additional health challenges as a result of their decreased nutrition including lower general corporeal health — including thinner skin and other ailments — and increased age-related challenges.³⁵

Meeting the Need: Addressing Food Insecurity During the Pandemic

Addressing a complex problem like food insecurity requires a response from both government and a diverse array of civil society institutions. During the trials of 2020 and 2021, and as the nation continues its

recovery, a strong and robust social safety net is needed to address the ongoing food insecurity crisis. The social safety net is an interconnected constellation of services and programs that deliver aid to individuals and families during times of economic hardship. It is composed of federal, state, and local governments, as well as civil society institutions like secular and faith-based organizations, houses of worship, and businesses.

The federal government took a necessary leading role in coordinating and administering pandemic-related legislation and relief efforts. In order to respond to increased food insecurity, existing federal safety net programs saw expansion and additional funding, and Congress authorized and implemented new, pandemic-focused programs.³⁶ Some programs delivered direct aid to families and individuals, while others relied on partnerships with civil society institutions to provide the services to their communities. Federal legislation also aimed to support and bolster civil society institutions — including faith-based organizations and houses of worship — that might otherwise have had to close their doors due to the pandemic's health and economic challenges.³⁷

Direct Aid to Individuals and Families

The Supplemental Nutrition Assistance Program (SNAP) is a pillar of the federal government's efforts to reduce food insecurity. Administered by the USDA's Food and Nutrition Service, SNAP "provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency."³⁸ By providing low-income families with food assistance, SNAP allows for the purchase of groceries and fresh

produce in order to facilitate a healthy, balanced diet.³⁹ SNAP eligibility varies from state to state and often includes limits on resources and income.⁴⁰ If a household is deemed eligible, funds are transferred monthly to an Electronic Benefit Transfer (EBT) card, which functions like a debit card.⁴¹ The poverty threshold data released annually by the Census Bureau provides detailed accounts for households of various sizes. For a family of four, for example, the weighted average threshold currently stands at \$26,142 per year.⁴² Between 2012 and 2018, SNAP participation was in decline as food insecurity decreased, but the onset of the pandemic put an end to this trend.⁴³

As part of the effort to meet the additional need brought on by the pandemic, the USDA implemented several significant changes to SNAP. These changes related to both the application process for aid and the size of the benefit allotment. Federal eligibility requirements were relaxed which allowed states to simplify and widen their own application procedures, such as allowing college students to temporarily apply for SNAP benefits.⁴⁴ The Families First Coronavirus Response Act of March 2020 and the Families First Act included several of the most notable adjustments, including emergency allotments and Pandemic-EBT (P-EBT).

The authorization of emergency allotments to SNAP households gave states the ability to “give SNAP households emergency supplementary benefits;” to date “all states have used this option.”⁴⁵ Prior to this change, only about 40 percent of households received the maximum available benefit as 60 percent of SNAP households had additional sources of income, so the maximum benefit was unnecessary for these households.⁴⁶ This change, however, permitted even families

with additional income to access the full benefit available to a household of their size.

P-EBT allowed states “to submit requests to provide meal replacement benefits through SNAP...for households with children who attended a school that was closed in the spring of 2020 for at least five days and who otherwise would have received free or reduced-price meals.”⁴⁷ The P-EBT School Meals program sought to address the additional burden facing families with children who greatly felt the economic burden of needing to provide additional meals. The program allowed eligible schoolchildren to receive emergency meal replacement nutrition benefits through parents’ EBT cards so their families could purchase meals during school closures.⁴⁸ Eligibility depended on whether the student was already eligible for free or reduced-price meals at their school.⁴⁹

Finally, an additional increase of 15 percent to all SNAP benefit allotments was approved by Congress for the months of January through June 2021, and the American Rescue Plan stimulus package signed into law by President Biden in March 2021 again extended this increase through September 2021.⁵⁰

Indirect Aid to Individuals and Families

In addition to SNAP, the USDA’s The Emergency Food Assistance Program (TEFAP) supplements the diets of low-income Americans by “providing them with emergency food assistance at no cost.”⁵¹ As opposed to SNAP, which delivers aid directly to individuals, TEFAP provides food directly to food banks and other food-distribution organizations. TEFAP allows the USDA to purchase “a variety of nutritious, high-quality USDA Foods, and makes those foods available to State Distributing Agencies.”⁵²

In order to qualify for TEFAP “public or private nonprofit” institutions, which include faith-based organizations, must demonstrate that they “provide nutrition assistance to low-income Americans.” They can do this either through meal preparation and serving, or through meal delivery programs, like a mobile food pantry. In either case, the organizations must also identify which local households “are eligible for the service using state income standards.”⁵³ While TEFAP is not new and Congress annually appropriates funds for this program in order to serve local food agencies, the \$900 billion Consolidated Appropriations Act from December 2020 allocated an additional \$400 million in funding for TEFAP’s partners.⁵⁴

In addition to the increased funding for existing programs, the federal government also created new programs during the pandemic, including the temporary Farmers to Families Food Box program. Designed to support the strained social safety net and food supply chain, this new program purchased food from farmers, packaged it in privately operated distribution centers, and delivered it in over 138 million boxes between April 2020 and May 2021. Authorized in the Families First Coronavirus Response Act, the program granted the USDA the authority and ability to purchase up to \$6 billion in fresh food from domestic producers of all sizes. After subsequent packaging in distribution centers, the USDA transported the food to “food banks, community and faith-based organizations, and other nonprofits serving Americans in need.”⁵⁵ The program operated in rounds of authorization and required subsequent reauthorization following each round; the final reauthorization occurred in January 2021 and the program ended in May 2021.⁵⁶

As an indirect aid program, eligibility for Farmers to Families wasn’t tied to any one person; the Department of Agriculture developed this unique program to facilitate meal distribution through the existing local social safety net — namely, by utilizing business supply chains and nonprofit networks. It is distribution centers, not states or even nonprofits, that apply for access to food. These centers would typically serve restaurants and other food-related businesses, but due to the pandemic, many of these companies experienced economic hardship as restaurants closed and thus their business decreased.⁵⁷ Farmers to Families offered these distributors not only an opportunity to stay open, but the ability to aid their communities. Instead of solely packaging meals for cafeterias or grocery stores, these centers supplemented their normal business with community aid. When a distribution center received authorization, they packaged the food boxes and sent them to local nonprofits or government entities, provided that these institutions meet certain qualifications established by the USDA. Importantly, any nonprofit or government agency received boxes regardless of their typical operations, but they had to possess the necessary equipment to store large quantities of fresh food and the necessary network to distribute it.⁵⁸

Farmers to Families and TEFAP represent the immense potential for partnership between the federal government and civil society in addressing food insecurity. By delegating distribution to nonprofits, businesses, and local governments, the federal government allows institutions already involved in local communities to make critical decisions about where and how aid ought to be distributed. Farmers to Families had challenges, including overpriced food and rotten produce, but for a program developed quickly during a

pandemic, it displayed immense potential for further programs and opportunities.⁵⁹

The development of programs and partnerships such as Farmers to Families, however, should not fall entirely onto the shoulders of government. Involving community leaders at a local level must be a centerpiece for welfare programs and relief operations orchestrated by the federal government. The voices and needs of program recipients must always be a primary consideration for any successful program, and community organizers, nonprofits, and even businesses are better equipped to intimately understand these needs than lawmakers. The temporary changes to social safety net programs brought about by the pandemic succeeded when they focused on the needs of the communities and included local institutions in the relief process. A robust social safety net, inclusive of civil society institutions, is necessary to eliminate food insecurity, whether in a time of crisis or calm.

FRAME

Each car held a family with a unique story, but their immediate and shared need — not having enough to eat — led them all to the same parking lot to pick up a box of food. A team of volunteers and employees staffed the site and distributed food purchased through the support of businesses, nonprofits, and government, each of these entities fulfilling a significant role in meeting the needs of individuals and families experiencing COVID-related food insecurity.

As the pandemic raged on, and as communities slowly continue to recover,

stories of support and community provide glimmers of hope and goodwill, but the uncomfortable truth that millions of people continue to experience food insecurity remains. What structural, economic, and political forces led to a reality that failed to prevent such drastic struggle for millions of people? Political philosophy provides helpful tools for evaluating this question. Contemporary political discourse tends to explore inequality and normative questions with a foundational recognition that people voluntarily choose to engage in society in order to better their position by acquiring more wealth and possessions.⁶⁰ This approach provides the foundation for most political discussion and action, but it is deeply flawed.⁶¹ This view tends to perceive community members as aggregated, atomistic choice-makers instead of people impacted by structural challenges and opportunities, and it fails to provide the necessary tools to effectively evaluate both how and why individuals and institutions ought to care for their neighbors.

In a society where lawmakers operate under the influence of contract theory or similar philosophies, legislation will invariably take on that atomistic and flawed perception. Policies relating to food insecurity, for example, may expect individuals to already understand application processes for aid or, worse, assume those in need can quickly find better employment opportunities or negotiate a higher salary. Those legislative actions which fail to consider the backgrounds, stories, and lives of people grow the inequalities that allow crises such as COVID-19 to worsen ongoing socioeconomic challenges, including food insecurity. It is important, then, to pursue public policies that more fully embrace the whole human person.⁶² Policymakers and citizens must adopt a view of society as a collection of

people all belonging to the same body, all in need of the same essential goods, and all deserving of the same respect and care. This view must shed the traditional conception of value stemming from economic production and embrace one of innate human dignity. Moreover, we as Christians must recognize that Jesus held such a view, and we therefore ought to as well.

Pope John Paul II declared that the Church — the body of Christ — holds the power to “analyze social realities, to make judgments about them and to indicate directions to be taken for the just resolution of the problems involved.”⁶³ These words represent a powerful revelation: the Church possesses the scriptural authority to label the social and economic structures which contributed to the perpetuation of food insecurity (both before and after COVID-19) as inadequate and unrepresentative of the biblical ideal of justice. The Church also has the authority to act on these judgements and must resist the temptation to cultivate a “cocoon of indifference,” as Dr. James K.A. Smith writes, and instead pursue the ecclesiastical prerogative of breaking the bonds of injustice and meeting the needs of the marginalized.⁶⁴

Throughout the Bible, God provides a roadmap for His people, not only for themselves, but for their communities and the world around them. From the simple command to “tend thy Garden” in Genesis to the existential question, “Why are you standing here, looking toward heaven?” posed by angels as Christ ascended, the Bible directs Christians to engage the world around us.⁶⁵ Christ left little room for doubt regarding the practical implications of his Gospel; instead, he directly imbued his words with the significance of a societal and communal importance. Twice he fed thousands of people while teaching them the

truth of salvation, and he taught his followers to pray for the collective good.⁶⁶ Christ, the salvation for the world, identified himself as the bread of life. Christ, the Son of God, made evident the responsibility of the Church to advocate for the flourishing of all people. Our friends and neighbors of other faiths often embrace similar objectives; the Quran contains instructions to feed the hungry, and Buddhists pursue upekka, or equanimity, as part of the pathway to enlightenment.⁶⁷

It is important, then, to pursue public policies that more fully embrace the whole human person.

As the United States continues to recover from the pandemic, confronting food insecurity and the conditions that cause and perpetuate it will require the contributions of citizens, government, and civil society institutions. The following section will explore normative institutional responsibilities and offer concrete recommendations for addressing food insecurity in a robust and effective way. The pandemic provided many valuable lessons for what policy solutions worked, and which ones failed. These lessons can propel our society closer to the goal of complete food security, if we choose to critically evaluate them.

Government's Role in Addressing Food Insecurity

Government bears the responsibility to create and enforce just laws which benefit society. This is especially true in periods of economic turmoil and national emergency, such as a pandemic. In periods of paramount distress, government, as the Center for Public Justice's Guiding Principles for Government's

Response to a Pandemic articulate, “should take a leading role in the coordination and administration of public policies and emergency relief that address the needs of individuals, families, and institutions.”⁶⁸

Within the American social safety net, the federal government serves as both the central mooring and cornerstone for programs and partnerships. Through federal welfare programs and partnerships with nonprofits, businesses, faith communities, and local governments, the federal government directly and indirectly addresses food insecurity. During the pandemic, this responsibility was all the more urgent.

Direct Aid to Address Food Insecurity

As the federal government’s flagship direct aid program, SNAP assists thousands in purchasing food, but it also benefits the economy at large. SNAP dollars provide immediate support to families unable to afford groceries; each cent of SNAP represents two frames: the power to purchase food, and the power to save. Every time a family uses their SNAP benefits, they do not need to dip into savings or fragile income to pay for food, and they are better able to afford other necessities. SNAP’s impact extends well beyond its primary, familial focus. A 2019 report published by the USDA’s Economic Research Service found that each dollar of SNAP benefits grows the nation’s GDP by a factor of up to 1.5 percent, depending on the state of the economy as a whole.⁶⁹ In periods of recession, such as following or during a pandemic, the multiplier reaches that higher threshold as families spend their benefits immediately and pump money into a fragile economy.

Due to SNAP’s ongoing success in providing food access and reducing food insecurity, Congress should adopt two primary changes

to ensure that the program is able to continue assisting all the families who need it, focusing on expanding eligibility and increasing funding.⁷⁰

First, legislators should maintain the increased SNAP allotment introduced during the pandemic. In March 2021, the USDA announced a temporary 15 percent increase to all SNAP benefits as part of the Biden administration’s American Rescue Plan.⁷¹ This increase amounts to approximately \$28 per person per month, according to the USDA. This modest increase, set to expire on September 21, 2021, would have a significant impact on families who experience food insecurity. The Center on Budget and Policy Priorities observes that “low-income individuals generally spend all of their income to meet daily needs such as shelter, food, and transportation.”⁷² Therefore, every SNAP dollar that these families receive is not only a dedicated dollar for food, but it frees another dollar for other essentials.

Second, Congress should move to remove barriers to SNAP eligibility. Federal SNAP eligibility restrictions fall into two general categories: income restrictions, and asset regulations. Income requirements for eligibility mandate that a family’s income falls at or near the poverty line. Families who do not live in poverty are understandably ineligible for SNAP. Asset regulations, however, mandate that most families must not hold more than \$3,500 in accessible, liquid funds. Therefore, families are restricted from amassing even a modest emergency fund or savings account, one which would allow them to better weather an economic emergency or unanticipated expenses. Moreover, federal SNAP regulations consider vehicles worth over a certain threshold, currently set at \$4,650, against the asset limit.⁷³ Thus, families who

rely on cars to travel to work may find that their vehicles preclude them from qualifying for SNAP benefits. As a Center for American Progress report stated, "...benefits recipients are forced to compromise their long-term economic security by depleting their existing savings in order to attain the immediate and life-sustaining relief these benefits programs provide."⁷⁴

These asset limits, however, are flexible. Individual states retain the authority to waive or increase the asset limit, and many have. Nevertheless, according to the Center for Law and Social Policy, several states maintain the asset limit.⁷⁵ Congress should remove the federal asset barrier to ensure that all food insecure Americans have access to SNAP benefits, regardless of their savings. Families should not need to completely deplete their savings in order to qualify for SNAP. In May 2020, Senators Chris Coons (D-DE) and Sherrod Brown (D-OH) announced the "Allowing Steady Savings by Eliminating Tests, or ASSET, Act to eliminate asset limitations that restrict eligibility" on three vital federal programs, including SNAP. Discussing the Act, Senator Coons remarked that "counterproductive limits placed on savings prevent recipients from withstanding financial emergencies and moving off public assistance programs," according to his website.⁷⁶ Congress should recognize the importance of eliminating restrictive asset limits and consider legislation like the ASSET Act.

Indirect Aid to Address Food Insecurity

While direct aid through programs like SNAP is essential to alleviating food insecurity, government should also invest in innovative partnerships with civil society. The pandemic exposed and heightened numerous racial, socioeconomic, and geographic disparities.

The urban-rural disparity — namely, the increased challenge for rural families to access food aid programs or sites — requires increased innovation for addressing food insecurity, as families in rural areas often face additional transportation and access barriers. This challenge is especially pronounced for children, many of whom rely on school lunches. When the pandemic necessitated the closing of many schools, families who relied upon school meals understandably struggled.

A 2018 School Nutrition Association report identified five factors contributing to the rural disparity: "limited administrative capacity, hiring and retaining qualified staff, physical infrastructure limitations, accommodating students with long travel times to school, and limited food supply purchasing options." COVID-19 only exacerbated these challenges. The report also documented several strategies which have been effective, pre-pandemic, in addressing the meal delivery challenges: "purchasing cooperatives, peer support, community collaboration, inventive serving strategies, and training and technical assistance."⁷⁷ For food-insecure students who rely on school meals but may need to travel extensively to acquire their meals, that status quo is insufficient, especially considering these challenges existed long before the pandemic.

Legislators should maintain the increased SNAP allotment introduced during the pandemic.

In 2019 the Baylor Collaborative on Hunger and Poverty launched Meals-to-You, a pilot program in Texas to provide meals via mail to families in underserved rural areas who do not have easy or reliable access to schools

or other organizations that often serve as food site programs. When COVID-19 arrived and traditional food sites, like schools, began to close, the USDA partnered with the Baylor Collaborative, PepsiCo, and McLane Global to scale the program nationally. The program delivers a box with 10 breakfasts and 10 lunches each week to families in rural areas with at least one child eligible for free and reduced-price meals during the school year.⁷⁸ As of July 2020, 41 states and two U.S. territories had joined the program.⁷⁹ The USDA's partnership with the Baylor Collaborative provides a useful model for how government can partner with innovative civil society programs. The Meals-to-You program represents one innovative method of delivery for students in need who would otherwise not have consistent access to meals.

Congress can support such partnerships through legislation recognizing the important and distinct contributions of civil society institutions. The Summer Meals Alternative Relief and Transportation Act, or SMART Act, introduced in May 2021 by Senator John Cornyn (R-TX) and Senator Cory Booker (D-NJ), is an example of such legislation. This Act “establishes service options in addition to congregate meals and Summer EBT, options such as home delivery of meals by way of traditional mail or other delivery services. These options ensure access to nutrition for all children through the USDA Summer Food Service Program.”⁸⁰ At the time of writing this report, the SMART Act has not yet been passed by Congress. Legislation like the SMART Act encourages and supports initiatives sponsored by faith-based organizations, such as the Baylor Collaborative, and allows for tested, successful entrepreneurial action to become part of the solution to combating food insecurity.

Strengthening Institutions that Serve on the Ground

The federal government should also work to support and strengthen faith- and community-based institutions that address food insecurity at a local level. One avenue for this comes from developing partnerships with faith-based and community organizations. In February 2021, the Biden administration reestablished the White House Office of Faith-Based and Neighborhood Partnerships. In the authorizing executive order, the administration recognized that “faith-based and other community-serving organizations are vital to our Nation’s ability to address the needs of, and lift up, low-income and other underserved persons and communities, notably including persons of color.”⁸¹

The United States Department of Agriculture, as an executive agency, has its own Center for Faith-Based and Neighborhood Partnerships which has been active for over a decade. On its webpage, the USDA makes clear that it understands food insecurity’s place as but one of many challenges which “cannot be solved in Washington, D.C. alone.”⁸² By connecting governments of all levels and nonprofit organizations, “both secular and faith-based,” the USDA Partnerships Office seeks to develop “innovative, community-based solutions.”⁸³

Alex Córdova, Community Development Specialist at the USDA Center for Faith-Based and Neighborhood Partnerships, said in an interview that it can sometimes be a challenge for federal aid and resources to reach many local pantries. Due to the size and scope of the United States’ social safety net, government agencies such as the USDA often partner with other large organizations, such as Feeding America — which operates hundreds of food banks and food pantries

across the country — to promote and provide educational seminars and training opportunities for local community leaders. Córdova described the relationships between the USDA office and communities as one with connections to “individual houses of worship across the country, but also with Catholic Charities USA, the National Baptist Convention USA, the Church of Latter-day Saints...and others...[who] have a lot of members.”⁸⁴

During the pandemic, many local churches and other houses of worship continued to organize food drives, operate food pantries, and serve as food distribution sites.

Not all food pantries, food banks, and congregations, however, are a part of a large, national network. Individual institutions may be outside a network “for a variety of reasons...so a lot of the churches [and others] don’t have the administrative capacity to...track and monitor [the network requirements],” Córdova explained. “Oftentimes, this is where the Partnerships Center comes in,” Córdova said. “We talk to a lot of individual houses of worship and nonprofit organizations ... and connect them to local partners, if we can, or just help them work through their problems, challenges, and needs. That is one of the trickier issues for us...if they are out of network...we are trying to figure out how to address root causes [of food insecurity] which is very challenging from Washington, D.C.”⁸⁵

Targeting out-of-network organizations, then, requires developing local partnerships.

If small organizations or houses of worship lack the administrative capacity to connect with national organizations, forming local, community-led cohorts should be a priority. But as Córdova observes, facilitating this from Washington, D.C. can be a challenge. Therefore, the USDA leadership should identify leaders, councils, and organizations already present and responding to food insecurity in communities and assign field agents or community development specialists — federal officials trained in collective action, team building, and management — to organizations active on the ground. These community-based officials could then serve as a liaison between local organizations and the USDA for the sharing of resources, technical support, and best practices. These agents would specialize in cultivating community partnerships and programs by connecting local nonprofits and other organizations under a joint food security relief umbrella.

One additional avenue for this coalition building is cross-agency partnerships, such as between the USDA and U.S. Department of Housing and Urban Affairs (HUD). HUD is one of several executive agencies which has offices throughout the country, and a USDA-HUD collaboration could allow local HUD affiliates and partners to distribute USDA information to local houses of worship and nonprofits. Local HUD officials could be trained on available USDA funding and opportunities in order to inform local community leaders of available resources. Developing these partnerships builds a bridge between the federal food security effort and the local community organizations, which actually deliver assistance to those experiencing food insecurity.

The Contributions of Civil Society

During the pandemic, diverse sectors of civil

society responded in creative and innovative ways. Government rightly took a leading role in providing immediate relief during the pandemic, but it was community-based institutions that understood the unique needs of their communities and were best suited to respond in a holistic manner. As articulated in the Center for Public Justice's Guiding Principles for Government During a Pandemic, "Faith-based organizations and houses of worship are integral to the spiritual, emotional, and physical well-being of millions of Americans. These institutions are responsible not only for enriching and forming the lives of people of faith, they are essential in the provision of social services for the most vulnerable among us."⁸⁶

During the pandemic, many local churches and other houses of worship continued to organize food drives, operate food pantries, and serve as food distribution sites. Large, national nonprofits such as Feeding America provided substantial support to local food pantries and raised millions of additional dollars through pandemic support efforts. Local food pantries, such as the Bentonville (Arkansas) Islamic Center's pantry, developed innovative solutions allowing families increased accessibility to available food.

The community leaders who responded to the pandemic and tirelessly provided for those in need often succeeded because of the partnerships developed between their organization and others sharing the same goals. Walmart funded local pantries and organizations, local churches received food and support from food banks and businesses, national organizations such as Feeding America funded their partner agencies, and small food pantries cooperated with food banks, churches, and businesses.

Nonprofits and Faith-Based Organizations

Nonprofit organizations, including faith-based organizations, are often situated within local communities and distinctly aware of the needs of their communities. Nonprofits, which vary in size, capacity, and mission, are essential to the local food security infrastructure. Local food pantries serve their immediate communities, food banks service numerous food pantries regionally, national relief organizations connect local agencies across the nation, and nonprofits dedicated to policy or advocacy work operate independently within the broader network. These institutions (especially faith-based organizations) often provide more than material resources. Embedded in the local community, faith-based organizations and houses of worship recognize the inherent human dignity of those in need and often provide social and spiritual support in addition to food relief.

Consider Neighborhood House in Peoria, Illinois. Neighborhood House provides numerous services to its community, including adult education, financial literacy, and employment assistance, in addition to operating a food pantry. During the pandemic, Neighborhood House saw an increase in need of almost 1000 percent, according to the CEO Becky Rossman.⁸⁷ They responded by relocating resources and expanding their operations including the purchase of two additional trucks for meal delivery.⁸⁸

Maine's Good Shepherd Food Bank, meanwhile, provides food to over 500 local pantries throughout the state.⁸⁹ Good Shepherd is an example of the linchpin for food security efforts in many communities: the local food bank. Good Shepherd is one of 200 food banks operated by Feeding

America, and through its statewide support of food pantries, the organization meets the immediate needs of thousands of Mainers. As a Feeding America affiliate, Good Shepherd — like Neighborhood House — does not identify directly with a religious organization, denomination, or faith. Nonetheless, Good Shepherd, and the hundreds of other food pantries across the United States, directly addresses basic needs in its community.

Mazon takes a different approach than either Neighborhood House or Good Shepherd. As a Jewish anti-hunger organization, Mazon publicly displays its religious affiliation. “Inspired by Jewish values and ideals,” Mazon “provides training and resources to anti-hunger organizations in the most food insecure states in the U.S.,” by cultivating and “maintaining a network of hundreds of partners and developing strategic initiatives to advance policies that end hunger and the systems that allow it to persist.”⁹⁰ Operating at the federal, state, and local levels, Mazon responded to COVID-19 by advocating for an increase to SNAP benefits and other policy recommendations to alleviate the challenges of the pandemic.

Catholic Charities USA (CCUSA), another faith-based organization, applies a different strategy. Pursuing its mission to “provide service to people in need, to advocate for justice in social structures, and to call the entire church and other people of good will to do the same,” CCUSA focuses on the local, immediate needs of their communities.⁹¹ The organization operates several programs, such as affordable housing options, food and nutrition services, and social enterprise initiatives. In 2020, CCUSA served 44 million meals to 9.4 million people.⁹² Throughout the pandemic, CCUSA hosted drive-through food pantries serving donated meals to communities across the nation. In addition to

sponsoring numerous local pantries, CCUSA “[connected] our agencies with USDA’s Farmers to Families” program, distributing 13 million pounds of food provided by the government.⁹³

In each example above, a nonprofit organization plays a critical role in addressing food insecurity, but they each do so in a unique way, and each has different opportunities for innovation and partnership. For large, national organizations, leadership should focus on leveraging the organization’s resources to direct assistance locally. As CCUSA sponsored local food drives organized by intracommunity organizations, large organizations can seek out opportunities to support the organizations serving meals and providing food boxes. Smaller, local organizations should place an emphasis on networking and communication.

Developing a community of learning where each organization’s leadership is able to be recognized and implement successful strategies across numerous organizations must become a priority. In his book *I Was Hungry: Cultivating Common Ground to End an American Crisis*, Jeremy Everett, founder and executive director of the Baylor Collaborative on Poverty and Hunger, recommends that local community groups form policy councils where community action can be cultivated and strategic solutions applied.⁹⁴ By recognizing unique strengths and participating in cross-organizational conversations, local organizations can better collaborate and offer innovative solutions to make the most of their collective resources.

Houses of Worship

Houses of worship have long met material needs in addition to providing spiritual, social, and emotional care for those in

the community. Motivated by deep love of neighbor, many houses of worship continued to serve their communities during the pandemic, and they are essential to addressing food insecurity post-pandemic. As one expression of their service to the local community, many churches and other houses of worship operate food pantries. They often partner with a local food pantry and work directly with the food-insecure families in their communities. Food pantries are often the first place that food insecure families visit for food assistance.

According to Alex Córdova at the USDA, faith communities are often the “first to serve, but last line of defense” for those in need. In other words, those in need generally only seek out help when they have exhausted all their other options, and local faith groups are generally the first to help meet those needs.⁹⁵ It is important to note that every community is distinct — in some rural areas or urban areas disconnected from public transportation, for example, there may be only one church. Need is not always co-located with resources, and in these instances, a local church pantry often serves as a lifeline for food-insecure residents. In regions with an abundance of houses of worship, these institutions can consider communicating across denominational and religious lines in order to develop partnerships to best serve the community. Managing a food pantry could easily exhaust the available funds for a small congregation, but if five or ten local houses of worship pooled their resources, even a small sum could be extended to serve a greater number of people.

Businesses

Businesses play a critical role within the social safety net, representing central hubs

in communities that are deeply connected through their provision of goods and services and use of labor. In *Unleashing Opportunity: Why Escaping Poverty Requires a Shared Vision of Justice*, authors Michael Gerson, Stephanie Summers, and Katie Thompson write that “Christian philosophers and economists have long argued that free markets are to be just markets. Within just markets, businesses rightly uphold their responsibilities as they seek to satisfy legitimate human needs and contribute to human flourishing as they profit.”⁹⁶

For-profit companies can go beyond the simple profit motive and embrace what business professionals and academics call a “stakeholder” profit and partnership model. This model — not to be confused with a “shareholder” model — advances the lives and objectives of not only a business’s shareholders, but its “customers, suppliers, employees,” and, critically, its “communities.”⁹⁷ In other words, shareholders are not stakeholders. Shareholders own stock in a company and financially depend on its success, but stakeholders depend on the success of a company, whether because of jobs, community investment, or financial dependence.⁹⁸ The pandemic illustrated this reality clearly: when COVID-19 arrived, businesses shuttered as people became ill and the economy depressed. A healthy market requires healthy communities, and businesses share the responsibility to advocate for their communities.

In early March 2020, Walmart and the Walmart Foundation “announced a \$25 million commitment...to support organizations on the frontlines responding to” the pandemic.⁹⁹ The company placed an emphasis on local communities in their relief efforts, focusing specifically

on food insecurity through “increasing access to food in traditionally underserved populations” through targeted grants.¹⁰⁰ Walmart chose to invest in the immediate needs of communities in Arkansas where it is headquartered but also across the United States, and even internationally.

Businesses should evaluate their priorities and embrace a three-dimensional bottom line, focusing not only on profit, but also on the general well-being of their internal and external communities. Companies should model their corporate social responsibility in such a way that directs aid to the immediate needs of their local communities, and beyond. Large corporations should continue to model a social responsibility platform grounded on meeting the needs of local, community-oriented agencies such as food pantries and emergency outreach centers. Purchasing a large walk-in freezer for a neighborhood food pantry, for example, may be an infinitesimal write-off for a multinational corporation, but that freezer can have immense and immediate impact for the local community.

Millions of Americans experienced new or worsened food insecurity during COVID-19. In order to meet this immense need, every sector of society needed to respond. Institutions and communities across the country demonstrated the power of innovation and partnership. Congress passed emergency relief legislation which aided millions. National nonprofits distributed aid to thousands of local organizations. And churches opened their doors and resources to those in need. As our country and world emerge from the pandemic, there are valuable lessons to be learned from the response to food insecurity during this crisis. Government and civil society institutions must continue to partner and innovate to

address food insecurity, which will strengthen families and communities. Food insecurity remains a wide-reaching and complex challenge, but that does not mean it must be a permanent fixture in the United States.

ENGAGE

“If you can’t feed a hundred people, then feed just one.” These words, accredited to Mother Theresa, lined the wall of Kent Eikenberry’s office as visible through his webcam. In a different time, Eikenberry, the chief executive officer of Northwest Arkansas’ largest food bank, would have spoken with me in person, but the pandemic prohibited that.

Rizwan Khan logged into our virtual meeting from his office, a large Salesforce cloud graphic filling the wall behind him. Khan, a Walmart IT technician, also operates the Bentonville Islamic Center’s food pantry, which he founded in 2020. His busy work schedule necessitated an entrepreneurial solution to ensuring that those in his community receive food, so he developed an online portal system for those seeking assistance. Still, Khan recounted several instances where restrictive work schedules, empty gas tanks, or illness prohibited clients from picking up their ordered goods.

Marla Sappington waved me into her office, filled with children’s toys and photographs. Wearing masks and sitting six feet apart, we discussed her role as the executive director of the Manna Center, a food pantry servicing Siloam Springs and smaller, rural towns about 25 miles east of the Fayetteville-Rogers Corridor. Sappington and her staff

run the food pantry as well as a thrift store, which provides affordable clothing to those preparing for job interviews. The pandemic, however, brought new challenges for the Manna Center.

Linda Eichmann unlocked the door and ushered me into a spacious entry hall occupied sparsely by a small table and welcome desk. A retired schoolteacher, Eichmann spends much of her time volunteering for Cooperative Emergency Outreach (CEO), a nonprofit partnership between over a dozen local churches. Eichmann detailed the relationship between the starkly different congregations — conservative and liberal, large and small, Baptist and Lutheran, all dedicated to serving their community. CEO has remained steadfast in its mission despite several changes during the pandemic, and the organization represents the power of collective action by many smaller collections of people, as Linda is proud to share.

These community leaders each sat down with me to discuss the pandemic's impact on food insecurity in the Corridor. Volunteers and employees alike, these individuals responded to an increased need and played a central role in the region's social safety net. Each directly and indirectly works to meet the immediate needs of Arkansans struggling to make ends meet. By providing food and other essential services, these individuals and institutions illustrate how organizations in the Corridor — and the nation — can apply lessons learned during the pandemic to more effectively address food insecurity in the future.

A Snapshot of Northwest Arkansas

Spanning about 40 miles, the Fayetteville-Rogers Corridor — comprising a significant portion of Northwest Arkansas (NWA) —

rests at the heart of Interstate 49. Home to international corporations such as Walmart and Tyson Foods, cultural institutions such as the Crystal Bridges Museum of American Art, and educational centers such as the University of Arkansas, the region represents one of the United States' most rapidly growing locales. In 2020, U.S. News and World Report ranked Arkansas' fiscal stability and opportunity at 14th and 22nd nationally, respectively.¹⁰¹ However, as NWA's economy boomed over the past 10 years, inequality expanded as well. The Economic Policy Institute ranks NWA 15th out of over 900 metropolitan centers in terms of economic inequality.¹⁰² Even as more affluent cities rapidly grow, such as Bentonville and Fayetteville, large swathes of the Corridor remain stagnant. Springdale and Rogers, sandwiched between their more affluent neighbors, both report areas where the child poverty rate is 50 percent. In Springdale, the overall poverty rate exceeds 17 percent.¹⁰³

These poverty rates reveal another pertinent element of NWA: its racial diversity. Seven percent of the residents in Springdale are Pacific Islander, Fayetteville's population is seven percent Black, and several of the cities along the Corridor have populations that are over 30 percent Hispanic or Latino.¹⁰⁴ Therefore, while NWA may not be as racially diverse as other regions nationally, these demographics combine to create a region where race and poverty are strongly correlated. According to U.S. Census Bureau data, across the state of Arkansas 13.3 percent of whites live under the poverty line, compared to 27.1 percent of Blacks, almost 20.6 percent of Latinos, and 13.4 percent of Pacific Islanders.¹⁰⁵

Prior to the pandemic, food insecurity was already a serious problem throughout the Corridor, accompanying high poverty rates.

In 2020, nearly 60 percent of Marshallese families were food insecure, compared to 35 percent of Black families, and 33 percent of both Hispanic and white families.¹⁰⁶ Many local food pantries have long worked to address food insecurity in their communities. Broadly, the NWA social safety net can be likened to a wheel. The central hub is occupied by the Northwest Arkansas Food Bank, which supplies thousands of pounds of food to the numerous spokes: the food pantries, many run out of local congregations and religious centers. The rim of the wheel is composed of the region's various businesses, such as Tyson Foods and Walmart, which dedicate tens of thousands of dollars and thousands of volunteer hours to supply pantries and other centers with grants, supplies, and labor.

The Pandemic's Impact on Food Insecurity

A Public Policy Response

When the pandemic struck NWA the whole community felt the shockwave, both economically and socially. Despite a tightknit network of support, NWA was not prepared for the pandemic's impact on food insecurity. Between increased need and necessary health precautions, many community organizations were overwhelmed and unable to adequately provide food relief. To support food insecure families and direct service organizations whose operations were impacted by COVID-19, the federal government responded to offer immediate relief.

In Arkansas, SNAP is managed by the Arkansas Department of Human Services (DHS). According to the DHS, Arkansas SNAP "is designed to promote self-sufficiency through employment," and provides, in addition to food benefits, "any eligible

SNAP participant with opportunities to gain knowledge and skills necessary to get and keep employment."¹⁰⁷ In 2019, according to the Center on Budget and Policy Priorities (CBPP), SNAP benefits reached 12 percent of Arkansas' population, with 69 percent of eligible families participating in the program; of the recipients, 74 percent of participants were households with children, and almost 41 percent were households with elderly or disabled persons.¹⁰⁸ CBPP reported that "SNAP kept 82,000 people out of poverty in Arkansas, including 39,000 children, per year between 2013 and 2017, on average."¹⁰⁹

Prior to the pandemic, food insecurity was already a serious problem throughout the Corridor...

However, a July 2020 report by Arkansas Advocates for Families and Children (AAFC) stated that SNAP policies established long before COVID-19 are partially responsible for the increased need during the pandemic. According to the report, "During and after the Great Recession, we [Arkansas] clamped down on eligibility for programs like SNAP... that otherwise would help keep families healthier and more economically secure."¹¹⁰ Of the state's restrictions, the asset limit stands out. Arkansas' limit is "the lowest allowed under federal law," resting at \$2,225 per household, "regardless of the size of the household." This small sum fails to provide adequate protection for Arkansans receiving aid from the state. If families who rely on SNAP manage to save up some money for a rainy day — or an economic shock like a pandemic — they lose eligibility. During the pandemic, a number of SNAP-related changes were implemented at the federal level and adopted by Arkansas, including the

expanded 15 percent allotment, which the state continued through June 30, 2021.¹¹¹ In May 2020, Arkansas' DHS also implemented P-EBT to meet increased need for families with school-aged children who could not afford additional meals during the week. Families already enrolled in the free or reduced lunch program were automatically registered to receive the benefit after the governor declared a state of emergency.¹¹² Unfortunately, if families were eligible for the free or reduced lunch program but did not register prior to the start of P-EBT, those families did not receive their benefits.¹¹³ Thus, families who were not aware of their eligibility or who only recently became eligible were excluded from P-EBT. The state was approved in July 2021 for a second round of P-EBT that has more restrictive qualifications — specifically, payments will be issued only to “students of schools that reported school closures or virtual learning days due to COVID-19 concerns” during the 2020-2021 school year.¹¹⁴

USDA indirect aid also provided assistance to food-insecure Arkansans through the Farmers to Families program. The program allowed the USDA to partner with local farmers and ranchers to distribute food to the Bentonville area. On October 17, 2020, a handful of volunteers operating from Word of Life Church's parking lot passed out 1,200 boxes of food to members of the community. One volunteer was Word of Life's pastor Bill Rogers, who expressed his gratitude for the program to a local news station: “The program is good for our community and it's good for me personally, and I think good for everyone personally, it's a spiritual thing.”¹¹⁵

The Emergency Food Assistance Program (TEFAP), while not a pandemic-specific program, also aids Arkansans. Nine TEFAP distribution centers serve Benton County.¹¹⁶

Of those nine centers, seven are managed by local churches, one operates out of the Manna Center, and one is managed by the Northwest Arkansas Food Bank's mobile pantry, which travels across NWA and reaches families who would otherwise be unable to access aid.

Civil Society Responds to Increased Need

Looking into his webcam, Kent Eikenberry described the role his food bank plays in the NWA social safety net. The Northwest Arkansas Food Bank services dozens of food pantries throughout the region, including the three aforementioned pantries. With a mission “to nourish Northwest Arkansas communities by feeding hungry people,” and a vision “to be the leader in hunger relief by building partnerships with other hunger relief organizations,” the Northwest Arkansas Food Bank reaches thousands of people each year. This is one of many food banks across the nation operated by Feeding America, a large nonprofit dedicated to stamping out hunger in the United States.

The Northwest Arkansas Food Bank acquires food from various sources, including “donations from the food and grocery industries, government agencies, and other organizations and purchases” and then sells and distributes it to their local partners, according to its website.¹¹⁷ These in-network food pantries subsequently report data regarding their operations back to the food bank. Data includes demographic information, reports on the amount of food delivered, and related technical details.

Leaning back in his chair and looking past his webcam, Eikenberry recounted the dramatic shift in the community as COVID-19 swept through NWA and brushed away economic stability for many.

“Unfortunately, there are a lot of us — the universal us — that live paycheck to paycheck. It doesn’t take much of a hiccup in order for something to happen,” Eikenberry remarked. “A lot of budgets are that tight.”

According to Eikenberry, in a typical year prior to the pandemic, the Northwest Arkansas Food Bank distributed the equivalent of approximately 8.6 million meals to food pantries. In contrast, in 2020 it distributed 13.25 million meals, an increase of over 50 percent.

Providing more meals during a pandemic stretched the Northwest Arkansas Food Bank. In an effort to comply with recommended health requirements, it initially pivoted to only allowing staff to enter the operations center, before later transitioning to small volunteer teams when it was deemed safe. Generally, the organization’s volunteers consisted of large corporate and church groups who donated hundreds of hours of time.

This task and challenge of delivering those millions of meals belonged to the many food pantries comprising the Northwest Arkansas Food Bank’s network. Before the pandemic, a team of volunteers operating out of the Bentonville Islamic Center prepared sandwiches and delivered them to local food pantries, but after COVID-19 arrived in NWA, the operation expanded into a full-scale food pantry.

Between his busy work schedule and pandemic-related challenges, Rizwan Khan recognized the need for an entrepreneurial solution in food distribution. He and his team leveraged their technical experience to develop an accessible, online platform which allowed clients from all over the Corridor to

order ahead and schedule a time to pick up their food boxes. Khan or a volunteer would meet clients at the Islamic Center and give them their package.

“People would come out in one car, like two to three people, to pick up food,” he explained. “Sometimes one person picked up food for three households because the others didn’t even have enough money to put gas in their cars in order to get here.”

Marla Sappington made similar observations. As the director of the only large-scale food pantry in the Siloam Springs area, Sappington and her team serve many who would otherwise not be able to visit a pantry in Fayetteville due to travel expenses.

“Before COVID-19 our method of distribution was handing out enough food per family to last them a week. At that time, we would assist an average of 300-350 families per month...” Sappington said. “We stepped up to meet the increased needs of the community by conducting mobile food pantries in various locations.”

The Manna Center reached 2,525 families with 85,781 pounds of food in March 2021, Sappington said. According to Feeding America, that is the equivalent of approximately 71,484 meals.¹¹⁸ In one month, the Manna Center served over seven months’ worth of clients, mirroring the dramatic increase in need noted by Khan and Eikenberry.

Discussing the community-wide increase in need, Eikenberry identified a key change brought about by the pandemic: an increase in first-time need. “We had thousands of people, averaging between 250 and 300 a week, who had never been in a food pantry

or food line before,” he said. “Because of those first-time clients, the community’s need became much more.”

Food insecurity is, at its core, an economic challenge, and these first-time clients were experiencing this challenge due to changes brought about by the pandemic, whether due to job loss or job insecurity. Economic instability and uncertainty can drive families who would not normally have done so to seek assistance.

Jeremy Everett, founder and executive director of the Baylor Collaborative on Hunger and Poverty in Waco, Texas, understands this well. The Collaborative “conducts university-based research to determine what anti-hunger efforts are effective and provides the support and expertise to coordinate work in communities — finding solutions to food insecurity that are greater than the sum of their parts.”¹¹⁹ As the director of this institution, which has partnered with numerous food relief organizations and federal agencies, Everett possesses a unique perspective on the economic underpinnings of food insecurity, and he argues that, for many insecure households across the nation, income volatility perpetuates their instability.

“Income volatility involves low wages, an inability to choose working hours or shifts, and a difficulty working additional jobs,” Everett said. During a pandemic, this volatility grew as many wage earners lost their job or experienced even more instability in their work schedule. For workers without a steady stream of income or a perpetual trepidation regarding their employment status, the pandemic heightened that volatility, and brought many to food pantries for the first time.

These stories of increased need and response reveal the challenge of providing aid in a pandemic. For all of these organizations, however, the impetus for their work goes beyond the practical needs of their communities; their drive is borne from a sense of spiritual calling.

For Khan, opening a food pantry was an expression of his Islamic faith. “They say in Christianity ‘love thy neighbor...’ and we have a similar thing in Islam which loosely translates to ‘the rights of humans,’” Khan said. “Being a good neighbor is a core belief in Islam..., so, obviously, if we are the ones who are more blessed... we seek ways to help the community.”

The Manna Center in Siloam Springs is also faith-based, as its mission clearly details: “The Manna Center is founded to fulfill Christ’s call to share with all persons in need. Our purpose is to be a central, cooperative support agency partnering with the churches, businesses, civic organizations and individuals of the Siloam Springs area by providing services and resources to those in need.” The Gospel of Matthew is prominently featured on the organization’s website as well, recounting Christ’s words: “For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me....”

Collaborating to Respond to Need

In the Corridor, most food pantries operate independently, but there is a notable exception: the Cooperative Emergency Outreach (CEO), located in Fayetteville, is funded by a collection of 22 churches. Baptists, Episcopalians, Lutherans, Quakers, and Unitarians are just five of many denominations and affiliations represented by

CEO. Unlike a traditional food pantry, CEO goes beyond providing food, as their mission statement recognizes: “When a financial emergency occurs, whether due to illness, job loss, natural disaster, or any other emergency situation, CEO can help by providing food, gasoline vouchers, clothing vouchers, utility assistance, rental assistance, and prescription vouchers.”

CEO demonstrates the power of collaboration within a community. Linda Eichmann notes that the organization’s success comes from a shared vision. “We have never had any difficulty getting along, and we go from very conservative to very liberal churches, but everybody has the same goal,” she said. “There is no proselytizing, and when I am working and someone asks about a church, I give them the list of the churches that support us and I tell them to find the closest one and try it out.”

Of course, not all religious congregations or communities need to develop a food outreach program or join a cooperative; churches can each make their unique contribution to the well-being of their community. But when churches partner and communicate, their purchasing power, community influence, and scope all increase, and resources are more easily managed and utilized.

Discussing the benefits of partnership, Eichmann recounted CEO’s success in acquiring a large, walk-in freezer from Tyson Foods. “We got the award for food pantry of the year, and the Northwest Arkansas Food Bank recommended to Tyson Foods that they support our operations, and Tyson bought this for us,” she said. “It stores at a very cold level, so we store chicken, turkey...and ground beef in there. Storage is a big problem for food pantries, but this helps us.”

Despite the daily work by dozens of organizations and hundreds of people to combat food insecurity across Northwest Arkansas, there is still much to be done. The pandemic abruptly halted decades of progress in reducing food insecurity. Feeding America anticipates that 22.5 percent of Arkansans will remain food insecure following the end of the pandemic, a staggering increase from the 13.8 percent of 2019.¹²⁰

While food pantries play an essential role in meeting immediate need, they do not offer a long-term solution to food insecurity. Civil society institutions, including houses of worship and faith-based organizations, can train staff to identify signs of food insecurity among congregants or clients and can work to connect food-insecure families with available resources, including SNAP and other public programs that provide temporary assistance. At the same time, the state has a responsibility to adapt and strengthen public policies like SNAP in light of lessons learned during the pandemic.

The NWA community is strong and rooted in charity and collaboration. When government, community and faith-based organizations, houses of worship, and businesses innovatively respond and collaborate to address food insecurity, Northwest Arkansas can move towards the ultimate goal of eliminating food insecurity and promoting flourishing in the community.



CHILDREN'S HEALTH AND WELL-BEING: RECOMMENDATIONS FOR A POST-PANDEMIC WORLD

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DISCOVER

In December 2019, a novel coronavirus emerged in Wuhan, China. Americans watched, first with curiosity and then with terror, as the coronavirus spread across borders and crept into new countries, finally arriving in the United States in early 2020. Throughout 2020, scientists learned the coronavirus did not discriminate in who it infected, though many predispositions, both physical and socioeconomic, made some more vulnerable to this deadly viral infection. At the time of writing this report, COVID-19 has claimed the lives of over 600,000 people in the U.S. and even more worldwide.¹

COVID-19 triggered dual health and economic crises that impacted nearly every sector of society. To slow the spread of the coronavirus, many businesses closed, schools transitioned to remote learning, and many workplaces transitioned to remote work. Essential workers like grocery store employees, child care providers, and transit operators had to make the difficult decision to risk infection or lose their jobs. Millions of Americans lost their jobs, which meant that many were living in a pandemic with no health insurance.

At the nexus of every sector experiencing drastic changes due to COVID-19 was the family. While the impacts of COVID-19 on

family life are vast, this report will focus on children's health, which is necessarily bound to family health and well-being. Good physical and mental health — and access to health care to meet these needs — is essential to family flourishing. COVID-19 strained every family in a myriad of ways, but low-income families experienced disproportionate health and economic impacts.

Though children are less likely to suffer severe symptoms of COVID-19, the conditions children adapted to as society attempted to mitigate the effects of the pandemic had far-reaching effects on their health. Many children worried about their parents or grandparents becoming ill and suffered the loss of the community and safety of their school environment. Furthermore, in many cases, children's health slipped under the radar as developmental screenings, routine vaccinations, and other preventative measures also halted. These effects were exacerbated in families that were already or newly under-resourced. Racial and socioeconomic disparities in children's health were present before the pandemic but worsened through the trials of 2020 and 2021.

While there are various definitions and indicators of childhood well-being, this report defines childhood well-being as the areas of behavioral, physical, cognitive, and social health that provide a child (defined as ages 0-19) with safety and contentment. An indicator of child well-being is the achievement of optimal health, which considers the areas previously listed. Childhood well-being therefore relies heavily on the idea that one's basic needs are met.² While there are many factors that contribute to the holistic well-being of a child, this report focuses largely on physical and mental health.

Key Terms Used in This Report

HEALTH CARE: services provided to promote, maintain, or restore health.³

ACCESS TO HEALTH CARE: the availability and ease of obtaining health care services that are of high quality and reasonable cost.⁴

ADEQUATE HEALTH INSURANCE COVERAGE: the services provided by insurance must meet the needs of children (quality of health care as defined above), give children access to providers (accessibility of health care as defined above), and include reasonable out-of-pocket costs.⁵

ADEQUATE HEALTH CARE: includes a standard of accessibility (the ability of an individual to obtain necessary health services), availability (indicates a sufficient number of health care workers), and quality (measured through the safety of procedures, the efficacy of the treatments, as well as specific attributes of the health care workers such as their patient-centeredness, timeliness, efficiency, and equity) that promotes optimal health.⁶

HEALTH INSURANCE COVERAGE: insurance that covers medical expenses incurred by a patient.

The American Academy of Pediatrics recommends all children and young adults ages 0 – 19 receive annual health checkups and more specific treatments as needed (e.g., getting glasses for poor eyesight).⁷ Young children, ages 11 and under, benefit from preventive services such as vaccinations against infectious disease and routine dental care as well as age-appropriate developmental screenings.⁸ Older children, 12 and up, have the added need for mental health care and public health education.⁹ The unique needs that accompany maternal health should also be considered as a component of child well-being, as the health of a mother during pregnancy can have lifelong effects on the child.¹⁰ Preventative care, primary care, and emergency medical services are fundamental to children's health. While these services are essential, they are often contingent upon a family's access to health insurance. Health insurance plays an important role in a family's safety and stability. Children rely upon their parents or legal guardian to make critical health care decisions and to secure adequate health care to meet their basic needs; studies show that children are more likely to obtain health insurance if their parents have also obtained health insurance.¹¹

Child Health and Well-Being Before the Pandemic

Well before the pandemic, millions of children did not have access to consistent and routine health care. In 2019, an estimated 4.4 million children did not have health care coverage, putting these children and their families in an economically and medically vulnerable position. Lack of health insurance can be attributed to a variety of causes, including financial hardship and limited knowledge about insurance programs.¹² Within this uninsured population, low-income children of color were disproportionately represented. Nine percent of Hispanic children, 14 percent of American Indian children, and five percent of Black children lacked health insurance, as compared to four percent of white children.¹³ Disproportionate rates of health care coverage contribute to health disparities, defined by the Centers for Disease Control and Prevention as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.”¹⁴

Even for families who have health insurance,

a child's well-being can be compromised if the insurance is inadequate. An example of inadequate health insurance is having a medical bill from a treatment — like chemotherapy for children with cancer — that results in medical debt, financial stress, and/or the postponement of treatment because of cost. A study by the Journal of Public Health Research found that older children were more at risk for inadequate coverage than younger children.¹⁵ Meanwhile, Hispanic and Black children were more likely to experience inconsistent coverage, which is measured by the maintenance of coverage within the last year without any periods of being uninsured.¹⁶ According to the National Research Council, children of color typically receive a less diverse range of procedures, from basic checkups to high-technology interventions, when compared to white children. Additionally, these groups are more likely to be readmitted into a hospital with post-procedure complications.¹⁷

In the United States, the quality and accessibility of health services widely varies. Some families access health care through public insurance programs like Medicaid, a program for low-income Americans. Other families access health care through their employers or by purchasing a private health insurance plan. Many families, however, fall in the gap of public and private health insurance options. These families, who often have incomes high enough to disqualify them from Medicaid but cannot afford private health insurance, are often overlooked.¹⁸

Child Health and Well-Being During the Pandemic

The circumstances that had already threatened child well-being prior to 2020 were exacerbated when COVID-19 arrived in the United States. Pandemic-related

stress and fear emerged, and children and families faced unprecedented circumstances including, in many cases, a loss of in-person schooling, child care, health insurance, and family income.

COVID-19 strained every family in a myriad of ways, but low-income families experienced disproportionate health and economic impacts.

Child well-being was also impacted by the loss of adequate health care services. While research that specifically focuses on child health insurance coverage during the pandemic is scarce, health coverage in *households with children* has been recorded. In the fall of 2020, one in eight households (12 percent) with children lacked health insurance, as opposed to 5.7 percent from the previous year. Even in households that maintained adequate health insurance during the tribulations of 2020, many children still experienced deficits in health care due to a loss of preventative services. Widespread fear of the coronavirus impacted many parents' decisions to delay preventative and ongoing care for children to avoid risk of exposure at doctors' offices. Some patient services were also cancelled or delayed as doctors' offices had to change their protocols due to fewer personnel, lack of medical equipment like PPE, and new COVID-19 restrictions like social distancing.¹⁹ Reports show that the "rate of vaccinations, child screenings, dental services, and outpatient mental health services" sharply declined as the country battled COVID-19.²⁰

Some services, like nonemergent surgeries and maternal health services, became more difficult to access with limited capacities

and social distancing guidelines. Health care workers from unrelated departments were transferred to COVID-19 units out of necessity.²¹ In addition, routine immunization campaigns were temporarily paused, and the impacts were seen in every city in the United States, including New York City where vaccinations of children over two years of age dropped by 91 percent.²² New or exacerbated financial hardship due to job loss and illnesses associated with COVID-19 left families with children worried about the cost of treatment and preventative care. In 2020, more than one-third (34 percent) of families with children reported they delayed seeking medical care due to fears of viral exposure.²³

Millions of children and parents experienced a variety of emotions, from fear and uncertainty to loneliness and exasperation. Grief was prevalent in many families, whether from a loss of normalcy or loss of loved ones. Parental stress and shared fear translated to unique mental health needs for children.²⁴ Feelings of hopelessness and depression were reported in one out of five (21 percent) people who lived in households with children. Early research even showed increases in younger children who struggled with irritability, fear, and separation anxiety.²⁵ Compared to 2019, the rate of mental health emergencies in 2020 increased by 24 percent for children aged 5-11 and 31 percent for children aged 12-17.²⁶ While some parents sought treatment for their children at the onset of mental health issues, many children's symptoms went untreated due to inadequate health care services.

School closures were another contributing factor that increased children's health care disparities. A Kaiser Family Foundation poll found that 67 percent of parents were concerned for the well-being of their children, including their emotional and social health,

due to school closures.²⁷ Since children often received free mental health services through school screenings, school counseling, and school-based clinics, the services became less available when schools closed. The closure of schools was accompanied by decreases in activities that promote physical health such as sports and clubs. Not all schools, however, continued with remote learning during the 2020-2021 school year. According to a survey from the National Association of Independent Schools, only five percent of private schools were virtual in the fall of 2020.²⁸ In comparison, more than 50 percent of public elementary and high school students attended virtually in the fall of 2020.²⁹ The children attending in-person schools had greater access to the tools and benefits offered by the institutions.³⁰ This dichotomy magnified a key disadvantage of low-income neighborhoods that relied on public schooling for critical resources for child well-being. Further, it is important to note that homeschooled children also experienced disruptions in their communities as co-ops, in-person learning groups, and other extracurricular activities were canceled or became virtual during the pandemic.³¹

What's at Stake?

Poor child health outcomes — changes in health that are measured through health interventions and treatments — before and especially as a result of COVID-19-related pressures, have immediate as well as long-lasting effects. Child health begins with maternal health. Poor maternal health during pregnancy can lead to developmental disorders, prematurity, and an increased risk for infant mortality.³² Children without health insurance coverage are less likely to receive preventative services like immunizations, dental care, and wellness checkups. They are also less likely to receive treatment for

chronic conditions like asthma.³³ Chronic illness that goes undiagnosed is exacerbated when screening is inadequate. Anxiety and behavioral disorders go unchecked, making it difficult for children to learn in school. Poor health leads to increased school absences, which decreases the quality and consistency of a child's education. When children fail to finish high school due to health issues, they are more likely to become incarcerated, unemployed, and teenage parents.³⁴ These effects cause social and economic strain in the United States as poor or absent schooling reduces educational attainment and economic opportunities later in life.³⁵ Furthermore, such health disparities accompany a decreased life expectancy. A Missouri case study highlights these poor health outcomes. Predominately white residents in a neighborhood whose median household income is \$103,000 maintain a life expectancy of 83 years old. Only three miles away in a predominately Black neighborhood, the median household income is \$30,500 with a life expectancy of 70 years of age.³⁶ These economic disparities, compounded by potential medical bills and poor health, can lead to paralyzing debt. During a child's medical emergency or even routine care, a family without adequate health insurance must worry not only about their child, but also the financial debt that may come with the treatment.³⁷

The Role of the Children's Health Insurance Program

For many families living at the financial margins, a variety of economic or social factors make it difficult for children to receive adequate health care services. The social safety net, then, becomes essential to promoting child and family well-being and contributes to mitigating disparities in children's health. The institutions that

comprise the social safety net — government, community and faith-based organizations; houses of worship; and businesses — aim to support individuals and families by providing for basic needs during a period of economic hardship.³⁸

In 2019, an estimated 4.4 million children did not have health care coverage

One of the federal government's primary programs for promoting children's health and well-being is the Children's Health Insurance Program (CHIP), which provides health coverage to children in families with low to moderate incomes who do not qualify for Medicaid.³⁹ CHIP serves 9.6 million children and 370,000 pregnant women in the United States annually.⁴⁰ Administered by the United States Department of Health and Human Services, CHIP is a state-federal partnership that provides coverage for dental care, vaccinations, well-baby and well-child care (visits to a health care provider that checks on the child's growth, development, and general health), behavioral health care, inpatient and outpatient hospital services, laboratory and x-ray services, and physicians' medical and surgical services.⁴¹ Additional benefits, which vary by state, include hearing services, prescription drug coverage, vision services, and mental health services. Enrollment fees for CHIP are determined by the state office administering CHIP and a family's income. Once enrolled, an enrollment card gives access to the services and benefits that CHIP provides. Some states charge a monthly premium, but it is never more than five percent of the family's income for that year.⁴² Similarly, copayments for utilizing services depend on the family's income. Every state allows for annual checkups and

developmental screenings that are free with CHIP coverage.

To be eligible, a child must be under 19 years of age, uninsured, a resident of the state in which they are receiving CHIP, a citizen or meet immigration standards, and live in a household that falls within the state's CHIP income eligibility range. A child is ineligible if he or she is an inmate of a public institution such as a prison or a community residence center, a patient of a mental health institution, or eligible for coverage through a family member's employment. Individual states also create their own eligibility standards following federal guidelines.⁴³ Most states provide CHIP coverage for household incomes up to or above 200 percent of the federal poverty level (FPL). To obtain pregnancy related coverage, a woman's income must be equal to or greater than the income limits of Medicaid. States can provide Medicaid coverage to pregnant women with household incomes up to at least 185 percent of the FPL. Currently, pregnant women are eligible for CHIP coverage in 20 states.⁴⁴

The program is administered by states in one of three ways. Some states administer CHIP through a Medicaid expansion. Under this design, the state receives federal funding to expand Medicaid eligibility to include low to moderate-income children. Other states have a standalone CHIP program that receives federal funding to provide health coverage for uninsured, low to moderate-income children. The third option is a combination of these two options, where states receive funding to execute both a Medicaid expansion and a separate CHIP.⁴⁵ The majority of states (40) administer CHIP by incorporating the third option. In Texas, for example, Medicaid was expanded to include children in low-income families. If the child's household income is too high to qualify for Medicaid, but the

family cannot afford private health insurance, the child can then be enrolled in CHIP.⁴⁶

CHIP was enacted through The Balanced Budget Act of 1997 to address the health insurance gap experienced by families who did not qualify for Medicaid but who also could not afford private health insurance.⁴⁷ The program has gone through a series of reauthorizations since its inception, the most recent of which was in January 2018 when Congress passed the HEALTHY KIDS Act as part of a continuing resolution, which provided an extension of CHIP through 2023. Congress extended CHIP for an additional four years through fiscal year 2027 when it passed the Bipartisan Budget Act of 2018, after the Congressional Budget Office published a report that said a 10-year extension would save the United States six billion dollars as the services offered through CHIP were at a lower cost than the alternatives through Medicaid, employment-based insurance, or subsidized coverage.⁴⁸

Though CHIP aims to alleviate health care disparities among children, it has not always decreased the barriers in obtaining health coverage. Between 2017 and 2018, there was an increase in the uninsured rate that was driven by a decrease in Medicaid and CHIP enrollment, indicating that more individuals failed to obtain health insurance.⁴⁹ While this decreased enrollment could be indicative of an improved economy — and therefore households obtaining private insurance — the Kaiser Family Foundation suggests instead that eligibility hurdles for enrollment were to blame. Many families experienced difficulties associated with navigating the formal process and providing accurate documentation.⁵⁰ This data indicates that not all families who are eligible for CHIP are enrolled in the program. When a CHIP-eligible family does not obtain CHIP coverage, the uninsured

children miss out on services that are imperative for optimal health. This failure to secure coverage became significantly more problematic for families as they entered into a pandemic where medical care became more difficult to access and services that may have otherwise been offered through schools became unavailable.

The pandemic resulted in an unemployment rate that peaked at 14.8 percent in April 2020. As a result, there was a sharp increase in the need for health coverage and services, which by extension meant an increase in Medicaid and CHIP enrollment.⁵¹ This increase occurred as many households lost health insurance when a parent lost a job in which health insurance was managed by an employer. Some states expanded CHIP eligibility to meet the unprecedented need caused by COVID-19. Specific changes included the elimination or waiving of premiums, eligibility expansions, and a more streamlined enrollment process. The new enrollment process allowed presumptive eligibility, which empowered local community health centers to enroll people who they deemed eligible.⁵² Additionally, some states adopted a simplified application process. Other states permitted continued eligibility coverage for children already enrolled. Between February and June 2020, Medicaid enrollment increased by 6.2 percent, and CHIP enrollment increased by 0.5 percent (23,495 children).⁵³

Despite an enrollment increase, there was a decline in the usage of health services covered by CHIP. Compared to data from 2019, data from 2020 showed there were 22 percent (1.7 million) fewer vaccinations for children under two years of age, 44 percent (3.2 million) fewer screening services, and 69 percent (7.6 million) fewer dental services. At the beginning of the pandemic, the number of

mental health-related emergency department visits sharply declined at 43 percent.⁵⁴ Though telehealth visits were more widely utilized to address mental health issues, these outpatient services (telehealth or in-person) still decreased by 44 percent (6.9 million) compared to prior years.⁵⁵ The short-term and long-term impacts of these dramatic reductions in health care services have yet to fully be appreciated.

Moving Forward: Child Well-Being Post-Pandemic

The pandemic increased the health care disparities experienced by children from low- and moderate-income households, with long-term impacts that are not yet known. Yet, there are already many valuable lessons to be learned. The foundation for children's health care assistance has been laid by CHIP and is now ready to be strengthened through collaborative partnership. Promoting children's well-being and family flourishing is a task not only for federal, state, and local government, but also necessitates important contributions from civil society institutions — including secular and faith-based nonprofits, schools, houses of worship, and other community institutions. These institutions play a unique and critical role to increase child well-being and flourishing that can be synergistic with the efforts of CHIP.

FRAME

For Christians, the concept of human flourishing is rooted in a biblical vision for what it means to be humans created in the image of God. Scholars have noted that the Hebrew word *shalom*, found throughout

the Old Testament of the Bible, reflects the flourishing that God desires for his creation. *Shalom* is often translated as peace in English; however, its meaning encompasses much more than that. *Shalom* implies integrity, community, justice, well-being, and wholeness. When God brings *shalom*, there is reconciliation (Gen. 26:28-29), health (Is. 57:18-19), and good relationships between people.⁵⁶ This understanding of flourishing helps to inform how people of faith ought to think about what is required to achieve such a reality in public life. Michelle Kirtley, a Fellow at the Center for Public Justice, explains that,

...because we were created as whole, integrated creatures, body and soul woven together, physical and mental health are an intrinsic part of shalom. Indeed, health was one of the key casualties of the Fall. Our calling as Christians to restore shalom while in exile in the 'now and not yet' of this season of redemptive history is about making whole what has been broken, physically, spiritually, and communally.⁵⁷

An essential measure of flourishing — or lack thereof — is the state of one's physical and mental health. Historically, Christians and the Church have been involved in efforts to alleviate suffering due to physical illness. By the early second century, church infrastructure was developed to help the sick. Christian missionaries, such as Basil and Fabiola, pioneered building ancient hospitals in modern day Turkey and in the Roman Empire, respectively. Many Christian movements, such as the monastic orders, took the charge of caring for the sick and poor (Matt. 25:34-40) as one of their primary works of mercy. The driving philosophy of these movements reinforced the dignity of every person, created in the image of God.⁵⁸

Every person has unique physical and mental health needs to maintain *shalom*. Within families, parents bear the primary responsibility for ensuring the well-being and health of their children. Children flourish within families, the first and most fundamental institution responsible for the care and formation of the child.⁵⁹ We know from Jesus' earthly life, for example, that God cares deeply about the well-being of children and families. It was under the guidance and care of Jesus' parents that he grew "in wisdom and stature, and in favor with God and men" (Luke 2:52). As Christians, we are charged with promoting the well-being of families, which have been designed by God.

Both government and civil society institutions have a responsibility to support parents in their decision-making process for the health needs of their children. There must be a diverse selection of health care services offered at a reasonable cost, in a timely manner, and provided through quality care. Nonprofit health organizations and government-funded health services both play an important role in the improvement of health care.

Government's Role in Promoting Children's Health and Family Flourishing

For the collective safety and welfare of its people, government is responsible for legislating, enforcing, and adjudicating laws. The principle of public justice insists that government is authorized by God to promote human flourishing through just public policies.⁶⁰ Importantly, to maintain family well-being, accessible and adequate health care is a necessity. In addition to better health outcomes, preventative doctor visits and effective medical treatments can also help families avoid major health care

costs — whether expected or unexpected. When a family is unable to afford basic health care for their children, government-funded programs like CHIP can empower parents to make health care decisions for their child and ensure that a child's health needs are met.

To maintain family well-being, accessible and adequate health care is a necessity.

During the trials of COVID-19, government was tasked to extend relief to both the already vulnerable and those who found themselves newly vulnerable because of the pandemic.⁶¹ Both in the immediate onset of the pandemic and as the country weathered the health and economic aftershocks of the crisis, one of government's important responsibilities was to provide an adequate amount of funding and infrastructure for children's health. It accomplished this through the provision of additional funding of CHIP, a program designed to serve the vulnerable position of children and families who are above the income threshold to be eligible for Medicaid but cannot afford private health insurance. The American Rescue Plan, a 1.9 trillion COVID-19 relief bill signed into law by President Biden on March 11, 2021, provided additional funding needed to serve postpartum moms for up to a year after giving birth.⁶² Additionally, states that administered federal health insurance programs were given the flexibility to expand coverage. As summarized by a Center for American Progress report, the number of uninsured people in America did not increase as much as feared from COVID-19-related job loss.⁶³ While approximately three million people lost job-based health coverage in 2020, many were still covered through public programs,

such as Medicaid and CHIP.⁶⁴ Below are several recommendations for government to consider as it relates to strengthening CHIP during the pandemic recovery.

1. Reduce enrollment barriers and make CHIP permanent to increase access to health care services for children.

Although the Families First Coronavirus Response Act (FFCRA) enabled continuous coverage to Medicaid enrollees through the public health emergency period, it did not extend the same provision for children enrolled in CHIP. Therefore, children were at higher risk for losing coverage during this emergency period. To compensate for this loss, most states eliminated or waived CHIP enrollment fees, premiums, and other similar charges.⁶⁵ Additionally, some states like Arizona, Kentucky, and Washington adopted a simplified application for Medicaid and/or CHIP in response to the pandemic.⁶⁶ These adjustments were significant because they reduced barriers for children to be insured during the pandemic. The need for such coverage is reflected by the 5.6 percent increase in enrollment in Medicaid and CHIP during 2020. In Colorado, officials estimated that 500,000 people enrolled in Medicaid/CHIP because of the pandemic (a 40 percent increase from pre-pandemic).⁶⁷ These pandemic-related adjustments were temporary, but states should consider extending them or making them permanent to increase enrollment for those eligible for CHIP coverage and allow more children access to quality health care.⁶⁸

Enhanced access to health care services, including the elimination of annual limits for specialty services like genetic counseling or dermatology appointments, remains a necessity to promote optimal child health and well-being as some of the negative

health outcomes caused by the pandemic have yet to be fully realized. Additionally, to secure consistent health care in a child's life, Congress should make CHIP permanent. CHIP is the only federal health insurance program that is "subject to expiration, funding cliffs, offsets, and re-authorization votes."⁶⁹ When CHIP temporarily expired in 2017, children's health was threatened because states were at risk of losing funding.⁷⁰

2. Emphasize the need for adequate and accessible mental health care coverage for children.

Though research on the long-term effects of isolation, fear, and anxiety from the pandemic is still limited, current data shows increased incidence of depression in both adults and children since the pandemic's start.⁷¹ This increase is most prevalent in children of color and LGBTQ youth.⁷² To treat mental health post-pandemic, the federal government should prioritize policies and programs that provide free or lower cost mental health resources to children. These resources could include direct consultation with a mental health specialist, self-help materials, or educational materials for friends and families on how to support children who are struggling with their mental health. The increase in mental health crises due to COVID-19 calls for innovative solutions, many of which were implemented in light of the pandemic. For example, New York City built a platform of free digital mental health resources to assist both adults and children with mental health needs. Resources for students to receive peer support, such as apps like Supportiv and Nod, aim to connect students and reduce loneliness caused by COVID-19.⁷³

Telehealth was also recognized as an important resource during the pandemic.

Connecting children with critical mental health services through telehealth should continue to be utilized.⁷⁴ Even in a post-pandemic world, telehealth programs can dramatically increase the accessibility of health care services to populations in need. In Colorado, Governor Jared Polis signed into law four new bills to "protect and expand a variety of health care services for Coloradans," one of which protects telehealth operations post-pandemic. This legislation allows telehealth professionals to provide virtual consultations with the ability to diagnose and treat patients. It also requires health insurance carriers to cover telehealth sessions.⁷⁵ Mental health service benefits are included in CHIP, so the increase of mental health services through telehealth provides another way for CHIP families to receive the care they need.

3. Strengthen government partnerships with civil society institutions to increase CHIP enrollment.

While CHIP provides health care access to many families that would otherwise be left without these resources, there are many families who are eligible for CHIP who are not yet enrolled. Government often relies upon civil society institutions to assist with outreach and to connect eligible families with the program.⁷⁶ To connect children with health coverage, schools, community centers, churches, and other organizations can provide educational materials on CHIP enrollment, such as publishing newspaper articles, hosting webinars, and posting information on social media platforms. In addition, government can facilitate enrollment by providing grants to support activities that help children enroll in Medicaid and CHIP. For example, in 2020, The Centers for Medicare & Medicaid Services (CMS) awarded nine new

Connecting Kids to Coverage (CKC) Outreach and Enrollment Cooperative Agreement awards. These awards aim to increase the enrollment of eligible yet uninsured children.⁷⁷ One example is the grant awarded to California's Community Clinics Health Network. This grant collaborates with six health centers, some situated in schools and others organized through faith-based groups and community-based organizations, in San Diego and Riverside Counties to employ Certified Enrollment Counselors (CECs) that provide one-on-one consultations with families.⁷⁸ The CKC National Campaign is funded by the Children's Health Insurance Program Reauthorization Act (CHIPRA) and the Affordable Care Act (ACA) to raise awareness of health coverage, create opportunities for families to enroll their eligible children, and provide outreach guides that states and local communities can use.⁷⁹ States can request customized materials that share the state's income eligibility limit for these health insurance programs.⁸⁰

Civil Society's Role in Promoting Children's Health and Family Flourishing

While government has a necessary role in promoting children's health, it also has a responsibility to safeguard the ability of individuals and civil society institutions to provide care and services to children and families. Civil society institutions — including secular and faith-based organizations, houses of worship, and schools — are often in closest proximity to families navigating health care decisions for their children. Civil society institutions are most aware of and responsive to the needs of their communities and can offer innovative services to meet the needs in their community.

Community- and Faith-Based Organizations

Nonprofit organizations, including faith-based organizations, contribute to children's health outcomes. Embedded in local communities, many of these institutions have established trust with families and strive to meet the needs of children and families in a holistic manner. Some may provide direct health services, while others may also provide financial, social, emotional, or spiritual care.

The HealthWell Foundation, for example, provides financial assistance to adults and children to cover the costs of health insurance premiums, copayments, out-of-pocket health care costs, deductibles, pediatric treatment, and prescription drug coinsurance. Since 2004, it has served more than 615,000 patients and awarded more than \$650 million in funds to struggling patients in America. Between March 2020 and March 2021, HealthWell increased assistance to at-risk patients and/or quarantined individuals with costs related to food and medication delivery, transportation costs, and COVID-19 testing. HealthWell also administers a Pediatric Assistance Fund that aids families financially so children can start or continue life-altering treatments.⁸¹

Additional financial assistance was a source of relief for many families during the pandemic.⁸² North Dallas Shared Ministries is a faith-based organization that provides emergency assistance, promotes wellness, and helps families access health programs like Medicaid and CHIP. Their Children's Medical Clinic serves children by providing vaccinations, well-child visits, and physicals.⁸³ Free and charitable health clinics, which are often faith-based, play a significant role in providing patients with access to quality health care. For example, Samaritan Health Center, a faith-based free and

charitable clinic in Durham, North Carolina, provides care that is culturally competent, training providers to be sensitive to the emotional, psychological, and spiritual needs of their patient. The average appointment lasts 30 minutes, in contrast to the 13-16 minutes common in medical practices. Samaritan Health Center receives funding through state grants as well as individual and church donations.⁸⁴ Nonprofits play a critical role in family well-being as they provide access to health care services, enable additional financial support on a case-by-case basis when government assistance is insufficient, and connect families with government services such as CHIP.

Houses of Worship

Houses of worship are concerned with the spiritual formation of their members; however, they also often serve as pillars in the local community for the human services they provide to the community. In many communities, for example, houses of worship provide child care, food assistance, and health services.⁸⁵ Research has identified that church-based health promotion (CBHP) interventions, or programs that promote health in light of the unique needs of a diverse community, reduce health disparities, especially in Black churches. Some churches provide health connections for church families through official programs like church clinics or partnerships with health professionals in the community. Additionally, many churches include health initiatives and community outreach programs like soup kitchens as part of their ministry to the public.⁸⁶

Embedded in the fabric of daily life, often with longstanding ties to the community, churches have the capacity to form and sustain deep personal relationships with

populations that may have limited access to programs like CHIP due to language barriers, lack of information, or distrust of public programs. Churches can help familiarize congregants and community members with the services and programs they may be eligible for and connect them with needed health coverage for children. Saint Barnabas Presbyterian Church in Richardson, Texas, for example, has been involved in CHIP outreach and enrollment for eligible families for at least 15 years. In collaboration with the Richardson Independent School District and The Council of Parent Teacher Association, St. Barnabas publicizes its CHIP application help sessions. They provide assistance with applications as well as health fairs, parent forums, and other events. Additionally, they address the language barrier by providing assistance to both English and Spanish speaking families.⁸⁷

Schools

Schools also play a critical role in promoting children's health. In modern public and private school systems, there are 10 components for health as defined by the Whole School, Whole Community, Whole Child (WSCC) initiative by the Centers for Disease Control and Prevention: nutrition environment and services, physical education and physical activity, community involvement, counseling/psychological/social services, health services, employee wellness, social and emotional climate, health education, family engagement, and physical environment.⁸⁸ By targeting these 10 components, school health strategies in recent years have improved public health.⁸⁹ As an example, the Massachusetts Essential School Health Services (ESHS) program funded additional nursing services and paid for medical supplies in 933 Massachusetts ESHS schools in 78 school districts.⁹⁰ This

program cost \$79 million and estimated \$20 million in health care cost savings for children enrolled in the school in one year.⁹¹ The estimation was a combination of decreased medical care costs, parents' productivity loss, and teacher productivity loss. When the school nurse is more accessible, children's health needs can be met during school hours so that parents will not have to miss work for a child's doctor visit. According to the Southern Education Foundation, more than half of America's public school students come from low-income families. Since CHIP serves low- to moderate-income families, many children eligible for CHIP receive partial health care during school hours. The effectiveness of these programs can improve a child's long-term health and well-being.

When the COVID-19 pandemic shut down in-person learning at public schools, school-based health centers, which are partnerships between public schools and community health organizations, responded by offering telehealth services and websites where students could access health education, mental health counselors, and crisis information. Some school-based health centers functioned from school parking lots to provide in-person well-child visits and other screening/prevention services. In addition, internet access was offered in those parking lots so that families and students could utilize telehealth services.⁹² These telehealth services increased by over 2500 percent from February to April 2020. Schools provide valuable outreach and improved accessibility to health care services because they are easier to navigate and utilize for many families. Coming out of the pandemic, schools should continue to provide valuable mental health outreach through telehealth services to serve children who cannot visit the clinic due to barriers such as transportation.

Family Flourishing Leads to Improved Child Health and Well-Being

Children's health and well-being is essential to a flourishing society. During COVID-19, many families experienced increased challenges in accessing health care for their children. The pandemic exacerbated disparities in children's health access and outcomes in the United States. Government programs like CHIP and civil society institutions had to adapt in order to meet the increased needs of children and families during the pandemic. As society emerges from the pandemic, both government and civil society institutions have the opportunity to evaluate how children's health was impacted and how policies and programs can be strengthened in the future to promote the long-term health and well-being of children and families.

ENGAGE

A mother of three children answers a phone call from a nursing hotline one evening after work. When asked how the family is doing, the mom breaks down crying. She details the hardship of going to work at a nursing home where she is a staff member in laundry services. Many of the seniors at work are sick and dying from COVID-19. In addition, she fears bringing the virus home to her family. She is unable to quit her job as they desperately need the income. At home, one child complains of a toothache, another needs ADHD medication, and her isolated teen clearly needs mental health support. She is unable to address these health concerns, however, as her priority is putting food on the table and paying the bills.

This narrative, a composite from several interviews, is just one example of what many Denver families with limited resources faced during the pandemic. Denver is one of the largest cities in Colorado and is home to over 700,000 people.⁹³ Denver's diverse economy is driven mainly by the aerospace, bioscience, IT-software, broadcast and telecommunications, energy, financial services, and health care and wellness industries. The influx of jobs that comes from this economy is accompanied by inflated housing prices and an increased cost of living. For a family who has lived in Denver for over 10 years with the same low-wage job, financial burdens become more pronounced in such an environment. Although health care is one of the fastest-growing sectors in Denver, there are gaps that need to be filled to serve the health care needs of low- to moderate-income families.⁹⁴ Denver is the fifth fastest-growing city in the United States and along with rapid growth comes the need to improve the structure of health care to better serve the needs of its residents.⁹⁵

Denver's growing pains are felt most by under-resourced families. Approximately 17 percent of residents have a minimum- or low-wage job that pays between \$5.29-\$14.99 per hour, and people of color are overrepresented in these jobs. Thirty-eight percent of Hispanic workers, for example, have a low-wage job and 43 percent have a minimum wage job.⁹⁶ With lower pay and higher costs of living in Denver, housing costs comprise 30 percent of the income of half of all Hispanic and Black renters.⁹⁷

When parents are unable to afford basic necessities, the impact is felt by the entire family. In 2017, 24,000 children, or 17 percent of children, in Denver were living in poverty.⁹⁸ Children living in poverty are more

likely to experience "substandard housing, homelessness, inadequate nutrition, food insecurity, inadequate childcare, lack of access to health care, unsafe neighborhoods, and under-resourced schools."⁹⁹

Child Health in Denver During the Pandemic

Children in every state felt the impacts of COVID-19 in their daily life. The predictable routine of school schedules and extracurriculars became obsolete due to school closures and city lockdowns. With new social distancing measures and face mask regulations, many children were isolated from others and their social development was stunted.¹⁰⁰ In addition, many children experienced disruptions in their learning as most public schools adopted an online model for the 2020-2021 school year. Children were unable to celebrate significant life events, such as graduations, birthdays, and holidays as they would have before the pandemic. Not only were these milestones interrupted, but the continuity of health care was also disrupted. Factors such as poor or unavailable transportation, fear of COVID-19 exposure, and high costs of health care in an economic downturn all contributed to this reality.

Denver Public Schools, the largest public school district in Colorado, operated almost completely online during the fall of 2020. Low- to moderate-income families faced additional barriers to securing adequate technology and internet connections for their children to succeed in school.¹⁰¹ In the spring of 2021, children returned to the classroom with a cohort system. In cohorts, students attended in-person learning on a part time basis but were quarantined for two weeks if anyone in the cohort tested positive for

COVID-19. Those who were not comfortable with in-person learning were allowed to stay home and continue remote learning.¹⁰²

Public school closures meant that many children were at home more than usual. In an interview conducted by *The Colorado Sun*, many children expressed that they felt anxious or upset about how much time they spent inside. They missed their friends, and when working on assignments, many children experienced frustration over their education.¹⁰³ Additionally, children received limited access to services that were previously provided through schools, like speech and occupational therapy services and mental health support.

Without school supports that had previously met some basic health care needs, many children went without health care. Public transportation in Denver, the way many families get to doctor's offices, had reduced capacity.¹⁰⁴ In addition, the fear of contracting the virus from public transportation was present. For low-income families, the financial burdens caused by the pandemic added to the pressure of paying for health care needs. Though many families struggled with health care concerns throughout the pandemic, children in low- and middle-income families faced additional hurdles to attaining affordable access to quality health care services.

Addressing Children's Health Through CHP+

Since affordable access to health care services relies heavily on insurance, the federal and state governments collaborate to provide public health insurance. The Colorado Department of Health Care Policy & Financing (HCPF) is responsible for administering the Children's Health Plan Plus

(CHP+). CHP+ is a public health insurance program for families who do not qualify for Colorado's Medicaid program — Health First Colorado — but do not have enough financial resources to pay for private insurance.¹⁰⁵ Children under the age of 18 and pregnant women 19 years of age and older are served through this insurance program. Marc Williams, the Public Information Officer at HCPF, explains that CHP+ is a “full-risk managed care model, with health care services delivered through contracted CHP+ managed care organizations.” This means that CHP+-approved providers are paid a fee for the patient and are also paid for any treatments or services provided to the patient.

“The managed care organization is responsible for managing the health of enrolled members, including helping them select a primary care provider and coordination care,” Williams said.¹⁰⁶

To qualify for CHP+, a child must live in a household with an annual income under 260 percent of the Federal Poverty Level (FPL). A family of four, for example, must have an annual income below \$66,250 to qualify.¹⁰⁷ What sometimes goes unappreciated is that, with a high cost of living as seen in Denver, families above the FPL are still struggling to make ends meet. The average rent for a two-bedroom apartment in Denver is \$2,418 per month.¹⁰⁸

“When we look at poverty as a measure of well-being, it just really doesn't reflect the lived experience of people in Colorado,” Claire Levy, the former executive director for the Colorado Center on Law & Policy, said in an interview with *The Colorado Trust*.¹⁰⁹

The FPL, while it does consider family size, does not factor the age of people in

the family, which impacts the expenses in a household. For example, supporting teenagers generally costs less than providing for infants. Just because a family is above the FPL, Levy explains, “by no means indicates that you’re able to support yourself.”¹¹⁰

In addition to income requirements, CHP+ recipients must be Colorado residents, must not be eligible for Health First Colorado, and must not have other health insurance. The cost of CHP+ depends on household income and size. Some recipients have to pay an enrollment fee and others have to pay co-pays to their health provider. The standard fee is \$25 to enroll one child and \$35 to enroll two or more children. There is no enrollment fee for an adult pregnant woman in the CHP+ Prenatal Care Program. Once enrolled, CHP+ recipients have access to primary care, emergency care and urgent care, hospital services, dental care, prescriptions, immunizations, maternity care, and mental/behavioral health care. While there are no co-pays for preventative care (check-ups or prenatal care), there can be co-pays for other services, ranging from \$1-\$50.¹¹¹

COVID-19 presented unique challenges to the health of many children, especially relating to preventative and primary care services. Denver, through the HCPF, worked to continue care for CHP+ recipients by adding coverage of well-child check-ups through telehealth services. Using telehealth services, well-child visits and screenings continued to occur in a timely manner. Additionally, the pandemic-related stress in children highlighted the need for mental health coverage through CHP+, which fortunately was already in place. Williams explained that the CHP+ program “has maintained coverage of behavioral and mental health services through CHP+ health plans throughout the public health emergency to help support

children and youth through these challenging times.”¹¹²

There were 75,169 children and pregnant women enrolled in CHP+ in Colorado in July 2020. From July to the end of September 2020, the number of children and pregnant women enrolled in CHP+ decreased 6.6 percent, or by 5,003 people even though the HCPF applied Continuous Eligibility (CE) to CHP+ through the end of the public health emergency, which prohibited states from terminating coverage for recipients enrolled on or after March 18, 2020.¹¹³ The decrease in enrollment was caused by many factors, including the transition from CHP+ to Health First Colorado as family incomes decreased due to economic instability. In addition, application assistance was not available in person due to social distancing requirements and shutdowns. The transition to remote assistance took time. Lastly, children often enroll in health insurance after visiting the doctor; however, there was a large decrease of visits to the doctor’s office during the pandemic.¹¹⁴

There was also a large population of children and pregnant women who were eligible but not enrolled (EBNE). According to 2019 data, nearly 36,000 children were EBNE for Medicaid and CHP+. Hispanic children were more likely to be uninsured compared to children of other races and ethnicities, making up 50.7 percent of EBNE children.¹¹⁵ Absence of health insurance is certainly a barrier to well-being, yet it is not the only barrier to well-being, as explained further in the next section.

Barriers to Child Health and Well-Being

In Denver, there are multiple ways for families to access health care for their

children. Denver children who have health insurance, like CHP+, are able to utilize health services from hospitals like Denver Health, and their parents have less fear of health care costs. Many children, regardless of health insurance, receive care from school nurses through public school-based clinics. In addition, community-based clinics also serve low-income families by waiving or reducing the cost of the service. These services are critical to the health and well-being of the children that they serve. As discussed, many public school-based and community-based clinics were temporarily closed, detrimentally affecting the families served through these programs. When public schools closed, children lost regular physical education, social interaction, and nurse assistance. The lack of health care support was exacerbated by an increase of isolation, fear, and anxiety, causing a rise in children's mental health issues.¹¹⁶ Underlying these hurdles were the barriers that had already pervaded the Denver community, including limited options for available, affordable, and quality health care as well as outreach and issues of mistrust of the health care system. Through these health hurdles, the pandemic revealed weaknesses in the health care system but also highlighted creative and meaningful solutions.

Availability

One of the barriers to child health and well-being in Denver during the pandemic was the availability of primary, behavioral, and oral health services usually provided by Colorado's public school-based health centers.

"When schools closed because of the pandemic, it became challenging to continue to deliver those services," Michelle Shultz, School-Based Health Center Program

Manager, said. "School-Based Health Centers (SBHC) adapted by implementing telemedicine programs, modifying operations while remaining open, and referring patients to community clinics."¹¹⁷

Sheridan Public Schools District No. 2, located in a suburb of Denver, partnered with the University of Colorado to provide a Youth Health Clinic at schools. This nurse-managed, federally-qualified health center focused on wellness, prevention, primary care, behavioral health, physical health, oral health, and pharmacy services.¹¹⁸ In March 2020, they immediately switched appointments to telemedicine. By the end of May, they were offering in-person well child checks and sick visits.

Another hurdle to the availability of health services was that many non-essential health procedures were delayed, which worsened the health of many children, especially children with special needs.¹¹⁹ Surgeries and treatments that were scheduled before the pandemic were 'bumped down' for reasons not related to the child, depriving them of treatment they needed. Eileen Forlenza, the practice facilitator at Colorado Access, a local nonprofit health care company that receives both public and private funding, saw the challenges of COVID-19 through the lens of a parent with an adult special needs daughter.

"Children with special health care needs have been especially impacted through COVID-19 because of their vulnerability with their underlying medical conditions and their inability to access the kind of care that they need because of COVID-19 restrictions," Forlenza said.¹²⁰

Availability to health care is a critical component to child well-being and health. Due to the pandemic, the availability of

health providers for children decreased as everyone tried to adjust to the “new normal.” However, as noted above, several clinics were eager to re-open and provide relief for families, which greatly decreased this barrier.

Affordability

In addition to availability of health insurance, affordability of health care services is a barrier to child health and well-being. Even before the pandemic, low-income families often prioritized spending money on food and bills, not on health insurance or health services.¹²¹ Some parents lost their jobs during the pandemic, which caused extra financial strain for these families. Children were at home all day instead of at school, which increased electricity usage in the house and led to more costly bills. In addition, meals that would have been free or reduced price at school needed to be provided at home.

To alleviate some of the financial stress that was added from food insecurity, school districts provided free meals for children aged 18 and under through the Summer Food Service Program (SFSP). In addition, the Colorado state government sent \$200 million in federal money to the parents of over 300,000 children to compensate for the meals their children would have received at school.¹²²

Other programs like the Denver Great Kids Head Start (DGKHS) also worked to alleviate financial burdens of low-income families during this pandemic. Lori Medina-Anderson, program administrator for the Office of Children's Affairs, represented DGKHS in an interview and shared that DGKHS delivered food boxes to low-income families who could not access transportation.

DGKHS also provided dental health and hygiene supplies, including toothbrushes, toothpaste, and cleaning supplies.

“This year is just about keeping contact with the families and aiding with basic needs like food, housing, and clothing,” Medina-Anderson said.

Even for families enrolled in CHP+, there is a common trend of underutilization, especially in the use of dental care.¹²³ Medina-Anderson from Denver Great Kids Head Start explained that “parents don't know what to ask for, so a lot of what we do in Head Start is we advocate for the parents to ask for risk assessments, physical every six months, and other services.”¹²⁴

Sylvia Sherrod, Learning Center Administrative Coordinator, and Millie Lacy, Grant Writer and Statistics Coordinator, at Open Door Ministries both spoke about the organization's efforts to connect families with available resources in order to improve health and well-being. Open Door Ministries is a Denver-based nonprofit that “exists to provide practical help and hope to people in urban Denver who are homeless or low income.”¹²⁵ Lacy shared that many of their case management programs “focus on connecting [families and children] to affordable health care, and partner with a health care center in the city that provides preventative and emergency responses for health issues.”¹²⁶ The ministry not only provides housing for single moms with young children, but it also staffs a licensed therapist to help moms and children develop coping skills. Through these efforts, Open Door Ministries is able to give families with children the attention and support they need to successfully find continuous and quality health care.

Limited Access to High-Quality Care

A final barrier for child well-being and health in Denver is the limited options of high-quality health care in low-income communities. High-quality health care focuses on safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.¹²⁷ While each factor is equally important, the following section will focus on patient-centeredness.

Quality health care must include cultural competency, which includes training health care workers to understand the preferences of diverse populations. Laura Doanes, a registered nurse and program manager of the collaboration between Denver Health and Head Start Programs and School-Based Health Centers, said that cultural competency is “huge” in providing quality health care services and shared that Denver Health holds trainings to ensure that programs are culturally competent.

“Even though I am an immigrant from Mexico City, I still may not know how to treat families from other cultures,” Doanes said. “For example, I need to be able to respect and address people different from maybe what I’m used to in my culture.”¹²⁸

Quality health care must also honor parents’ preferences for their families.

“The family is the driver and we are the participants,” Medina-Anderson from Denver Great Kids Head Start explained. “This means that we’re there to support you and give you all your options and provide education, but the parent gets the final say.”¹²⁹

Before the pandemic, DGKHS already had a partnership with Denver Health and a

team of nurse consultants. To respond to the pandemic, DGKHS created its own bilingual nursing phone line as a resource for parents. In addition, they quickly contacted parents of children who were high risk (children with asthma, diabetes, etc.) when life shifted online. Through effective transitions, DGKHS was able to provide quality health care services to its families.

Local clinics, whether public, private, or nonprofit, are “integral to immigrant and low-income communities,” according to Marty Janssen, the Senior Program Director at Colorado Access. Colorado Access, a nonprofit health care organization, “partner[s] with communities and empower[s] people through access to quality, equitable, and affordable care” and envisions “healthy communities transformed by the care that people want at a cost we can all afford.”¹³⁰ Janssen shared that “these clinics are well-equipped to offer patient centered care as they understand the cultural preferences of their patients and are most often trusted by community members.”

Colorado Access’s research showed that an increasing number of appointments to local clinics in March 2020 were cancelled due to fear of spreading the virus. Smaller clinics eventually adjusted capacity limits to accommodate social distancing measures which decreased their operational capacity. Denver’s health care providers had to quickly adjust to meet the changing needs and demands of their patients. Fortunately, Colorado Access was quick to respond. To support the health providers that care for children and families, Colorado Access sent supplemental funding ranging from \$12,000 to \$60,000 to pediatric and family practice clinics in COVID-19 hotspots. Keeping local clinics open provided parents with easier

access to quality health care services because they were within walking distance and integrated into the community.

Quality health care helps to achieve optimal health for children. With quality health care, families feel heard by their health providers and understand the information given to them. Their preferences for treatment are taken into consideration and the health providers give information that is transparent and informational.

The Future of Children's Health Post-Pandemic

Parents are primarily responsible for the care, health, and well-being of their children. For under-resourced families, there are additional barriers to ensuring that children have regular and consistent access to quality health care. During the pandemic, many traditional supports altered or ceased services to slow the spread of the virus. As a result, many children went without routine care and care for treatable, and often preventable, conditions. In Denver, the CHP+ program served as a critical resource for families that were not eligible for Health First Colorado but could not afford private insurance. Even so, community- and faith-based organizations were essential in providing supplemental care and connecting eligible families with the CHP+. The health care landscape observed in Denver provides a snapshot on how civil society institutions, in collaboration with the support of state and federal governments, can strengthen and improve child well-being, health, and flourishing in a post-pandemic world.



TOWARDS A STRONGER CHILD WELFARE SYSTEM: THE PANDEMIC'S IMPACT ON FOSTER FAMILIES

By Matthew Strong and Mark Moland, DPA

DISCOVER

Chris and Amber Reynolds will always remember March 14, 2020. Over the course of four years, the couple fostered 12 children and adopted three. Chris, an EMT from Chicago, and Amber, an elementary school physical education teacher, have dedicated their lives to fostering children. The Reynolds started their own home fellowship group to connect foster families and share the joys and challenges of fostering. With the onset of COVID-19 in March 2020 and with two foster children in their care, the Reynolds instantly lost community — the support groups, caseworker check-ins, and child therapists who once provided in-person support were now reduced to images on a screen. Despite feeling isolated, the Reynolds, like many foster parents across the U.S., persevered through the pandemic seeking to keep life as normal as possible for their foster children.

Family life dramatically shifted during the COVID-19 pandemic. While every family is unique, almost all families experienced the impacts of the pandemic's dual health and economic crises. When businesses closed or went remote, many parents lost their jobs or quickly adjusted to working from home. At the same time, most parents were transitioning their children to remote learning at home when their schools closed. Children's worlds became defined by the

walls of their home, separated from their friends at a time in their social development when interpersonal engagement is critical. For children and parents alike, social interactions were limited to what could be communicated through a screen.

While nearly all families experienced loss and challenges during the pandemic, foster families were uniquely impacted. For foster parents, who prior to the pandemic took on the important responsibility of caring for children separated from their parents by the state, and for the institutions that traditionally support them, the set of challenges brought on by COVID-19 were new and complex.

While there is much to learn about the pandemic's toll on foster children themselves, this report will focus on the impact that COVID-19 had specifically on foster parents — who are critical to the child welfare system — as well as on the institutions that support them. COVID-19 disrupted programs and systems designed to recruit, retain, and support foster families, which will be explored in greater detail.

The child welfare system (CWS) “is a group of public and private services that are focused on ensuring that all children live in safe, permanent and stable environments that support their well-being.”¹ The structure of the CWS varies by state, and each state engages with nonprofit agencies in differing manners; however, all agencies look to the Children's Bureau, an Office of the Administration for Children and Families at the U.S. Department of Health and Human Services, for federal guidance. In this report, biological parents are referred to as *parents* while foster parents are referred to as *foster parents*. The word *children* will be used interchangeably with *foster children*, ranging

in age from infancy to 18 years (the age when most children become independent of the CWS).²

In all states, a child's experience in the CWS begins when the state's Child Protective Services (CPS) agency is notified of potential abuse or neglect and CPS workers investigate the situation. Often, the family will receive support, training, and other services from the CWS. In some cases, the state will make the decision to remove the child or children from the family for a time and place the child in foster care.³ CPS first attempts to place the child with a member of their extended family (called kinship care), but if that is not an option, the child is placed with a foster family.⁴

While nearly all families experienced loss and challenges during the pandemic, foster families were uniquely impacted.

The Children's Bureau defines foster care as "a temporary service provided by states for children who cannot live with their families."⁵ While the child is in foster care, the CWS provides training, counselling, and other resources for the parents of the children to focus their energy and skillsets on building a safe and stable home environment for raising their children. During this time, a child who might have been neglected, abused, or left unattended because of parental incarceration, parental death, or abandonment, is provided a sense of normalcy through the physical and emotional care in the home of a foster family.⁶ The primary goal of the CWS is the reunification, when possible, of children and their parents.⁷ Reunification is reached when a child is returned to his or her parents

and can safely receive the nurturing he or she needs. The process of reunification requires significant initiative from parents — such as engaging in substance abuse rehabilitation, undertaking counselling or job training, visiting their child frequently, and communicating with case workers.⁸ Through the goal of reunification, the CWS aims to support the healthy development of a biological family whenever possible.⁹

Foster parents care for and nurture foster children until they are reunified with their family or until another form of permanency is reached. While the population of foster parents is continually in flux, the number of children in foster care has increased, with one study noting a 147 percent increase of children in foster care between 2000-2017.¹⁰ Further, 30-50 percent of foster families close their homes to further placements each year.¹¹ To ensure the well-being of children, the CWS must both continually recruit more families and support and retain those families who are already certified to serve children in need.

Foster Parents: An Essential Pillar of the Child Welfare System

As of 2019, there were approximately 424,000 children in the foster care system.¹² The average age of a foster child is eight years old and there are slightly more boys than girls in foster care.¹³ Children of color are overrepresented in the CWS.¹⁴ Black and American Indian/Alaska Native children represent 13.71 percent of the population but make up 22.75 percent of children in the foster system. Additionally, American Indian/Alaska Native children represent less than one percent of the population, but represent 2.4 percent of children in foster care. White children makeup 50.5 percent of the population but account for 44.37 percent of children in foster care.¹⁵ There is currently

a larger population of children in need of a foster home than there are foster homes available. In 2019, the 424,000 children in foster care were supported by roughly 219,000 licensed foster parents.¹⁶ According to Imprint's "Who Cares 2020: A National Count of Foster Homes and Families" report, there were approximately 214,000 licensed foster homes in the United States as of March 2020.¹⁷

When a child is removed from their family, CWS first seeks to place the child with a relative in the child's extended family or with a close family friend who legally qualifies as "fictive kin." Placing children in kinship care is ideal and has been shown to reduce trauma on the children, increase the likelihood of permanency, and keeps families together.¹⁸ However, for a child to be placed with kin, the CPS must first assess if the relatives are "fit and willing" to provide a suitable home for the child by interviewing the kin and reviewing criminal records.¹⁹ In 2019, children were placed with kin in 32 percent of cases nationally. While some children are placed in group homes and institutions equipped to address special physical and psychological conditions, foster families are needed to support nearly half of all children placed outside their home.²⁰

Demographic data that provides a clear portrait of the U.S. foster family population is limited and a dedicated effort to track data on foster parents is needed. Foster parents are recruited by state agencies and nonprofits licensed to serve as child placement agencies. While demographic data for children is centralized through U.S. Department of Health and Human Services, national data on foster families is diffused across state and nonprofit databases. One rough approximation of the

foster population is the demographic data of families adopting children from foster care, since 52 percent of these adoptions are by the child's foster parents.²¹ Foster children are adopted primarily into families described as married couples (68 percent), with 26 percent adopted by single females and three percent by single males.²² One 2018 study by University of Chicago researchers of an undisclosed state child welfare agency noted that 75 percent of foster families were white, 20 percent Black, and two percent Hispanic.²³

With a high annual turnover rate of foster parents, efforts to recruit, support, and retain foster parents are focused on ensuring there are a sufficient number of foster homes available for the placement of children who have been removed from their parents and kinship care is not an option. Recruitment programs are conducted by the state agencies and nonprofits who both license and support foster families. The goal of recruitment is to identify, train, and license families who are willing to meet the state's high standards to provide temporary homes for children who have been separated from their homes and may be grappling with personal or family trauma. The recruitment process includes a nearly yearlong training and licensing process.

Support and retention efforts overlap significantly. When a family decides to no longer foster, they frequently cite a lack of support from CWS workers and agencies.²⁴ For the purpose of this report, support refers to actions undertaken by state agencies, houses of worship, and nonprofits to sustain foster families when a child is placed with them. Some examples of support activities include training and guidance provided by CWS workers, support groups arranged by local churches, certified babysitters, and

nonprofit agencies and churches that provide clothing and supplies to foster families during new placements. Retention focuses on efforts to encourage foster families to continue fostering after a placement ends.

While the foster care system was stretched thin before the pandemic, the pandemic exacerbated existing challenges and created new ones. As a result, government and civil society institutions had to adapt recruitment, support, and retention strategies to ensure that foster parents were available and equipped to care for children during the pandemic.

Recruitment of New Foster Parents During COVID-19

The recruitment process ranges from the point when a family initiates interest in fostering to the point when they are licensed. Recruiting activities can include events to galvanize interest amongst the community, informational sessions on fostering for prospective parents, and training and licensing of prospective foster parents. Nonprofit child placement agencies are highly engaged with recruiting foster parents. In many states these agencies recruit, train, and license families on the state's behalf, and they serve as the main contact for the prospective parent. Some nonprofits focus on advocacy and support of foster parents. These organizations hold recruitment drives and connect interested individuals with one of several child placement agencies in the region.

In many states, COVID-19 complicated the recruitment of foster parents as many home inspections, trainings, and courtroom hearings went virtual or were delayed indefinitely.²⁵ Families who would have otherwise welcomed a child into their home

were unable to do so as a result of economic uncertainty or health concerns brought on by the pandemic. These circumstances resulted in an even greater need for foster parents reflected in cities and states across America. In Chicago, for example, the need for foster families increased by 33 percent.²⁶

COVID-19 disrupted programs and systems designed to recruit, retain, and support foster families.

Facing additional barriers to recruiting new foster parents, the CWS needed to adapt and innovate where possible. In many states, in-person recruiting events, orientations, trainings, and licensures shifted to an online format, when possible. Early in the pandemic, for instance, Florida began conducting the bulk of the work certifying foster parents, placing children, and conducting social worker visits, parenting courses, courtroom hearings and much more — remotely.²⁷ In other states, like Texas, state policy did not authorize virtual trainings of prospective foster parents for the first six months of the pandemic, significantly delaying licensure to prospective families.²⁸

Support and Retention of Foster Parents During COVID-19

Once a foster family is licensed and welcomes a child into their home, they are responsible for the child's physical, emotional, and educational well-being. An assigned caseworker visits the child and the foster family routinely (monthly at a minimum) to observe how the child is adjusting to foster care and document any social, mental, or physical challenges the child may be experiencing. The state serves as a child's

legal guardian during his or her involvement with CWS and appoints an attorney to act as *guardian ad litem* to advocate for the child's rights. While the child is in foster care, his or her parents have the right to be notified about their child's health, well-being, and performance in school.²⁹

Government support for foster families before the pandemic came in a variety of forms. State CWS agencies provide monthly stipends of \$400 to \$900 per month, varying by state or municipality, for the child's needs. These payments continued during the pandemic. However other direct support ceased or went virtual. Prior to the pandemic, caseworkers would visit foster parents monthly — providing constructive feedback, training when needed, and encouragement. Trauma therapists would work with children to help the child address trauma. Caseworkers were responsible for in-person visitations between the child and parents. Prior to the pandemic, there was a clear schedule of court cases and an understanding of the timeline to achieve permanency for the child's case. In many states during the pandemic, all visits and therapy went virtual. Foster parents had to manage virtual visits between children and their parents, witness court proceedings when the child needed to attend, and become an active participant in Zoom sessions with caseworkers.

Foster families need a supportive network, including the CWS, local nonprofit organizations, and houses of worship stepping in to help in a variety of ways. One method of supporting foster parents is through providing day care, babysitting, and respite care. When both foster parents work or children need special accommodations, most states offer to cover the cost of childcare for foster children up to a state-determined rate.³⁰ One cannot hire the neighborhood

babysitter for a night out or necessary travel. Depending on the state's guidelines, babysitters for foster children may need to be licensed individuals over 21 years old who have completed a day's worth of training, been fingerprinted, and completed a criminal background check.³¹ Supporting foster families requires a significant commitment. One of the most successful support and retention strategies has been to connect new foster families with more experienced ones.³² Some states, such as Florida, have formal mentoring programs which include in-home visits from experienced foster parents.³³

Support and retention go hand in hand. States and nonprofits cooperate to retain foster families. The Children Need Amazing Parents (CHAMPS) coalition developed a foster parent retention framework which emphasizes providing immediate, adaptive, and contextualized support for foster parents — whether it be through answering questions, addressing frustrations, or meeting a child's unique physical needs.³⁴ Providing foster parents with the context of a child's situation — including culture, language, current community, and age of the child — empowers foster parents to care for the child well.³⁵

A Policy Response to COVID-19's Impact on Foster Parents

COVID-19 altered the CWS landscape and necessitated that federal and state governments respond to effectively meet the needs of foster children and families. The federal government funds states to provide care for children and foster families through the Title IV-E Foster Care program included in the Social Security Act. According to an HHS Issue Brief, "the program's funding (approximately \$5 billion per year) is structured as an uncapped entitlement, so any qualifying State expenditure will be

partially reimbursed, or matched, without limit.”³⁶ The majority of states contract directly with licensing organizations to provide licensure for foster parents. Other states, including California, Virginia, North Carolina, New York, and Pennsylvania allow counties to administer contracts with licensing organizations.³⁷ Licensing organizations are nonprofits focused on licensing foster and adoptive parents. In each state, there are a variety of both faith-based and secular licensing agencies, including large faith-based agencies such as Catholic Charities, Buckner International, and Bethany Christian Services.³⁸

States such as Alaska, Arkansas, Florida, Kentucky, Missouri, North Carolina, Tennessee, and Utah included additional funding for child welfare agencies in their COVID-19 appropriation bills. Sixteen states and Guam recognized child protection agencies' work as essential government functions to continue services during COVID-19-related lockdowns.³⁹ California's Governor Gavin Newsom signed an executive order permitting “flexibility in emergency placements” of foster children and increasing their access to “critical programs and technology.”⁴⁰ In addition to support for foster parents, New York, Vermont, Washington, and the District of Columbia increased families' access to social services.⁴¹

Essential to an effective CWS is the well-being of civil society institutions that provide critical resources, care, and support to foster families. Due to COVID-19, these institutions — many of which are faith-based nonprofits and houses of worship — struggled to keep their doors open and provide the same level of support as they did before the pandemic. To support these institutions during a period of prolonged economic uncertainty, the Paycheck Protection Program (PPP), first

included in the CARES Act, provided loans to small businesses, child care providers, community and faith-based nonprofits, and houses of worship to help them to continue operating during the pandemic.⁴²

Like the rest of society, family life for children and foster parents shifted significantly due to COVID-19. With families encountering new needs and challenges, it was important for the CWS to adapt to ensure that children were in safe and stable foster homes, that foster parents were well supported, and that new foster families continued to be recruited to meet the scale of the need. The following section explores why the work of foster parents is so essential, examines lessons learned from the pandemic, and offers recommendations for how government and civil society — including faith-based organizations and churches — can best support foster families in post-pandemic life.

FRAME

The child welfare system's (CWS) first goal is to reunite children with their birth families. Foster parents are essential to meeting this goal, as they nurture and provide care for a child until, whenever possible, the child is reunited with his or her family.

As Christians, we affirm the family as the most fundamental of human institutions founded on “covenant love and trust, binding mother, father and children.”⁴³ The family is responsible for the nurturing, education, and care of children. Whether in washing dishes, sitting around a dinner table, participating in a school club, or sharing time with other families for a game night, the strongly supported and connected family is more

likely to find space to rest, be financially independent, provide education for their children, and thrive.⁴⁴ The life of a child, especially a foster child, is close to God's heart and should be close to Christians' hearts as well.

Within foster care, time and connection are critical.

Restoring families and achieving permanency for children is best achieved with a coordinated effort between government, houses of worship, nonprofits, and families. Foster parents, however, are the backbone of the system, meeting the physical, emotional, and familial needs of foster children. Foster parents need the support of community-based institutions, local and state government, and nearby houses of worship to thrive. COVID-19 exposed where these supports are lacking, and lessons learned during the pandemic can inform how society can better support foster parents in the future.

Policy Recommendations for a Stronger Post-Pandemic CWS

According to the Center for Public Justice's Guideline on Government, the institution of government "bears [the] responsibility to legislate, enforce, and adjudicate public laws for the safety, welfare, and public order of everyone within its jurisdiction."⁴⁵ For children who are facing neglect or abuse in the care of their parents, government bears a responsibility to coordinate care for the child and ensure that his or her basic needs are met. Government relies upon foster families to temporarily nurture and care for a child until the child can be reunited with his or her parents. It bears a responsibility, then, to also support foster families.

Recommendation 1: Accommodate flexibility within the CWS to best meet foster parents' needs.

As society recovers from the pandemic, states should allow for flexibility within their recruitment, retention, and support of foster parents. Specifically, states should allow for a hybrid model of both virtual and in-person engagement. In its "What the Pandemic Taught Us" report, Bethany Christian Services, a nonprofit licensing organization with 130 offices in 35 states, highlighted the need for the innovative use of technology to continue to recruit and support foster parents.⁴⁶

The report also noted that virtual communication had positive benefits in recruiting foster families: "Child welfare staff must continue to provide flexible, accessible virtual supports to families even after the pandemic, to ensure continued positive placement stability outcomes for children in our care."⁴⁷ While many licensing organizations, like Bethany, that instituted virtual engagement with prospective foster parents met or exceeded their expected goals, those that were unable to adapt noted a decrease in foster families.⁴⁸ While both government and nonprofit leaders recognized the need to adapt during the pandemic, existing regulations in some states limited the ability to shift to virtual services. In Texas, caseworkers were initially not allowed to conduct virtual foster parent trainings, whereas in Idaho virtual trainings began shortly after the start of the pandemic, leading to a rise in recruitment of foster parents.⁴⁹ State governments should allow licensing organizations to continue to employ the flexibility of virtual communication where it is easily adaptable, while maintaining the dedicated structure of in-person support and inspection.

Recommendation 2: Maintain a continuity of operations plan for unforeseen circumstances or crises.

Within foster care, time and connection are critical. The federal Adoption and Safe Families Act emphasizes the importance of finding a permanent safe home for children and limits foster care to 15 out of 22 months of a young child's life.⁵⁰ For children in foster care during the pandemic, not only did most children's in-person visits with their parents end, but most courts across the country suspended hearing children's cases for an indefinite amount of time, leading to an increased backlog.⁵¹ Within Bethany Christian Services, for example, 12 percent fewer children exited foster care in 2020 as compared to 2019.⁵² The time these children spent in foster care was 24 percent longer than in 2019. Foster families who rely heavily on a network of CWS employees, therapists, churches, and fellow foster families to support children were cut off from many direct supports, and foster parents faced unique stressors during COVID-19 due to the isolation and concern about children in their care.⁵³

This period of isolation highlighted foster parents' ongoing need for both connection and support. The CWS should develop plans, in coordination with nonprofit organizations that serve families, to maintain robust connections with foster families should some unforeseen event interrupt the normal course of life again. While online conferencing tools were available, some organizations were initially slow to adopt virtual solutions due to concerns over privacy since the CWS cases involve the discussion of highly sensitive personal information.⁵⁴ Some organizations, like Buckner International, a faith-based recruiting and licensing nonprofit based in East Texas, invested in conferencing software

which allowed more security and privacy.⁵⁵ CWS agencies should consider establishing plans for remaining connected and include those plans in their ongoing training and support of foster families. One method is to continue training and connecting with families in a hybrid format that allows for in-person and online connection. These practices would help foster families and CWS staff shift fully online if a crisis required such a transition.

States should also establish plans for continuity of family court hearings during extended periods of disruption. In any crisis, an initial period of court closures is justified and understandable. When it comes to children in foster care, continual closures result in time away from their parents and prolonged delays in reunification and permanency are detrimental to their well-being and create additional stressors for foster parents.⁵⁶ Virtual court hearings have, in some cases, shown greater engagement from participants compared to in-person court hearings by alleviating transportation, work, and time constraints.⁵⁷ As the nation emerges from the pandemic it is the ideal time to establish long-term plans for shifting to virtual hearings during a crisis, formalizing guidelines for online proceedings, and training all essential court personnel in best practices for virtual proceedings. To support continuity, states and municipalities should designate all CWS workers as essential personnel to continue necessary investigations, visits, trainings, and other supports necessary to continue proceeding towards a resolution of these children's cases.

Recommendation 3: Uphold a commitment to pluralism in the CWS.

Faith-based organizations are a critical part of the infrastructure of the CWS with over 81

percent of foster parents citing a faith-based organization or church in their support or licensure as a foster parent.⁵⁸ Some faith-based organizations that provide foster care services, including licensing of foster parents, maintain a traditional view of human sexuality and marriage and do not place children with foster or adoptive parents who are LGBTQ or with unmarried couples. It is also important to recognize the contributions of same-sex families in the CWS. According to a 2018 brief by The Williams Institute at the UCLA School of Law, “Same-sex couples are seven times more likely than different-sex couples to be raising an adopted or foster child.”⁵⁹

In recent years, faith-based and government partnerships within the CWS have been the subject of litigation, including up to the Supreme Court.⁶⁰ In its unanimous June 2021 decision in *Fulton v. The City of Philadelphia*, the Supreme Court upheld religious freedom for foster parents by ruling that Catholic Social Services, “a faith-based foster care service provider with a traditional definition of marriage and family, cannot be excluded from a contract with a city government agency.”⁶¹ In a pluralistic society, government should prioritize equal treatment of diverse views of human sexuality and marriage, recognizing that this affirmation of pluralism results in more qualified foster families, which is to the benefit of children in need of loving homes. It can do so through legislation like the Fairness for All Act (H.B. 1440), which specifies redesigned funding for adoption and foster care services, modeled on federal funding for child care, to protect agencies holding traditional convictions about families and marriage while ensuring that LGBTQ parents can provide a foster or adoptive home.⁶²

Civil Society’s Role in Strengthening the Post-Pandemic CWS

Recommendation 4: Nonprofits should prioritize developing and stewarding partnerships within their local communities.

Nonprofits, including faith-based organizations, represent one of the largest and most influential institutions involved with the CWS. Some nonprofits license and monitor the availability and needs of foster parents, while others provide supports to foster parents and families primarily by building partnerships with other institutions, including licensing nonprofits, government, courts, child advocacy organizations, and foster parent support groups. While government provides a legal foundation for families to foster, nonprofits have the unique ability to meet the emotional, social, spiritual, and physical needs of foster parents.

After conducting interviews with foster parents across the United States, a consistent theme emerged — foster parents need connection to the community. During the pandemic, foster parents who had supportive friends, families, and churches thrived; those who did not struggled. Many nonprofits recognized this need before the pandemic. Post-pandemic, nonprofit organizations should continue to design programming that addresses the sense of isolation that many foster parents experience. These organizations can facilitate opportunities for connection, engagement, and partnership with other foster parents, prospective foster parents, and community members and institutions that can provide the holistic, wraparound support that prospective and current foster parents need to thrive.

DC127, a nonprofit birthed from The District Church in Washington D.C., has developed a rich network to support both foster parents and parents within the CWS. Inspired by James 1:27, “Pure and genuine religion in the sight of God the Father means caring for the orphans and widows in their distress and refusing to let the world corrupt you,” the organization has “Strategically partnered with the Child & Family Services Agency, D.C.’s child welfare organization to focus on foster care recruitment.”⁶³ DC127 offers programs and resources to help parents reach the goal of reunification as they also seek to recruit and support foster parents. The organization has partnered with over 17 local churches to build relationships with foster families and connects the foster families with support groups which help meet the physical, emotional, and social needs of foster parents. DC127 also equips church members to walk through the licensing process with foster parents — a process which can be demanding and confusing.⁶⁴

Recommendation 5: Houses of worship should actively affirm and support foster parents

Like the movement that began with The District Church and grew into DC127, houses of worship across the United States have the capacity to provide personalized support and care for foster parents. As DC 127’s website states, “The church is uniquely positioned to make sustainable change in the lives of children and families in our city. No other institution can embrace and support families like the local church.”⁶⁵ Churches have the opportunity to encourage their congregations to foster or support foster families. By creating a supportive foundation for community members to engage in fostering, churches can then actively assist the CWS by holding recruitment drives and setting goals

for the churches in the community to reach.

Jason Weber, the National Director of Foster Care Initiatives at the Christian Alliance for Orphans (CAFO), said in an interview that communities, from rural to urban, are more likely to successfully support fostering initiatives and recruit foster parents when presenting the need for foster parents as an opportunity for a community engagement rather than a large, unsolvable problem.⁶⁶ According to its website, CAFO “unites more than 200 respected organizations and over 720 church members. We labor together in shared initiatives that inspire and equip Christians for effective orphan care, family preservation, adoption and foster care.”⁶⁷ During COVID-19, the important role of churches in the lives of prospective and current foster families became even clearer.

“Because of COVID-19, we have redefined church as something not centered around the public gathering, but the impact on the community,” Weber said. “What does it mean to love my neighbor when it means more than just inviting them to church?”

Houses of worship across the United States have the capacity to provide personalized support and care for foster parents.

In Las Vegas, Nevada, Hope Church leads an initiative to equip every church to foster at least one child. Their goal, according to Stacy Carpenter, a Hope Church member and former foster parent, is to increase recruitment and support of foster parents until a large foster group home in Las Vegas is closed because all children would be placed with foster families. Carpenter said that there

are approximately 100 foster families in her network. Hope Church facilitates support groups for foster parents to get together and learn, encourage, and advise each other and support personnel who serve in the church simply by creating a small group for foster parents, managing a supply closet with clothes and toys for foster children, buying clothes for foster children, and picking up groceries, among other helpful tasks.⁶⁸

Another example of church engagement in the CWS comes from One Church, One Child, founded in 1980 by Father George Clements in Illinois to focus specifically on encouraging African American families to foster and adopt African American children, who are currently overrepresented in the CWS. One Church, One Child's model provides "a national approach to reduce the length of stay of African American children in foster care who are available for adoption."⁶⁹ The model relies on partnerships with the Black Church that can encourage members to foster and adopt. In addition to recruitment drives, One Church, One Child now trains foster parents, seeks to help fostering agencies develop culturally sensitive programs, and supports foster and adoptive parents.⁷⁰

COVID-19 significantly disrupted the CWS and civil society institutions that have traditionally recruited and supported foster parents. Fulfilling its unique responsibility during the pandemic to protect the safety and well-being of the entire community, government's intentional shutdown of courts, schools, and other institutions to slow the spread of the virus meant that the CWS, and foster parents in particular, had to adapt in order to provide the most consistent and quality care possible for children in their care.⁷¹ In some cases innovative responses by government and civil society led to better supports for foster parents and children, but

in many cases challenges were exacerbated by policies or systems that were not able to adjust. COVID-19 provided invaluable lessons for both government and civil society institutions that, if heeded, can contribute to a stronger post-pandemic CWS where children and foster families can thrive.

ENGAGE

Julianne and Todd Feenstra are foster parents in Longview, Texas. Todd works as an airplane mechanic and Julianne works as a physical education teacher at a nearby school; the two are also parents to four biological children and one foster child. They began their journey to become foster parents in late 2019. When COVID-19 arrived in the United States in early 2020, the Feenstras only had a few classes and certifications to complete before receiving their license. However, a CPR training course which could not meet in person kept the Feenstras from receiving licensure until September of 2020. A few days later they received their first placement — a five-year-old boy. The Feenstras' initial experience of fostering echoed that of many foster parents interviewed.

"It is very isolating to be a foster parent, I don't even know how much COVID-19 affected the isolation we felt and how much isolation was simply because we were foster parents," Julianne explained. "People just don't understand why foster parents do what we do and how foster parents have to provide such dedicated care to their children."⁷²

The Feenstras, motivated by their Christian faith, saw fostering as an opportunity to care for children in their community, but reported that they often felt isolated from the

community. Their hope is for the community, and especially for churches, to embrace fostering.

“The idea of ‘you have to be perfect’ is a misconception, but you have to provide a heart of care and concern for the child,” Julianne said. “Not everybody has to be a foster parent, but it takes everybody who knows a foster parent to provide support for that family who is fostering.”

At the time of the interview the Feenstras were fostering a child who had previously been in foster care. Two weeks later, the child was reunited with his parent. When asked if they would foster again, they adamantly stated that they would. While every family’s fostering experience is unique, the Feenstras story helps to illustrate the themes of attachment, grief, joy, and fulfillment that many foster parents navigate in East Texas and across the United States.

Foster Care in East Texas

East Texas is home to the cities of Longview and Tyler and dozens of small rural communities in the Piney Hills of Texas. The cities of Longview (population 80,455) and Tyler (population 103,721) are business, cultural, and industrial hubs in East Texas. While these communities owe much of their early growth to the oil boom in the early 20th century, agriculture, food processing, and manufacturing (especially of wood products) are the primary industries and employers.⁷³ Scattered across the counties of East Texas are numerous small communities with local populations ranging from a few hundred to a few thousand residents.

The child welfare system (CWS) in Texas is operated through the Department of Family and Protective Services (DFPS) and Child

Protective Services (CPS) leads the effort to provide “services to children and families in their home, placing children in foster care, providing services to youth in foster care to successfully transition to adulthood, and helping children get adopted.”⁷⁴

DFPS Region 4 serves the 21 counties of East Texas with their regional office in Tyler and local offices located in the town which serves as the county seat.⁷⁵ As of April 2021, in Region 4, CPS was monitoring 1026 children in foster care and an additional 870 children in kinship care.⁷⁶ In Tyler, the ratio of available families to foster children is 1:2, in other parts of East Texas, the ratio is 1:4 or greater.⁷⁷

Government and Licensing Organizations Before, During, and After the Pandemic

Foster parents in East Texas are recruited, trained, and licensed through nonprofit child placement agencies. While the Texas Department of Family and Protective Services still recruits, trains, and licenses some foster parents through CPS, most foster families enter the CWS through nonprofit child placement agencies. Over the last 20 years, Texas has been transitioning from a system where DFPS oversaw all foster care to the current system where 90 percent of foster services are provided through nonprofit organizations.⁷⁸ Texas is in the process of transitioning to a system in which a “single contractor (which can be a single nonprofit or a consortium of organizations) in each designated geographic area creates a network of services, foster homes, and other living arrangements and, when ready, provides case management for each child as well.”⁷⁹

While this system has not yet been implemented in East Texas, Texas’ vision is

that community-based institutions, who are closer to families than the state, can better tailor their approaches and achieve better outcomes for the children in the CWS. In the meantime, state and nonprofit child placement agencies work together to recruit foster families to care for children who are removed from their families and cannot be placed with kin.

In response to the pandemic and the need to alter or cease normal operations to slow the spread of the coronavirus, CPS, the courts, and foster families had to adapt. At first, all court hearings ceased. Some courts, such as Rusk and Smith County, began to hold child protection hearings through Zoom. As most people experienced during the pandemic, virtual meetings frequently included unexpected interruptions and challenges.

It took time for courts to transition to virtual hearings, which delayed supports for children, foster parents, and parents, lengthening a child's wait for permanency. Karen Holt is the Executive Director of the East Texas CASA, the local branch of Court Appointed Special Advocates (CASA) organization which trains citizens to liaison on behalf of children in court. Holt explained that much of the court backlog occurred when courts were shut down in early 2020.

"All cases received an extension during that time. It has taken a full 12 months to get back on track," Holt said. "It has been a slow process but things are almost back to normal."⁸⁰

For the CWS, the recruitment and licensure of foster parents also faced backlog. Britney Rountree, a Texas-based CPS employee, explained that "CPS did not give us approval to train virtually until we were six months into the pandemic."

Pre-pandemic, Rountree was able to license roughly 30 foster families a month by herself, however the six-month pandemic training moratorium represented a potential loss of up to 180 new foster parents.⁸¹

The pandemic also impacted licensing agencies in the state. Buckner International, a faith-based nonprofit, is a recruiting and licensing organization with an office in East Texas that services 52 families in a 100-mile radius of Longview. With a vibrant community network, Buckner parents had in-person connections to churches, caseworkers, and in-person support groups and trainings, prior to the pandemic. During the pandemic, most of these connections and meetings became virtual. Informational meetings, where Buckner staff explained fostering and the licensure process to prospective foster parents, saw a rise in attendance, as anyone could log-on despite their location or schedules. Virtual trainings also proved beneficial for some foster parents, especially kinship parents, who already had a relative's child in their care and were pursuing licensure.

Much like Rountree, Elisabeth Sabella, a Home Development Supervisor at Buckner International, explained the challenges with training and licensing families virtually during the pandemic. While Buckner licensed many foster parents, seeding interest in families through virtual, statewide, and weekly informational meetings during the pandemic, lack of in-person communication meant foster families obtained their licenses without a network of other supportive foster parents and connections with caseworkers, churches dedicated to fostering, and non-profit organizations.

"Foster families felt so disconnected. We have families that went through the entire process

virtually and never met another family,” Sabella said. “Now we need to connect them, or we will lose them.”⁸²

Because of the number of attendees, Buckner will continue to offer weekly, virtual state-wide informational meetings for foster parents consistently after the pandemic as they work to bring all recruitment and support processes back in-person.

Jenny Williams and her husband, foster parents in Longview, obtained their licensure during the pandemic. Lack of communication structure and support systems during COVID-19 made the process more challenging, Williams said.⁸³

“Our heart is truly to be a foster family... that is why we kept on calling our licensing organization to find out when we could sign up for trainings and inspections, and then scan in all of our paperwork,” Williams said. “It seemed so counterintuitive that we had to initiate all progress toward obtaining a license, when the call for recruitment is so large.”

While virtual recruitment supports were necessary during the pandemic and have shown some strengths, Rountree, Sabella, and Williams all affirmed the need for in-person trainings, community, and caseworkers for foster parents to thrive in the licensing and fostering processes.

Support Systems, Nonprofits, and Churches

Just as the CWS adjusted during COVID-19, so too did civil society institutions that support foster families. The Fostering Collective, a small nonprofit established

in 2018 in the small East Texas town of Whitehouse, serves as a center of vibrant support for foster parents across East Texas. Not only do they run a garage with shelves of donated toys, clothing, and furniture for families taking children into their home, but they also run a support hotline for foster parents, connect the Department of Family and Protective Services (DFPS) with churches, and are the community center for many “collectives” of support groups building helpful community for foster parents.⁸⁴

The founders, Justin Hayes and Christi Sowell, both have first-hand experience in fostering and adoption.

“Before we started our nonprofit we spent six months researching how to be most effective in providing pivotal support for the CWS in East Texas,” Hayes said. “We found that over half of all foster families quit within the first year of fostering in East Texas due to lack of support. Because of this we decided to focus our resources on retaining foster parents by creating a network of supports for them in the region.”⁸⁵

While the Fostering Collective recognizes the physical needs of foster children — providing clothing, toys, diapers, and simple furniture for their growing number of children, the organization also recognizes the large need for community, hosting community groups such as the mom collective, the dad collective, and the family collective as means for foster families to meet together and share their stories, joys, and struggles. While these groups met virtually during the pandemic, Hayes and Sowell saw these groups as so pivotal to the well-being of foster families that they brought them back in-person during the fall of 2020. Hayes and Sowell also work

closely with the Texas Department of Family and Protective Services and with the local family service judge — providing a direct link for clear communication and advocacy.

Deep roots in a diverse church network throughout the area and relationships with licensing organizations has allowed The Fostering Collective to also engage in recruiting foster families. In November 2019, The Fostering Collective ran the “Be the Light for Kids in Foster Care Campaign.”

“After we prayed to reach 20 families, 57 families came forward to express an interest in fostering,” Sowell said.

‘Foster families felt so disconnected...’

During November 2020, amidst the pandemic, they ran the same campaign, connecting with 20 churches, and 130 families expressed interest in fostering. This number suggests a significant impact made by The Fostering Collective in a region where in 2018, 240 children were placed with 100 foster families. At the beginning of 2021, 328 children were placed with 154 families. In their nearby city, which The Fostering Collective also services, there is one foster home for every four children in care, compared to the Texas average of one foster home for every six children in care.

In a neighboring county, Shana Moland started the Rusk County Legacy House. Birthed from a church connection, the house is now a center for children and parents to pick up clothes, toys, and sports equipment for their foster children, all free of charge. As

of June 2021, the Legacy House has served approximately 200 foster families within its community.

But for Moland and her handful of volunteers, the Legacy House is more than a supply closet.

“For foster parents, we want to tell them that they are not alone,” Moland said. “The idea of a village raising a child is so pertinent in foster care.”⁸⁶

For the Legacy House, this has proven true. Volunteering their time, Moland and other members support the majority of the operations at the Legacy House, but foster parents and community members have spent their time sweeping, cleaning, or folding clothes on a regular basis.

Churches also play a large role in supporting foster parents and families, and many have developed partnerships with organizations like The Fostering Collective and Legacy House.

Kara Curfman teaches Trust Based Relational Intervention trainings in the fall and spring at Mobberly Baptist Church in Longview, Texas. She helps foster and adoptive families understand how to care for children who have experienced trauma. Curfman, a mother of six, including three children adopted from foster care, works for the Center for Children and Family, a nonprofit counselling Center of Midland, Texas, while dedicating time to support adoptive families in East Texas. She also is the founder of a closed Facebook group that connects Christian foster and adoptive families in East Texas. For Curfman, the beginning of the pandemic was quiet.

“Everyone seemed to hunker down and go into emergency mode, and at about the nine to ten month mark, the fallout occurred,” Curfman said. “Foster children began to demonstrate new trauma related behavior. Nothing happens overnight, but for the families [in lockdown and doing virtual schooling] it seemed like these behaviors just sprung up.”⁸⁷

Foster and adopted children began expressing more ADHD-like behavior, which is common with past trauma, according to Curfman. “Children need more eyeball time [from adults and teachers] than screen time,” she said.

Through her training and Facebook group, Curfman encouraged families to find ways to connect, whether it was setting up a family talent show via Zoom or creating groups for foster and adoptive parents to share their struggles.

“The biggest issue with the lockdown was the loss of connection, these families lost their tribe who provides them with the support they need,” Curfman said. “We need connection, more than anything else in this work.”

A common thread runs through the experience of foster families and the institutions that serve them — connection. In East Texas and throughout the country and world, the pandemic disrupted the human connection that strengthens families and communities. In many ways, the pandemic illuminated the vital role of connection in the recruitment, retention, and support of foster parents. In order to strengthen the foster care system, CWS and civil society institutions must be responsive to lessons learned during the pandemic and work to promote retention, recruitment, and support of foster parents

through innovative strategies that ultimately will lead to the flourishing of children in their care.



ABOUT THE AUTHORS

RELIEF AND RECOVERY: ADDRESSING COVID-19'S IMPACT ON FOOD INSECURITY

Seth Billingsley graduated from John Brown University in 2021 with a Bachelor's of Business Administration in international business and a Bachelor's of Arts in political science. He completed his research for The Hatfield Prize during his senior year. Seth served as the Co-Chair of his university's American Enterprise Institute Executive Council as well as the Chair for the Intercollegiate Studies Institute student board at his school. Billingsley's undergraduate research and experiences centered on a variety of topics including education policy, macroeconomics, and the intersection of faith and politics. He now works as Environment Texas' Conservation Associate in Austin, Texas. Seth is passionate about climate change and has worked for over a decade to rehabilitate injured and orphaned birds of prey.

Daniel Bennett, Ph.D., is an associate professor of political science at John Brown University, where he teaches American politics, constitutional law, political behavior, research methods, and more. His research generally focuses on the intersection of politics, law, and religion in the United States; his current research examines the politicization of religious freedom and the influence of group attitudes on support for constitutional protections. In addition to his academic publications he has written for popular outlets like Christianity Today, The Gospel Coalition, and Religion and Politics. He also serves as assistant director at the Center for Faith and Flourishing, and has served as both president and vice-president for Christians in Political Science. He and his wife live in Siloam Springs, AR with their three children.

CHILDREN'S HEALTH AND WELL-BEING: RECOMMENDATIONS FOR A POST-PANDEMIC WORLD

Chenyu Lin is a junior nursing major at Colorado Christian University and intends to pursue her doctorate in nursing practice upon her graduation in 2023. She completed her research for The Hatfield Prize during her sophomore year. Lin desires to be a leader who creates new leaders, seen in her work as a Resident Assistant, Teaching Assistant, and Peer Tutor. She serves as the founder and president of CCU's Nurses Christian Fellowship, is a World Changers Scholarship recipient, is a member of the Student Advisory Council for Race and Ethnicity, and is a volunteer for International Students, Incorporated. Her passion for promoting holistic health (spiritual, physical, and emotional) was shaped by volunteering with Boys and Girls Club and Street Church. In the future, she hopes to work in the mission field, empowering parents and children to focus on preventing illness and maintaining holistic

health. In her free time, she is studying to become a polyglot, loves reading science-fiction, enjoys piecing together puzzles, and loves traveling to new places to learn about different people groups and cultures.

Julie Woodman, Ph.D., is an Assistant Professor of Biology at Colorado Christian University where she teaches a variety of biology-based courses, including genetics and microbiology. Julie received her Bachelor of Science in biochemistry from Colorado State University. She then received her Ph.D. in molecular biology from the University of Colorado Anschutz Medical Campus, with research that focused on chromosome dynamics and a genetic disorder called Cornelia de Lange Syndrome. Julie's additional research interests include the identification of effective methods for STEM teaching and learning in diverse student populations as well as the public health impacts of infectious disease. At CCU, she continues her career in biomedical research while also teaching and mentoring undergraduate students. Julie was born and raised in Colorado, where she currently lives with her husband and their two daughters.

TOWARDS A STRONGER CHILD WELFARE SYSTEM: THE PANDEMIC'S IMPACT ON FOSTER FAMILIES

Matthew Strong is a junior Physics Engineering major at LeTourneau University in Longview, Texas. He completed his research for The Hatfield Prize during his sophomore year. Having grown up in Asia, he desires to use his current STEM education to teach and provide schooling opportunities domestically and internationally. In 2018 Strong received the East Asia Regional Council of Schools (EARCOS) Global Citizenship award for significant engagement in his community, including flood relief and interaction with refugees. Strong has been an active member of his university as a peer advisor and student instructor. He was a LeTourneau student representative at the Student Congress on Racial Reconciliation (SCORR) held at Biola University in early 2020. Growing up amongst marginalized communities in Asia, he has used this background to establish a rich social network focused on reconciliation and growth through multiple organizations in Longview. His desire is to see the glory of God established in communities across the world as they holistically develop through refined education enhanced by illuminating research.

Mark G. Moland, DPA, is an Associate Professor of Political Science & Criminal Justice at LeTourneau University. Moland earned his Doctor of Public Administration from California Baptist University. He also holds a Bachelor of Science in Government from the US Coast Guard Academy, a Master of Public Policy from Duke University. Prior to teaching at LeTourneau, Moland retired as a Commander from the U. S. Coast Guard after a 21-year career specializing in boat operations, search and rescue, and homeland security. His research areas include criminal justice reform, foster care, immigration, and ethics. Moland is also a Colson Fellow and a graduate of the World Journalism Institute's Mid-career program. He and his wife Shana have four children and live in Henderson, Texas.

ENDNOTES

RELIEF AND RECOVERY: ADDRESSING COVID-19'S IMPACT ON FOOD INSECURITY

By Seth Billingsley and Daniel Bennett, Ph.D.

¹ Paul Flahive, "Hunger in Texas: No End In Sight For Pandemic Food Lines," KERA News, September 26, 2020, <https://www.keranews.org/texas-news/2020-09-25/hunger-in-texas-no-end-in-sight-for-pandemic-food-lines>; Melissa Alonso and Susannah Cullinane, "Thousands of Cars Form Lines to Collect Food in Texas," CNN, November 16, 2020, <https://www.cnn.com/2020/11/15/us/dallas-texas-food-bank-coronavirus/index.html>.

² Anna Medica, "COVID-19 Impact Report: Over 400M Pounds of Food Distributed," *Feeding Texas* (blog), November 17, 2020, <http://www.feedingtexas.org/covid-19-impact-report/>.

³ Olga Kuchment, "COVID-19 Erases Two Decades of Food Security Gains," *AgriLife Today*, October 14, 2020, <https://agrilifetoday.tamu.edu/2020/10/14/covid-19-pandemic-erases-two-decades-of-food-security-gains-in-texas-u-s/>.

⁴ United States Department of Agriculture, "USDA ERS - Definitions of Food Security," September 9, 2020, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#ranges>.

⁵ HealthyPeople.gov, "Food Insecurity," HealthyPeople.gov, accessed March 21, 2021, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity>.

⁶ Alisha Coleman-Jensen et al., "Household Food Security in the United States in 2018," Economic Research Report (United States Department of Agriculture, September 2018), 6, <https://www.ers.usda.gov/webdocs/publications/94849/err-270.pdf?v=963>; HealthyPeople.gov, "Food Insecurity," HealthyPeople.gov, accessed March 21, 2021, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity>.

⁷ Coleman-Jensen et al., 6; United States Department of Agriculture, "USDA ERS - Key Statistics & Graphics," September 9, 2020, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#foodsecure>

⁸ Feeding America, "What Is Food Insecurity in America?," Hunger and Health, accessed January 25, 2021, <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/>.

⁹ Feeding America, "What Is Food Insecurity in America?," Hunger and Health, accessed January 25, 2021, <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/>.

¹⁰ HealthyPeople.gov, "Food Insecurity," HealthyPeople.gov, accessed March 21, 2021, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity>.

¹¹ United States Department of Agriculture, "USDA ERS - Key Statistics & Graphics," September 9, 2020, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#foodsecure>.

¹² United States Department of Agriculture.

¹³ United States Department of Agriculture, "Food Insecurity Rates Are Highest for Single Mother Households and Households with Incomes Below Poverty Line," October 16, 2020, <https://www.ers.usda.gov/data-products/chart-gallery/gallery/chart-detail?chartId=58384>

¹⁴ United States Department of Agriculture.

¹⁵ Valarie Blue Bird Jernigan et al., "Food Insecurity among American Indians and Alaska Natives: A National Profile Using the Current Population Survey—Food Security Supplement," *Journal of Hunger & Environmental Nutrition* 12, no. 1 (2017): 1–10, <https://doi.org/10.1080/19320248.2016.1227750>; Eric Meredith, "November Is Native American Heritage Month," Hunger and Health, November 10, 2020, <https://hungerandhealth.feedingamerica.org/2020/11/november-native-american-heritage-month/>; Feeding America

¹⁶ "What Is Food Insecurity in America?," Hunger and Health, accessed January 25, 2021, <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/>.

¹⁷ Paula Dutko et al., "Characteristics and Influential Factors of Food Deserts," Economic Research Report (United States Department of Agriculture, August 2012), https://www.ers.usda.gov/webdocs/publications/45014/30940_err140.pdf

¹⁸ Christianna Silva, "Food Insecurity In The U.S. By The Numbers," NPR.org, November 27, 2020, <https://www.npr.org/2020/09/27/912486921/food-insecurity-in-the-u-s-by-the-numbers>.

¹⁹ Silva.

²⁰ United States Department of Agriculture, "USDA ERS - Food Security and Nutrition Assistance."

²¹ Diane Schanzenbach and Abigale Pitts, "Ipr-Rapid-Research-Reports-Pulse-Hh-Data-10-June-2020.Pdf," Institute for Policy Research Rapid Research Report (Northwestern University, June 10, 2020), <https://www.ipr.northwestern.edu/documents/reports/ipr-rapid-research-reports-pulse-hh-data-10-june-2020.pdf>.

²² Diane Schanzenbach and Abigail Pitts, "Food Insecurity in the Census Household Pulse Survey Data Tables," 2020, 16.

²³ Feeding America, "The Impact of Coronavirus on Food Insecurity" (Feeding America, March 9, 2021), <https://www.feedingamerica.org/research/coronavirus-hunger-research>; Megan Leonhardt, "Covid-19 Pandemic Is the First Time 40% of Americans Have Experienced Food Insecurity," CNBC, November 19, 2020, <https://www.cnn.com/2020/11/19/covid-pandemic-first-time-many-americans-experienced-food-insecurity.html>.

²⁴ United States Census Bureau, "Week 25 Household Pulse Survey: February 17 – March 1," Census.gov, accessed March 22, 2021, <https://www.census.gov/data/tables/2021/demo/hhp/hhp25.html>.

²⁵ Alisha Coleman-Jensen et al., "Household Food Security in the United States in 2018," Economic Research Report (United States

Department of Agriculture, September 2018), 6, <https://www.ers.usda.gov/webdocs/publications/94849/err-270.pdf?v=963>; United States Census Bureau.

²⁶ Schanzenbach and Pitts, “How Much Has Food Insecurity Risen?”

²⁷ Brea L. Perry, Brian Aronson, and Bernice A. Pescosolido, “Pandemic Precarity: COVID-19 Is Exposing and Exacerbating Inequalities in the American Heartland,” *Proceedings of the National Academy of Sciences* 118, no. 8 (February 23, 2021), <https://doi.org/10.1073/pnas.2020685118>; Angela Rachidi, “Reimagining School Meals for a Post-Pandemic Era,” Poverty Studies (American Enterprise Institute, February 22, 2021), <https://www.aei.org/research-products/report/reimagining-school-meals-for-a-post-pandemic-era/>.

²⁸ Jacob Harold, “How Many Nonprofits Will Shut Their Doors?,” *Candid*, July 15, 2020, <https://blog.candid.org/post/how-many-nonprofits-will-shut-their-doors/>; Steve Dubb, “Nonprofits Have Laid Off 1.6M since March, Finds Center for Civil Society,” *Non Profit News | Nonprofit Quarterly*, June 24, 2020, <https://nonprofitquarterly.org/nonprofits-have-laid-off-1-6m-since-march-finds-center-for-civil-society/>.

²⁹ Hilary K. Seligman, Barbara A. Laraia, and Margot B. Kushel, “Food Insecurity Is Associated with Chronic Disease among Low-Income NHANES Participants,” *The Journal of Nutrition* 140, no. 2 (February 2010): 304–10, <https://doi.org/10.3945/jn.109.112573>.

³⁰ Sonia J. Lupien et al., “Child’s Stress Hormone Levels Correlate with Mother’s Socioeconomic Status and Depressive State,” *Biological Psychiatry* 48, no. 10 (November 15, 2000): 976–80, [https://doi.org/10.1016/S0006-3223\(00\)00965-3](https://doi.org/10.1016/S0006-3223(00)00965-3).

³¹ Lupien et al.

³² Diana F. Jyoti, Edward A. Frongillo, and Sonya J. Jones, “Food Insecurity Affects School Children’s Academic Performance, Weight Gain, and Social Skills,” *The Journal of Nutrition* 135, no. 12 (December 1, 2005): 2831–39, <https://doi.org/10.1093/jn/135.12.2831>.

³³ Colleen Heflin, Rajeev Darolia, and Sharon Kukla-Acevedo, “Exposure to Food Insecurity during Adolescence and Educational Attainment,” *Social Problems*, no. spaa036 (October 23, 2020), <https://doi.org/10.1093/socpro/spaa036>.

³⁴ Colleen Heflin, Sharon Kukla-Acevedo, and Rajeev Darolia, “Adolescent Food Insecurity and Risky Behaviors and Mental Health during the Transition to Adulthood,” *Children and Youth Services Review* 105 (October 1, 2019): 104416, <https://doi.org/10.1016/j.chldyouth.2019.104416>.

³⁵ Jung Sun Lee and Edward A. Jr. Frongillo, “Factors Associated With Food Insecurity Among U.S. Elderly Persons: Importance of Functional Impairments,” *The Journals of Gerontology: Series B* 56, no. 2 (March 1, 2001): S94–99, <https://doi.org/10.1093/geronb/56.2.S94>; Jung Sun Lee and Edward A. Frongillo Jr., “Nutritional and Health Consequences Are Associated with Food Insecurity among U.S. Elderly Persons,” *The Journal of Nutrition* 131, no. 5 (May 1, 2001): 1503–9, <https://doi.org/10.1093/jn/131.5.1503>.

³⁶ Center for Public Justice, “Guiding Principles for Government’s Response to a Pandemic,” Center for Public Justice, July 13, 2020, https://cpjustice.org/public/content/guidingprinciples_pandemic.

³⁷ Center for Public Justice, “Guiding Principles for Government’s Response to a Pandemic.”

³⁸ United States Department of Agriculture, “Supplemental Nutrition Assistance Program (SNAP) | USDA-FNS,” accessed February 19, 2021, <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>.

³⁹ United States Department of Agriculture, “What Can SNAP Buy? | USDA-FNS,” September 4, 2020, <https://www.fns.usda.gov/snap/eligible-food-items>.

⁴⁰ United States Department of Agriculture, “SNAP Eligibility | USDA-FNS,” March 15, 2021, <https://www.fns.usda.gov/snap/recipient/eligibility>

⁴¹ United States Department of Agriculture, “What Can SNAP Buy? | USDA-FNS,” September 4, 2020, <https://www.fns.usda.gov/snap/eligible-food-items>.

⁴² United States Census Bureau, “Poverty Thresholds,” The United States Census Bureau, accessed January 26, 2021, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>.

⁴³ Center on Budget and Policy Priorities.

⁴⁴ Shannon Que, “An Invisible Crisis: Food Insecurity on College Campuses,” *The Hatfield Prize* (The Center for Public Justice, 2019); United States Department of Agriculture, “Students Temporary COVID-19 Update,” accessed March 22, 2021, <https://www.fns.usda.gov/snap/students>.

⁴⁵ Center on Budget and Policy Priorities.

⁴⁶ Center on Budget and Policy Priorities, “States Are Using Much-Needed Temporary Flexibility in SNAP to Respond to COVID-19 Challenges,” Center on Budget and Policy Priorities, February 19, 2021, <https://www.cbpp.org/research/food-assistance/states-are-using-much-needed-temporary-flexibility-in-snap-to-respond-to>.

⁴⁷ Center on Budget and Policy Priorities.

⁴⁸ United States Department of Agriculture, “State Guidance on Coronavirus Pandemic EBT (P-EBT) | USDA-FNS,” 2020, <https://www.fns.usda.gov/snap/state-guidance-coronavirus-pandemic-ebt-pebt>.

⁴⁹ United States Department of Agriculture, Notice, “Child Nutrition Programs: Income Eligibility Guidelines,” *Federal Register* 85 no. 55 (March 20, 2020): 16050. Government Publishing Office, “Federal Register” (Government Publishing Office), accessed March 21, 2021, <https://www.govinfo.gov/content/pkg/FR-2020-03-20/pdf/2020-05982.pdf>.

⁵⁰ Samantha Fields, “The Latest Pandemic Relief Measure Increases SNAP Benefits,” *Marketplace* (blog), January 5, 2021, <https://www.marketplace.org/2021/01/05/the-latest-pandemic-relief-measure-increases-snap-benefits/>; Carmen Reinicke and Annie Nova, “Latest Stimulus Bill Expands 15% Food Stamp Boost through September. Here’s What You Need to Know,” CNBC, March 19, 2021, <https://www.cnbc.com/2021/03/19/latest-stimulus-bill-expands-increased-food-stamps-through-september.html>.

⁵¹ United States Department of Agriculture, “TEFAP Fact Sheet | USDA-FNS,” January 6, 2020, <https://www.fns.usda.gov/tefap/tefap-fact-sheet>.

⁵² United States Department of Agriculture, “TEFAP Fact Sheet | USDA-FNS,” January 6, 2020, <https://www.fns.usda.gov/tefap/tefap-fact-sheet>.

⁵³ Benefits.gov, “The Emergency Food Assistance Program (TEFAP),” Benefits.gov, accessed January 26, 2021, <https://www.benefits.gov/benefit/681>.

⁵⁴ Megan Leonhardt, “Lawmakers Allocate \$13 Billion to Food Assistance Programs in an Effort to Alleviate Hunger Crisis,” CNBC, December 21, 2020, <https://www.cnbc.com/2020/12/21/covid-relief-13-billion-for-food-assistance-programs.html>.

⁵⁵ United States Department of Agriculture, “USDA Farmers to Families Food Box | Agricultural Marketing Service,” February 19, 2021, <https://www.ams.usda.gov/selling-food-to-usda/farmers-to-families-food-box>.

- ⁵⁶ United States Department of Agriculture, “USDA Announces Continuation of the Farmers to Families Food Box Program, Fifth Round of Food Purchases,” accessed March 15, 2021, <https://www.usda.gov/media/press-releases/2021/01/04/usda-announces-continuation-farmers-families-food-box-program-fifth>.
- ⁵⁷ United States Department of Agriculture - Agricultural Marketing Service, “USDA to Purchase Up to \$3 Billion in Agricultural Commodities, Issue Solicitations for Interested Participants | Agricultural Marketing Service,” April 19, 2020, <https://www.ams.usda.gov/content/usda-purchase-3-billion-agricultural-commodities-issue-solicitations-interested>.
- ⁵⁸ United States Department of Agriculture, “Farmers to Families Food Box Program FAQs | Agricultural Marketing Service,” February 19, 2021, <https://www.ams.usda.gov/publications/content/farmers-families-food-box-program-faqs>.
- ⁵⁹ Christopher Walljasper, “Biden to Cancel Trump’s Pandemic Food Aid After High Costs, Delivery Problems,” Reuters, April 14, 2021, <https://www.reuters.com/article/us-health-coronavirus-food-aid-insight/biden-to-cancel-trumps-pandemic-food-aid-after-high-costs-delivery-problems-idUSKBN2C11CY>
- ⁶⁰ Mary L. Hirschfeld, “Rethinking Economic Inequality,” *Journal of Religious Ethics* 47, no. 2 (2019): 259–82, <https://doi.org/10.1111/jore.12269>.
- ⁶¹ John Rawls, *A Theory of Justice*, Rev. ed (Cambridge, Mass: Belknap Press of Harvard University Press, 1999); Thomas Hobbes, *Leviathan: With Selected Variants from the Latin Edition of 1668*, ed. E. M. Curley (Indianapolis: Hackett Pub. Co, 1994); Hirschfeld, “Rethinking Economic Inequality.”
- ⁶² Hirschfeld, “Rethinking Economic Inequality.”
- ⁶³ John Paul II, “Centesimus Annus” (Encyclical Letter, May 1, 1991), http://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_01051991_centesimus-annus.html.
- ⁶⁴ James K. A. Smith, *On the Road with Saint Augustine: A Real-World Spirituality for Restless Hearts* (Grand Rapids, Michigan: Brazos Press, a division of Baker Publishing Group, 2019).
- ⁶⁵ Genesis 2:15; Acts 1:11
- ⁶⁶ Matthew 14:13-21; 15:32-39; 6:11
- ⁶⁷ Surah 4:135; 17:70; Piyadassi Thera, “The Seven Factors of Enlightenment,” 2006, <https://www.accesstoinsight.org/lib/authors/piyadassi/wheel001.html>.
- ⁶⁸ Center for Public Justice, “Guiding Principles for Government’s Response to a Pandemic,” Center for Public Justice, July 13, 2020AD, https://cpjustice.org/public/content/guidingprinciples_pandemic.
- ⁶⁹ United States Department of Agriculture Economic Research Service, “USDA ERS - Quantifying the Impact of SNAP Benefits on the U.S. Economy and Jobs,” 2019, <https://www.ers.usda.gov/amber-waves/2019/july/quantifying-the-impact-of-snap-benefits-on-the-us-economy-and-jobs/>.
- ⁷⁰ Caroline Ratcliffe, Signe-Mary McKernan, and Sisi Zhang, “How Much Does the Supplemental Nutrition Assistance Program Reduce Food Insecurity?,” *American Journal of Agricultural Economics* 93, no. 4 (July 2011): 1082–98, <https://doi.org/10.1093/ajae/aar026>.
- ⁷¹ United States Department of Agriculture, “USDA Increases SNAP Benefits Up to \$100 Per Household with Funding from American Rescue Plan | USDA,” accessed June 1, 2021, <https://www.usda.gov/media/press-releases/2021/03/22/usda-increases-snap-benefits-100-household-funding-american-rescue>.
- ⁷² Dottie Rosenbaum, Stacy Dean, and Zoë Neuberger, “The Case for Boosting SNAP Benefits in Next Major Economic Response Package,” Center on Budget and Policy Priorities, accessed June 1, 2021, <https://www.cbpp.org/research/food-assistance/the-case-for-boosting-snap-benefits-in-next-major-economic-response>.
- ⁷³ Center on Budget and Policy Priorities, “A Quick Guide to SNAP Eligibility and Benefits,” Center on Budget and Policy Priorities, accessed June 1, 2021, <https://www.cbpp.org/research/food-assistance/a-quick-guide-to-snap-eligibility-and-benefits>.
- ⁷⁴ Azza Altiraifi, “A Deadly Poverty Trap: Asset Limits in the Time of the Coronavirus,” Center for American Progress, April 7, 2020, <https://www.americanprogress.org/issues/disability/news/2020/04/07/482736/deadly-poverty-trap-asset-limits-time-coronavirus/>.
- ⁷⁵ Jessica Gehr, “Eliminating Asset Limits: Creating Savings for Families and State Governments” (Center for Law and Social Policy, April 2018), https://www.clasp.org/sites/default/files/publications/2018/04/2018_eliminatingassetlimits.pdf.
- ⁷⁶ Senator Chris Coons, “Sens. Coons, Brown introduce bill to encourage savings, improve financial security for low-income Americans,” Chris Coons for Senate, May 20, 2021, <https://www.coons.senate.gov/news/press-releases/sens-coons-brown-introduce-bill-to-encourage-savings-improve-financial-security-for-low-income-americans>.
- ⁷⁷ Vanessa Hoffman et al., “Operating School Meal Programs in Rural Districts: Challenges and Solutions,” n.d., 11.
- ⁷⁸ United States Department of Agriculture, “USDA Meals to You Partnership Delivers Nearly 30 Million Meals,” July 16, 2020, <https://www.usda.gov/media/press-releases/2020/07/16/usda-meals-you-partnership-delivers-nearly-30-million-meals>.
- ⁷⁹ United States Department of Agriculture.
- ⁸⁰ “Summer Meals Alternative Relief and Transportation Act of 2021” (Baylor Collaborative on Hunger and Policy, 2021).
- ⁸¹ Exec. Order No. 14015
- ⁸² United States Department of Agriculture, “Center for Faith-Based and Neighborhood Partnerships,” accessed April 14, 2021, <https://www.usda.gov/our-agency/staff-offices/office-partnerships-and-public-engagement-oppe/center-faith-based-and>.
- ⁸³ United States Department of Agriculture.
- ⁸⁴ Alex Córdoba, USDA Partnerships, Zoom, May 15, 2021.
- ⁸⁵ Córdoba.
- ⁸⁶ Center for Public Justice, “Guiding Principles for Government’s Response to a Pandemic.”
- ⁸⁷ Tobie Stanger, “Hunger Crisis: 1 in 5 Americans Turning to Food Banks,” Consumer Reports, accessed March 21, 2021, <https://www.consumerreports.org/food/americans-turning-to-food-banks-during-the-pandemic/>.
- ⁸⁸ Tobie Stanger, “Hunger Crisis: 1 in 5 Americans Turning to Food Banks,” Consumer Reports, accessed March 21, 2021, <https://www.consumerreports.org/food/americans-turning-to-food-banks-during-the-pandemic/>.
- ⁸⁹ Good Shepherd Food Bank, “Get Help | Ending Hunger in Maine,” *Good Shepherd Food Bank* (blog), accessed June 2, 2021, <https://www.gsfb.org/get-help/>.
- ⁹⁰ MAZON, “Who We Are,” MAZON, accessed March 21, 2021, <https://mazon.org/who-we-are/>.
- ⁹¹ CCUSA, “Catholic Charities USA (CCUSA) | Reducing Poverty in America,” Catholic Charities USA, accessed March 21, 2021, <https://www.catholiccharitiesusa.org/>.
- ⁹² CCUSA, “Catholic Charities USA 2020 Services Overview Data,” accessed June 2, 2021, <https://www.catholiccharitiesusa.org/>

wp-content/uploads/2021/03/Catholic-Charities-USA-2020-Services-Overview-Data.pdf.

⁹³ CCUSA, “COVID Response Year in Review,” Catholic Charities USA, March 31, 2020, https://www.catholiccharitiesusa.org/wp-content/uploads/2021/03/COVID-Response-Year-in-Review_2021.pdf.

⁹⁴ Jeremy K. Everett, *I Was Hungry: Cultivating Common Ground to End an American Crisis* (Grand Rapids, Michigan: Brazos Press, a division of Baker Publishing Group, 2019).

⁹⁵ Córdova, USDA Partnerships.

⁹⁶ Gerson, Michael, et al. *Unleashing Opportunity: Why Escaping Poverty Requires a Shared Vision of Justice*. Falls City Press. (Beaver Falls, Pennsylvania: Falls City Press, 2015).

⁹⁷ Heather Elms and R. Edward Freeman, “The Social Responsibility of Business Is to Create Value for Stakeholders,” MIT Sloan Management Review, accessed April 15, 2021, <https://sloanreview.mit.edu/article/the-social-responsibility-of-business-is-to-create-value-for-stakeholders/>.

⁹⁸ Heather Elms and R. Edward Freeman, “The Social Responsibility of Business Is to Create Value for Stakeholders,” MIT Sloan Management Review, accessed April 15, 2021, <https://sloanreview.mit.edu/article/the-social-responsibility-of-business-is-to-create-value-for-stakeholders/>.

⁹⁹ Walmart, “Where It’s Going: Walmart’s \$25 Million COVID-19 Commitment,” Corporate - US, May 5, 2020, <https://corporate.walmart.com/newsroom/2020/05/05/where-its-going-walmarts-25-million-covid-19-commitment>.

¹⁰¹ U.S. News & World Report, “Where Arkansas Places in the U.S. News Best States Rankings,” accessed May 1, 2021, <https://www.usnews.com/news/best-states/arkansas>.

¹⁰² Economic Policy Institute, “The New Gilded Age: Income Inequality in the U.S. by State, Metropolitan Area, and County,” *Economic Policy Institute* (blog), accessed May 1, 2021, <https://www.epi.org/publication/the-new-gilded-age-income-inequality-in-the-u-s-by-state-metropolitan-area-and-county/>.

¹⁰³ Arkansas Advocates for Children and Families, “Child Poverty in Northwest Arkansas,” September 2018, 16.

¹⁰⁴ United States Census Bureau, “U.S. Census Bureau QuickFacts: Springdale City, Arkansas,” accessed May 1, 2021, <https://www.census.gov/quickfacts/fact/table/fayettevillecitarkansas,bentonvillecitarkansas,rogerscitarkansas,springdalecitarkansas/AGE295219>.

¹⁰⁵ United States Census Bureau.

¹⁰⁶ Don E. Willis and Kevin M. Fitzpatrick, “Adolescent Food Insecurity: The Special Case of Marshallese Youth in North-West Arkansas, USA,” *Public Health Nutrition* 23, no. 3 (February 2020): 544–53, <https://doi.org/10.1017/S1368980019002647>.

¹⁰⁷ Arkansas Department of Human Services, “Supplemental Nutrition Assistance (SNAP),” Arkansas Department of Human Services, accessed June 11, 2021, <https://humanservices.arkansas.gov/divisions-shared-services/county-operations/supplemental-nutrition-assistance-snap/>.

¹⁰⁸ Center on Budget and Policy Priorities, “Arkansas Supplemental Nutrition Assistance Program” (Center on Budget and Policy Priorities, January 15, 2021), https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_arkansas.pdf.

¹⁰⁹ Center on Budget and Policy Priorities.

¹¹⁰ Arkansas Advocates for Children and Families, “Food Insecurity in Arkansas” (Arkansas Advocates for Children and Families, July 2020), <https://www.aradvocates.org/wp-content/uploads/SNAP-report.webfinal.7.18.2020.pdf>.

¹¹¹ Samantha Boyd, “Additional SNAP Benefits to Expire June 30 in Arkansas,” June 8, 2021, <https://www.nwahomepage.com/news/additional-snap-benefits-to-expire-june-30th-in-arkansas/>.

¹¹² Arkansas Department of Human Services, “Pandemic SNAP (P-EBT),” Arkansas Department of Human Services, accessed June 12, 2021, <https://humanservices.arkansas.gov/covid-19/dhs-response-to-covid-19/updates-for-clients/pandemic-snap-also-called-p-ebt/>.

¹¹³ Arkansas Department of Human Services.

¹¹⁴ Arkansas Department of Human Services.

¹¹⁵ Tristen Hill, “Farmers to Families Food Box’ Program Distributes Free Food to Bentonville Families,” *KNWA FOX24* (blog), October 18, 2020, <https://www.nwahomepage.com/news/farmers-to-families-food-box-program-distributes-free-food-to-bentonville-families/>.

¹¹⁶ Arkansas Department of Human Services, “2020 TEFAP Directory,” Arkansas Department of Human Services, accessed June 11, 2021, <https://dhs.arkansas.gov/dco/tefap/Documents/DistributionSites/TEFAP%20DISTRIBUTION%20SITES.pdf>.

¹¹⁷ Northwest Arkansas Food Bank, “What We Do At The Northwest Arkansas Food Bank,” Northwest Arkansas Food Bank, n.d., <https://www.nwafoodbank.org/what-we-do>.

¹¹⁸ Feeding America, “FAQ,” Feeding America, accessed July 21, 2021, <https://www.feedingamerica.org/ways-to-give/faq>

¹¹⁹ “Baylor Collaborative on Hunger and Poverty,” Baylor University, n.d., <https://www.baylor.edu/hungerandpoverty/index.php?id=946238>.

¹²⁰ Arkansas Advocates for Children and Families, “Food Insecurity in Arkansas.”

CHILDREN'S HEALTH AND WELL-BEING: RECOMMENDATIONS FOR A POST-PANDEMIC WORLD

By *Chenyu Lin and Julie Woodman, Ph.D.*

- ¹ CDC, "COVID Data Tracker," *Centers for Disease Control and Prevention*, 2021 <<https://covid.cdc.gov/covid-data-tracker>>.
- ² "Promoting Child & Family Well-Being - Child Welfare Information Gateway" <<https://www.childwelfare.gov/topics/preventing/promoting/>>.
- ³ Read "Defining Primary Care: An Interim Report" at *NAP.Edu* <<https://doi.org/10.17226/9153>>.
- ⁴ "Access to Health Services | Healthy People 2020" <<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>>.
- ⁵ "Disparities Exist in Children's Coverage by Race/Ethnicity, Income and Maternal Health."
- ⁶ Joel Teitelbaum and Sara Wilensky, *Essentials of Health Policy and Law*, 4th ed (Jones & Bartlett Learning, 2020).
- ⁷ "AAP Schedule of Well-Child Care Visits," *HealthyChildren.Org* <<https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>>.
- ⁸ CDC, "COVID-19 and Your Health," *Centers for Disease Control and Prevention*, 2020 <<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/parental-resource-kit/early-childhood.html>>.
- ⁹ *Ibid.*
- ¹⁰ "Disparities Exist in Children's Coverage by Race/Ethnicity, Income and Maternal Health," *Center For Children and Families*, 2018 <<https://ccf.georgetown.edu/2018/06/11/disparities-exist-in-childrens-coverage-by-raceethnicity-income-and-maternal-health/>>.
- ¹¹ "Kids, Families and COVID-19," *The Annie E. Casey Foundation* <<https://www.aecf.org/resources/kids-families-and-covid-19/>>.
- ¹² Jennifer M Haley and Genevieve M Kenney, "Why Aren't More Uninsured Children Enrolled in Medicaid or SCHIP?," 1999, 8. <<http://webarchive.urban.org/publications/310217.html>>.
- ¹³ "Children without health insurance by race and ethnicity in the United States," *The Annie E. Casey Foundation* <<https://datacenter.kidscount.org/data/tables/10196-children-without-health-insurance-by-race-and-ethnicity#detailed/1/any/false/1729,37,871/1<0,11,9,12,1,185,13/19728,19729>>.
- ¹⁴ CDC, "Health Disparities Among Youth" <<https://www.cdc.gov/healthyyouth/disparities/index.htm>>.
- ¹⁵ Tulay G. Soyulu, et al., "Racial/Ethnic Differences in Health Insurance Adequacy and Consistency among Children: Evidence from the 2011/12 National Survey of Children's Health," *Journal of Public Health Research*, 7.1 (2018) <<https://doi.org/10.4081/jphr.2018.1280>>.
- ¹⁶ *Ibid.*
- ¹⁷ Rodolfo A. Bulatao, Norman B. Anderson, and Ethnicity National Research Council (US) Panel on Race, *Health Care, Understanding Racial and Ethnic Differences in Health in Late Life: A Research Agenda* (National Academies Press (US), 2004) <<https://www.ncbi.nlm.nih.gov/books/NBK24693/>>.
- ¹⁸ Joel Teitelbaum and Sara Wilensky, *Essentials of Health Policy and Law*, 4th edn (Jones & Bartlett Learning, 2020).
- ¹⁹ Phillip Reese, "Dental and Doctors' Offices Still Struggling with COVID Job Loss," *Kaiser Health News*, 2020 <<https://khn.org/news/dental-and-doctors-offices-still-struggling-with-covid-job-loss/>>.
- ²⁰ Sep 24 and 2020.
- ²¹ "Covid-19 Is Making It Harder For Women And Children To Access Vital Health Care Services" <<https://www.forbes.com/sites/mishagajewski/2020/07/13/covid-19-is-making-it-harder-for-women-and-children-to-access-vital-health-care-services/?sh=4c8258fd79f8>>.
- ²² "Issue Brief: The Impact of COVID-19 on US Vaccination Rates," *National Foundation for Infectious Diseases*, 2020 <<https://www.nfid.org/keep-up-the-rates/issue-brief-the-impact-of-covid-19-on-us-vaccination-rates/>>.
- ²³ "Kids, Families and COVID-19." "Kids, Families and COVID-19," *The Annie E. Casey Foundation* <<https://www.aecf.org/resources/kids-families-and-covid-19/>>.
- ²⁴ Maria Spinelli, et al., "Parents' Stress and Children's Psychological Problems in Families Facing the COVID-19 Outbreak in Italy," *Frontiers in Psychology*, 11 (2020) <<https://doi.org/10.3389/fpsyg.2020.01713>>.
- ²⁵ Priya Chidambaram Published: Sep 24 and 2020, "Children's Health and Well Being During the Coronavirus Pandemic," *KFF*, 2020 <<https://www.kff.org/coronavirus-covid-19/issue-brief/childrens-health-and-well-being-during-the-coronavirus-pandemic/>>.
- ²⁶ Rebecca T. Leeb, "Mental Health-Related Emergency Department Visits Among Children Aged 18 Years During the COVID-19 Pandemic - United States, January 1-October 17, 2020," *MMWR. Morbidity and Mortality Weekly Report*, 69 (2020) <<https://doi.org/10.15585/mmwr.mm6945a3>>.
- ²⁷ Sep 24 and 2020.
- ²⁸ Erica Pandey, "Private Schools Pull Students Away from Public Schools," *Axios* <<https://www.axios.com/private-schools-coronavirus-public-schools-d6aaf803-d458-4301-a3a7-71364b00a5bo.html>>.
- ²⁹ Steve Liesman, "Half of U.S. Elementary and High School Students Will Study Virtually Only This Fall, Study Shows," *CNBC*, 2020 <<https://www.cnn.com/2020/08/11/half-of-us-elementary-and-high-school-students-will-study-virtually-only-this-fall-study-shows.html>>.
- ³⁰ Priya Chidambaram, "Children's Health and Well Being during the Coronavirus Pandemic," <https://www.kff.org/coronavirus-covid-19/issue-brief/childrens-health-and-well-being-during-the-coronavirus-pandemic/>
- ³¹ "Homeschool Leaders Talk About Groups and Returning Post COVID-19" | *HomeSchool-Life.com* <<https://www.homeschool-life.com/groups-returning-post-covid-podcast>>.
- ³² "The Effects of Poverty on Children," *Focus for Health*, 2019 <<https://www.focusforhealth.org/effects-poverty-on-children/>>.
- ³³ Thomas C. Buchmueller, et al., "Book Review: The Effect of Health Insurance on Medical Care Utilization and Implications for Insurance Expansion: A Review of the Literature," *Medical Care Research and Review*, 62.1 (2005), 3-30 <<https://doi.org/10.1177/1077558704271718>>.

³⁴“Health, Income, & Poverty: Where We Are & What Could Help | Health Affairs” <<https://www.healthaffairs.org/doi/10.1377/hpb20180817.901935/full/>>.

³⁵Council on Community Pediatrics, “Poverty and Child Health in the United States,” *Pediatrics*, 137.4 (2016) <<https://doi.org/10.1542/peds.2016-0339>>.

³⁶“Life Expectancy Gap Illustrates Disparities,” *Official Web Site of the U.S. Health Resources & Services Administration*, 2019 <<https://www.hrsa.gov/enews/past-issues/2019/may-2/life-expectancy-gap-illustrates-disparities>>.

³⁷“Health, Income, & Poverty: Where We Are & What Could Help | Health Affairs.”

³⁸Henry J. Aaron, “The Social Safety Net: The Gaps That COVID-19 Spotlights,” *Brookings*, 2020 <<https://www.brookings.edu/blog/up-front/2020/06/23/the-social-safety-net-the-gaps-that-covid-19-spotlights/>>.

³⁹“Children’s Health Insurance Program (CHIP) | Medicaid” <<https://www.medicaid.gov/chip/index.html>>.

⁴⁰“Kids, Families and COVID-19.” “Kids, Families and COVID-19,” *The Annie E. Casey Foundation* <<https://www.aecf.org/resources/kids-families-and-covid-19/>>.

⁴¹“Benefits | Medicaid” <<https://www.medicaid.gov/chip/benefits/index.html>>.

⁴²“The Children’s Health Insurance Program,” *Center For Children and Families*, 2017 <<https://ccf.georgetown.edu/2017/02/06/about-chip/>>.

⁴³“Eligibility | Medicaid” <<https://www.medicaid.gov/chip/eligibility/index.html>>.

⁴⁴“Center For Children and Families,” *Center For Children and Families* <<https://ccf.georgetown.edu/>>.

⁴⁵“CHIP State Program Information | Medicaid.Gov” <<https://www.medicaid.gov/chip/state-program-information/index.html>>.

⁴⁶“Children’s Medicaid & CHIP | Texas Health and Human Services” <<https://hhs.texas.gov/services/health/medicaid-chip/programs-services/children-families/childrens-medicaid-chip>>.

⁴⁷“Children’s Health Insurance Program Overview” <<https://www.ncsl.org/research/health/childrens-health-insurance-program-overview.aspx>>.

⁴⁸Ibid.

⁴⁹Olivia Pham Published: Sep 24 and 2019, “Recent Medicaid/CHIP Enrollment Declines and Barriers to Maintaining Coverage,” *KFF*, 2019 <<https://www.kff.org/medicaid/issue-brief/recent-medicaid-chip-enrollment-declines-and-barriers-to-maintaining-coverage/>>.

⁵⁰Ibid.

⁵¹Gene Falk, et al. “Unemployment Rates During the COVID-19 Pandemic: In Brief,” 16.

⁵²2020, “State Actions to Facilitate Access to Medicaid and CHIP Coverage in Response to COVID-19,” *KFF*, 2020 <<https://www.kff.org/coronavirus-covid-19/issue-brief/state-actions-to-facilitate-access-to-medicaid-and-chip-coverage-in-response-to-covid-19/>>.

⁵³“CMS Releases Medicaid and CHIP Enrollment Trends Snapshot Showing COVID-19 Impact on Enrollment | CMS” <<https://www.cms.gov/newsroom/press-releases/cms-releases-medicaid-and-chip-enrollment-trends-snapshot-showing-covid-19-impact-enrollment>>.

⁵⁴Rebecca T. Leeb, “Mental Health–Related Emergency Department Visits Among Children Aged 18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020,” *MMWR. Morbidity and Mortality Weekly Report*, 69 (2020) <<https://doi.org/10.15585/mmwr.mm6945a3>>.

⁵⁵“Fact Sheet: Service Use among Medicaid & CHIP Beneficiaries Age 18 and Under during COVID-19 | CMS” <<https://www.cms.gov/newsroom/fact-sheets/fact-sheet-service-use-among-medicaid-chip-beneficiaries-age-18-and-under-during-covid-19>>.

⁵⁶“You Are Called to Bring About Flourishing,” 2018 <<https://tifwe.org/you-are-called-to-bring-about-flourishing/>>.

⁵⁷Michelle Kirtley. “Biblical Shalom and the Health Care Debate,” *Public Justice Review*, Center for Public Justice. <https://cpjustice.org/public/public_justice_review/article/25>.

⁵⁸“Christian History Timeline: Healthcare and Hospitals in the Mission of the Church | Christian History Magazine,” *Christian History Institute* <<https://christianhistoryinstitute.org/magazine/article/timeline-healthcare-and-hospitals>>.

⁵⁹“Guideline on Family,” *Center for Public Justice* <<https://cpjustice.org/public/content/family>>.

⁶⁰“Guideline on Government,” *Center for Public Justice* <<https://www.cpjustice.org/public/content/government>>.

⁶¹“Guiding Principles for Government’s Response to a Pandemic,” *Center for Public Justice* <https://cpjustice.org/public/content/guidingprinciples_pandemic>.

⁶²HealthPayerIntelligence, “How the \$1.9T COVID-19 Relief Package Impacts Medicaid, CHIP,” *HealthPayerIntelligence*, 2021 <<https://healthpayerintelligence.com/news/how-the-1.9t-covid-19-relief-package-impacts-medicaid-chip>>.

⁶³Emily Gee and Thomas Waldrop, “Policies To Improve Health Insurance Coverage as America Recovers From COVID-19,” <<https://www.americanprogress.org/issues/healthcare/reports/2021/03/11/497019/policies-improve-health-insurance-coverage-america-recovers-covid-19/>>.

⁶⁴Anuj Gangopadhyaya, Michael Karpman, and Joshua Aarons, “As the COVID-19 Recession Extended into the Summer of 2020, More Than 3 Million Adults Lost Employer-Sponsored Health Insurance Coverage and 2 Million Became Uninsured,” *Urban Institute*, 2020 <<https://www.urban.org/research/publication/covid-19-recession-extended-summer-2020-more-3-million-adults-lost-employer-sponsored-health-insurance-coverage-and-2-million-became-uninsured>>.

⁶⁵2020, “State Actions to Facilitate Access to Medicaid and CHIP Coverage in Response to COVID-19,” *KFF*, 2020 <<https://www.kff.org/coronavirus-covid-19/issue-brief/state-actions-to-facilitate-access-to-medicaid-and-chip-coverage-in-response-to-covid-19/>>.

⁶⁶Ibid.

⁶⁷“Medicaid, CHIP Enrollment Up Nearly 6% During Pandemic; Poverty Grows,” *Kaiser Health News*, 2020 <<https://khn.org/morning-breakout/medicaid-chip-enrollment-up-nearly-6-during-pandemic-poverty-grows/>>.

⁶⁸“State Medicaid Changes Can Improve Access to Coverage and Care During and After COVID-19 Crisis,” *Center on Budget and Policy Priorities* <<https://www.cbpp.org/research/health/state-medicaid-changes-can-improve-access-to-coverage-and-care-during-and-after>>.

⁶⁹“Children’s Health Insurance Program (CHIP) Would Become Permanent under Bipartisan Bill | Campaign For Children,” 2020 <<https://campaignforchildren.org/news/press-release/childrens-health-insurance-program-would-become-permanent-under-bipartisan-bill/>>.

⁷⁰“Barragán Introduces Bills to Strengthen and Improve Children’s Health Insurance Program,” *Nanette Diaz Barragán* <<https://barragan.house.gov/barragan-introduces-bills-to-strengthen-and-improve-childrens-health-insurance-program/>>.

- ⁷¹ “A National Agenda for Children’s Mental Health,” *Child Trends* <<https://www.childtrends.org/publications/a-national-agenda-for-childrens-mental-health>>.
- ⁷² Ibid.
- ⁷³ “COVID-19-Digital-Mental-Health-Resources” *NYC Well*, <<https://s20243.pcdn.co/wp-content/uploads/2020/04/COVID-19-Digital-Mental-Health-Resources-4.28.pdf>>.
- ⁷⁴ Ibid.
- ⁷⁵ “A National Agenda for Children’s Mental Health,” *Child Trends* <<https://www.childtrends.org/publications/a-national-agenda-for-childrens-mental-health>>.
- ⁷⁶ Scott L. Greer, Matthias Wislar, and Monika Kosinska, *What Is Civil Society and What Can It Do for Health, Civil Society and Health: Contributions and Potential [Internet]* (European Observatory on Health Systems and Policies, 2017) <<https://www.ncbi.nlm.nih.gov/books/NBK459047/>>.
- ⁷⁷ “Outreach & Enrollment Grants | InsureKidsNow.Gov” <<https://www.insurekidsnow.gov/campaign-information/outreach-enrollment-grants/index.html>>.
- ⁷⁸ “2019 HEALTHY KIDS Outreach and Enrollment Cooperative Agreements | InsureKidsNow.Gov” <<https://www.insurekidsnow.gov/campaign-information/outreach-enrollment-grants/2019-healthy-kids-outreach-and-enrollment/index.html>>.
- ⁷⁹ “Connecting Kids to Coverage National Campaign | InsureKidsNow.Gov” <<https://www.insurekidsnow.gov/campaign-information/index.html>>.
- ⁸⁰ “Outreach Tool Library | InsureKidsNow.Gov” <<https://www.insurekidsnow.gov/outreach-tool-library/index.html>> [accessed 29 July 2021].
- ⁸¹ “News Room,” *HealthWell Foundation* <<https://www.healthwellfoundation.org/about/healthwell-news/>>.
- ⁸² “Pediatric Assistance Fund,” HealthWell Foundation <<https://www.healthwellfoundation.org/about/what-we-do/pediatric-assistance-fund/>>.
- ⁸³ “Eligibility Requirements – North Dallas Shared Ministries” <<https://www.ndsm.org/who-we-help/eligibility-requirements/>>.
- ⁸⁴ Kirtley, Michelle. “Biblical Shalom and the Health Care Debate,” *Public Justice Review*, Center for Public Justice. <https://cpjustice.org/public/public_justice_review/article/25>.
- ⁸⁵ “Guiding Principles for Government’s Response to a Pandemic.” <https://cpjustice.org/index.php/public/page/content/guiding-principles_pandemic>.
- ⁸⁶ Marci Kramish Campbell, et al., “Church-Based Health Promotion Interventions: Evidence and Lessons Learned,” *Annual Review of Public Health*, 28.1 (2007), 213–34 <<https://doi.org/10.1146/annurev.publhealth.28.021406.144016>>.
- ⁸⁷ “Children’s Health Insurance Program (CHIP),” *St. Barnabas Presbyterian Church* <<https://www.saintb.org/content.cfm?id=315>>.
- ⁸⁸ Lloyd J. Kolbe, “School Health as a Strategy to Improve Both Public Health and Education,” *Annual Review of Public Health*, 40.1 (2019), 443–63 <<https://doi.org/10.1146/annurev-publhealth-040218-043727>>.
- ⁸⁹ “Whole School, Whole Community, Whole Child (WSCC) | Healthy Schools | CDC,” 2021 <<https://www.cdc.gov/healthyschools/wscs/index.htm>>.
- ⁹⁰ Candid, “A Majority of Public School Students Live in Low-Income Families,” *Philanthropy News Digest (PND)* <<https://philanthropynewsdigest.org/news/a-majority-of-public-school-students-live-in-low-income-families>>.
- ⁹¹ Li Yan Wang, et al., “Cost-Benefit Study of School Nursing Services,” *JAMA Pediatrics*, 168.7 (2014), 642–48 <<https://doi.org/10.1001/jamapediatrics.2013.5441>>.
- ⁹² Darshana Panchal, Amy Lutzky, and Kim Procter, “Continuing Medicaid & CHIP Outreach During COVID-19 to Keep Kids Covered and Getting the Health Care Services They Need,” 13.
- ⁹³ “U.S. Census Bureau QuickFacts: Denver City, Colorado, Denver County, Colorado” <<https://www.census.gov/quickfacts/fact/table/denvercitycolorado,denvercountycolorado/PST045219>>.
- ⁹⁴ “Industries” *City and County of Denver Official Site*, <<https://www.denvergov.org/content/denvergov/en/denver-office-of-economic-development/choose-denver/industries.html>>.
- ⁹⁵ “Denver 5th Fastest-Growing Large City in America,” *Mile High CRE*, 2019 <<https://milehighcre.com/denver-5th-fastest-growing-large-city-in-america/>>.
- ⁹⁶ Amanda Valenta, “Denver Workers in Minimum & Low-Wage Jobs,” 1905, 8.
- ⁹⁷ “Race, Ethnicity, and Homelessness.” *Colorado Coalition for the Homeless*, 2020 <https://www.coloradocoalition.org/sites/default/files/2020-10/Issue%20Brief-Race%20Ethnicity%20and%20Homelessness_final.pdf>.
- ⁹⁸ “The Status of Denver’s Children: A Community Resource 2019,” *Denver Children’s Affairs*, <[StatusOfDenversChildren_ADA_2019.Pdf](https://www.denverchildren.org/StatusOfDenversChildren_ADA_2019.Pdf)>.
- ⁹⁹ Ibid.
- ¹⁰⁰ Amarica Rafanelli, “Growing Up in a Pandemic: How Covid Is Affecting Children’s Development,” *Direct Relief*, 2021 <<https://www.directrelief.org/2021/01/growing-up-in-the-midst-of-a-pandemic-how-covid-is-affecting-childrens-development/>>.
- ¹⁰¹ “The Disparities in Remote Learning Under Coronavirus (in Charts)” <<https://www.edweek.org/technology/the-disparities-in-remote-learning-under-coronavirus-in-charts/2020/04>>.
- ¹⁰² “Denver Public Schools Announces Timeline for Return to In-Person Learning after the Winter Holidays,” *KMGH*, 2020 <<https://www.thedenverchannel.com/lifestyle/education/denver-public-schools-announces-timeline-for-return-to-in-person-learning-after-the-winter-holidays>>.
- ¹⁰³ “Coronavirus Is Triggering a Range of Emotions in Colorado Kids,” *The Colorado Sun*, 2020 <<https://coloradosun.com/2020/05/03/coronavirus-triggering-emotions-in-colorado-kids/>>.
- ¹⁰⁴ “Public Transportation | Colorado COVID-19 Updates” <<https://covid19.colorado.gov/public-transportation>>.
- ¹⁰⁵ “Child Health Plan Plus (CHP+) | Colorado Department of Health Care Policy & Financing” <<https://hcpf.colorado.gov/child-health-plan-plus>>.
- ¹⁰⁶ Marc Williams. Interview. Conducted by Chenyu Lin, 21 April 2021.
- ¹⁰⁷ “Colorado Child Health Plan Plus (CHP+)” <<https://www.benefits.gov/benefit/1235>>.
- ¹⁰⁸ “Average Rent In Denver & Rent Price Trends.” <<https://www.apartmentlist.com/renter-life/average-rent-in-denver>>.
- ¹⁰⁹ “What It Actually Takes to Make Ends Meet in Colorado,” *Colorado Trust*, 2019 <<https://www.coloradotrusted.org/content/story/what-it-actually-takes-make-ends-meet-colorado>>.
- ¹¹⁰ Ibid.

- ¹¹¹ “Child Health Plan Plus (CHP+) | Colorado Department of Health Care Policy & Financing.”
- ¹¹² Marc Williams. Interview. Conducted by Chenyu Lin, 21 April 2021.
- ¹¹³ “2020 Health First Colorado and CHP+ Enrollment Analysis - Q3” <<https://ckf.cchn.org/wp-content/uploads/2020-Q3-Enrollment-Report.pdf>>
- ¹¹⁴ “2020 Health First Colorado and CHP+ Enrollment Analysis - Q2” <<https://ckf.cchn.org/wp-content/uploads/2020-Q2-Enrollment-Report.pdf>>.
- ¹¹⁵ “Eligible but Not Enrolled Children 2018” <<https://www.coloradohealthinstitute.org/data/eligible-not-enrolled-children-2018>>.
- ¹¹⁶ Rebecca T. Leeb, “Mental Health–Related Emergency Department Visits Among Children Aged 18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020,” *MMWR. Morbidity and Mortality Weekly Report*, 69 (2020) <<https://doi.org/10.15585/mmwr.mm6945a3>>.
- ¹¹⁷ Michelle Schultz. Interview. Conducted by Chenyu Lin, 24 June 2021.
- ¹¹⁸ “Sheridan Health Services” <<https://www.ssd2.org/SheridanHealthServices.aspx>>.
- ¹¹⁹ “Impact of COVID-19 on Children with Disabilities, Caregivers and Healthcare Providers,” *EurekaAlert!* <https://www.eurekaalert.org/pub_releases/2021-01/ip-ioc010421.php>.
- ¹²⁰ Eileen Forlenza. Interview. Conducted by Chenyu Lin, 29 March 2021.
- ¹²¹ “Financial Condition and Health Care Burdens of People in Deep Poverty,” *ASPE*, 2015 <<https://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty>>.
- ¹²² “Colorado Will Pay Parents for the Meals Their Kids Didn’t Get at School during COVID,” *The Denver Post*, 2021 <<https://www.denverpost.com/2021/04/17/pandemic-food-insecurity-colorado-children-schools-ebt/>>.
- ¹²³ Julia Paradise Published: Jul 17 and 2014, “The Impact of the Children’s Health Insurance Program (CHIP): What Does the Research Tell Us? - Issue Brief,” *KFF*, 2014 <<https://www.kff.org/report-section/the-impact-of-the-childrens-health-insurance-program-chip-issue-brief/>>.
- ¹²⁴ Lori Medina-Anderson. Interview. Conducted by Chenyu Lin, 9 April 2021.
- ¹²⁵ “Our Mission,” *Open Door Ministries* <<https://www.odmdenver.org/our-mission>>.
- ¹²⁶ Millie Lacy. Interview. Conducted by Chenyu Lin, 26 March 2021.
- ¹²⁷ “Quality,” *Stanford Health Care*, <<https://stanfordhealthcare.org/about-us/quality.html>>.
- ¹²⁸ Laura Doanes. Interview. Conducted by Chenyu Lin, 16 April 2021.
- ¹²⁹ Lori Medina-Anderson. Interview. Conducted by Chenyu Lin, 9 April 2021.
- ¹³⁰ Marty Janssen. Interview. Conducted by Chenyu Lin, 29 March 2021.

TOWARDS A STRONGER CHILD WELFARE SYSTEM: THE PANDEMIC'S IMPACT ON FOSTER FAMILIES

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- ¹ Center for Advanced Studies in Child Welfare. "Definitions and Questions about Services: Child Welfare." Center for Advanced Studies in Child Welfare, casw.umn.edu/wp-content/uploads/2013/11/DCWCCChildWelfareDefined.pdf. Accessed 13 May 2021.
- ² U.S. Department of Health & Human Services. "Extension of Foster Care Beyond Age 18." *Childwelfare.gov*, 2017, www.childwelfare.gov/pubPDFs/extensionfc.pdf
- ³ Ibid.
- ⁴ Child Welfare Information Gateway. "Placement of Children with Relatives." *Childwelfare.gov*, Children's Bureau, Jan. 2018, www.childwelfare.gov/pubPDFs/placement.pdf. and National Conference of State Legislatures. "The Child Welfare Placement Continuum: What's Best for Children?" *National Conference of State Legislatures*, 3 Nov. 2019, www.ncsl.org/research/human-services/the-child-welfare-placement-continuum-what-s-best-for-children.aspx.
- ⁵ U. S. Department of Health & Human Services. "Foster Care - Child Welfare Information Gateway." *Childwelfare.gov*, 2018, www.childwelfare.gov/topics/outofhome/foster-care/.
- ⁶ U.S. Department of Health & Human Services. "The AFCARS Report – Preliminary 2019 Estimates as of June 23, 2020." *Children's Bureau*. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport27.pdf>
- ⁷ U. S. Department of Health and Human Services. "Reunification: Bringing your child home from foster care." *Childwelfare.gov*, 2016. <https://www.childwelfare.gov/pubPDFs/reunification.pdf> And Child Welfare League of America. "Reunification." *CWLA.org*. <https://www.cwla.org/our-work/advocacy/placement-permanency/reunification/>. Accessed 21 Feb 2021
- ⁸ US Department of Health & Human Services. "How the Child Welfare System works." *Children's Bureau*. October 2020. <https://www.childwelfare.gov/pubpdfs/epswork.pdf> pp.2
- ⁹ Child Welfare League of America. "Reunification." *CWLA.org*. <https://www.cwla.org/our-work/advocacy/placement-permanency/reunification/>. Accessed 21 Feb 2021
- ¹⁰ Meinhofer, Angélica, and Yohanis Angleró-Díaz. "Trends in Foster Care Entry Among Children Removed From Their Homes Because of Parental Drug Use, 2000 to 2017." *JAMA Pediatrics*, vol. 173, no. 9, 2019, p. 881. Crossref, doi:10.1001/jamapediatrics.2019.1738.
- ¹¹ Favela, Tricia M. and Velazquez, Cristina, "FACTORS THAT CONTRIBUTE TO FOSTER PARENT TURNOVER" (2016). Electronic Theses, Projects, and Dissertations. 289. <https://scholarworks.lib.csusb.edu/etd/28>
- ¹² <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport27.pdf>
- ¹³ Adoptuskids.org. "About the Children." *AdoptUSKids*, www.adoptuskids.org/meet-the-children/children-in-foster-care/about-the-children. Accessed 14 May 2021.
- ¹⁴ "Black Children Continue to Be Disproportionately Represented in Foster Care | KIDS COUNT Data Center." *Kids Count Data Center*, datacenter.kidscount.org/updates/show/264-us-foster-care-population-by-race-and-ethnicity. Accessed 14 May 2021.
- ¹⁵ National Conference of State Legislatures. "Disproportionality and Race Equity in Child Welfare." *NCSL.org*, 2021, <https://www.ncsl.org/research/human-services/disproportionality-and-race-equity-in-child-welfare.aspx>.
- ¹⁶ Ibid. 6 and The Imprint. (n.d.). *Total Licensed Foster Homes 2019–2020 - Who Cares: A National Count of Foster Homes and Families*. 2019–2020 - Who Cares: A National Count of Foster Homes and Families. <https://www.fostercarecapacity.com/data/total-licensed-foster-homes>.
- ¹⁷ "Who Cares: A National Count of Foster Homes and Families." *Fostercarecapacity.com*, 2018, www.fostercarecapacity.com/. Accessed 21 March 2021.
- ¹⁸ Epstein, Heidi Redlich. "Kinship Care Is Better for Children and Families." *American Bar Association*, American Bar Association, 1 July 2017, www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-and-families.
- ¹⁹ Child Welfare Information Gateway. "Placement of Children with Relatives." *Childwelfare.gov*, Children's Bureau, Jan. 2018, www.childwelfare.gov/pubPDFs/placement.pdf. and National Conference of State Legislatures. "The Child Welfare Placement Continuum: What's Best for Children?" *National Conference of State Legislatures*, 3 Nov. 2019, www.ncsl.org/research/human-services/the-child-welfare-placement-continuum-what-s-best-for-children.aspx.
- ²⁰ U.S. Department of Health & Human Services. "The AFCARS Report – Preliminary 2019 Estimates as of June 23, 2020." *Children's Bureau*. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport27.pdf> and National Conference of State Legislatures. "The Child Welfare Placement Continuum: What's Best for Children?" *National Conference of State Legislatures*, 3 Nov. 2019, www.ncsl.org/research/human-services/the-child-welfare-placement-continuum-what-s-best-for-children.aspx.
- ²¹ "U.S. Department of Health & Human Services. "The AFCARS Report – Preliminary 2019 Estimates as of June 23, 2020." *Children's Bureau*. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport27.pdf>
- ²² U.S. Department of Health & Human Services. "The AFCARS Report – Preliminary 2019 Estimates as of June 23, 2020." *Children's Bureau*. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport27.pdf>
- ²³ Wulczyn, Fred et al. *The Dynamics of Foster Home Recruitment and Retention*. The Center for State Child Welfare Data. 2018. www.chapinhall.org/wp-content/uploads/Foster-Home-Report-Final_FEDA_October2018.pdf
- ²⁴ DeGrarmo, John N. "Foster Parent Retention: What Are the Foster Parents Saying? | Foster Focus." *Foster Focus*, Apr. 2017, www.fosterfocusmag.com/articles/foster-parent-retention-what-are-foster-parents-saying
- ²⁵ Dodge, D. (2021, January 8). *Foster Care Was Always Tough. Covid-19 Made It Tougher*. The New York Times. <https://www.nytimes.com/2021/01/08/parenting/foster-care-coronavirus.html>.
- ²⁶ Slowik, T. (2021, May 21). Column: The need for foster parents has surged during the pandemic. 'There's a huge increase.'. *chicagotribune.com*. <https://www.chicagotribune.com/suburbs/daily-southtown/opinion/ct-sta-slowik-ada-mckinley-foster-parents-st-0523-20210521-ki3mt2fovva0jiqs56mzpa7xe-story.html>.
- ²⁷ Dodge, David. "Foster Care Was Always Tough. Covid-19 Made It Tougher." The New York Times, 9 Jan. 2021, www.nytimes.com/2021/01/08/parenting/foster-care-coronavirus.html.

- ²⁸ “Keeping up with the Caseload: How to Recruit and Retain Foster Parents.” Brookings, 29 Apr. 2019, www.brookings.edu/blog/up-front/2019/04/24/keeping-up-with-the-caseload-how-to-recruit-and-retain-foster-parents and Rountree, Brittney. Microsoft Teams Interview. 21 April 2021
- ²⁹ CASA. “When your child is in foster care: A Handbook for Parents and Guardians.” https://fopjc.org/wp-content/uploads/2017/08/Parent_Guardian-Handbook181.pdf. Accessed 21 Feb 2021.
- ³⁰ Skuster, Shelley. “Does Foster Care Pay for Daycare?” *Adoption.Org*, 27 June 2018, adoption.org/foster-care-pay-daycare.
- ³¹ “Foster Care Baby Sitting Training.” *The Fostering Collective*, thefosteringcollective.org/foster-care-baby-sitting-training. Accessed 21 May 2021.
- ³² Harbert, Anita, and Jennifer Tucker-Tatlow. “Research Summary: Supporting, Retaining & Recruiting Resource Families.” *Public Child Welfare Training Academy*, Oct. 2015, theacademy.sdsu.edu/wp-content/uploads/2015/10/pcwta-research-support-retention-recruitment-oct-2015.pdf. Accessed 22 Mar. 2021.
- ³³ Patmalnee, Lynn. “Foster Parent Mentoring Programs Lead to Increased Stability for Foster Parents & Children.” *Foster Care Newsletter*, 1 Mar. 2016, foster-care-newsletter.com/foster-parent-mentoring-programs-lead-to-increased-stability-for-foster-parents-children.
- ³⁴ Children Need Amazing Parents. “A CHAMPS Guide on Foster Parent Recruiting and Retention.” A CHAMPS Guide on Foster Parent Recruiting and Retention, Apr. 2019, fosteringchamps.org/wp-content/uploads/2019/04/CHAMPS-Guide-on-Foster-Parent-Recruitment-and-Retention.pdf.
- ³⁵ The National Implementation Research Network (NIRN), within the Frank Porter Graham Child Development Institute at the University of North Carolina Chapel Hill. Apr. 2019, <https://www.youtube.com/watch?v=xoJIooOUws&t=5s>. Accessed, 24 Apr. 2021.
- ³⁶ “Federal Foster Care Financing: How and Why the Current Funding Structure Fails to Meet the Needs of the Child Welfare Field.” *ASPE*, 21 Feb. 2017, aspe.hhs.gov/report/federal-foster-care-financing-how-and-why-current-funding-structure-fails-meet-needs-child-welfare-field.
- ³⁷ Child Welfare Information Gateway. “State vs. County Administration of Child Welfare Services.” *Childwelfare.gov*, Children’s Bureau, Mar. 2018, www.childwelfare.gov/pubPDFs/services.pdf.
- ³⁸ Goodnow, Natalie. *The Role of Faith-Based Agencies in Child Welfare*. 22 May 2018, www.heritage.org/civil-society/report/the-role-faith-based-agencies-child-welfare.
- ³⁹ COVID-19: Child Welfare Resources. (2021, March 4). <https://www.ncsl.org/research/human-services/child-welfare-system-covid-19-resources.aspx>.
- ⁴⁰ *Governor Newsom Signs Executive Order on Actions in Response to COVID-19 6.5.20*. California Governor. (2020, June 5). <https://www.gov.ca.gov/2020/06/05/governor-newsom-signs-executive-order-on-actions-in-response-to-covid-19-6-5-20/>.
- ⁴¹ *Ibid.* 52
- ⁴² Small Business Administration, “Paycheck Protection Program.” *Paycheck Protection Program*, www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program.
- ⁴³ Center for Public Justice. “Guidelines for Government and Citizenship: Family.” *Center for Public Justice*, www.cpjustice.org/index.php/public/page/content/family. Accessed 7 June 2021.
- ⁴⁴ Anderson, Rachel and Katelyn Beaty. *Time to Flourish: Protecting Families Time for Work and Care*. Center for Public Justice. July 2018. <https://static1.squarespace.com/static/5a722d48010027d7514141f5/t/5b451718758d46a260501b55/1531254571074/CPJ+2018+Report+Time+To+Flourish.pdf>
- ⁴⁵ Center for Public Justice. “Guidelines for Government and Citizenship: Government.” *Center for Public Justice*, www.cpjustice.org/index.php/public/page/content/government. Accessed 7 June 2021.
- ⁴⁶ Bethany Christian Services. *What the Pandemic taught us : Innovative Practice Report. 2021*. <https://bethany.org/media/resources/blogs/what-the-pandemic-taught-us-innovative-practice-report.pdf> and Bethany Christian Services. “75th Anniversary.” *Family Changes Everything*, bethany.org/about-us/75th-anniversary/timeline.
- ⁴⁷ *Ibid.*
- ⁴⁸ Allison Graham, “Pandemic Brings Challenges to Foster Parent Recruitment,” *Roanoke Times*, November 15, 2020, https://roanoke.com/news/local/pandemic-brings-challenges-to-foster-parent-recruitment/article_e0c35190-2530-11eb-a109-7b3a961c967.html; and Medefind, “Faith-Based Organizations & Child Welfare During COVID.”
- ⁴⁹ Rountree, Brittney. Interview. Conducted by Matthew Strong, 22 April 2021. and Wilson, Rachel. Interview. Conducted by Matthew Strong, 29 April 2021.
- ⁵⁰ Adoption and Safe Families Act of 1997, H.R. 867, 105th Cong., (1997).
- ⁵¹ Warner, Judge Randall H. “Judging in a Time of COVID.” *Family Court Review*, vol. 58, no. 4, 2020, pp. 965–67. Crossref, doi:10.1111/fcre.12529.
- ⁵² *Ibid.* iv.
- ⁵³ Miller, J. Jay, et al. “Examining the Impact of COVID-19 on Parental Stress: A Study of Foster Parents.” *Child and Adolescent Social Work Journal*, 2020. Crossref, doi:10.1007/s10560-020-00725-w.
- ⁵⁴ Sabella, Elisabeth. Interview. Conducted by Mark Moland, 4 June 2021.
- ⁵⁵ Sabella, Elisabeth. Interview. Conducted by Mark Moland, 4 June 2021
- ⁵⁶ Warner, Judge Randall H. “Judging in a Time of COVID.” *Family Court Review*, vol. 58, no. 4, 2020, pp. 965–67. Crossref, doi:10.1111/fcre.12529. and Miller, J. Jay, et al. “Examining the Impact of COVID-19 on Parental Stress: A Study of Foster Parents.” *Child and Adolescent Social Work Journal*, 2020. Crossref, doi:10.1007/s10560-020-00725-w.
- ⁵⁷ Font, Sarah A. *What lessons Can the Child Welfare System Take from the COVID-19 Pandemic?* American Enterprise Institute. January 2021. <https://www.aei.org/research-products/report/what-lessons-can-the-child-welfare-system-take-from-the-covid-19-pandemic/>, p. 41
- ⁵⁸ Cheryl Buehler, Mary Ellen Cox, & Gary Cuddeback, Foster Parents’ Perceptions of Factors at Promote or Inhibit Successful Fostering, 2 *Qualitative Social Work*, no. 1, 2003, at 61–83, <https://perma.cc/F3KE-BU3F>.
- ⁵⁹ Shoshana K Goldberg and Kerith J. Conron, “How Many Same-Sex Couples in the U.S. are Raising Children?” *The Williams Institute*, July 2018, <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Same-Sex-Parents-Jul-2018.pdf>
- ⁶⁰ Supreme Court of the United States. *Fulton v. Philadelphia*. 17 June 2021.
- ⁶¹ Statement of the Center for Public Justice Regarding Supreme Court Decision in *Fulton v. City of Philadelphia*. Center for Public Justice. (2021, June 17). <https://cpjustice.org/index.php/public/page/content/Statement%20of%20the%20Center%20for%20Pub>

lic%20Justice%20Regardi.

⁶² Dallas, Kelsey. "What You Need to Know about a New Bill That Tries to Balance Religious Freedom and LGBTQ Rights." *Deseret News*, Deseret News, 6 Dec. 2019, www.deseret.com/indepth/2019/12/5/20955359/religious-freedom-lgbtq-rights.

⁶³ About. DC127. (2020, October 29). <https://dc127.org/about/>.

⁶⁴ The District Church. "Communities for Families Program." *DC127*, 2021, dc127.org/communities-for-families-program.

⁶⁵ Ibid.

⁶⁶ Weber, Jason. Interview. Conducted by Matthew Strong, 29 June 2021.

⁶⁷ Christian Alliance for Orphans, <https://cafo.org/>

⁶⁸ Carpenter, Stacy. Interview. Conducted by Matthew Strong, 14 May 2021.

⁶⁹ National One Church One Child. (n.d.). About Us: US Adoptions: National Adoptions: National Children Adoptions: Minority Adoptions National One Church One Child, Inc. About Us | US Adoptions | National Adoptions | National Children Adoptions | Minority Adoptions National One Church One Child, Inc. <https://www.nationalococ.org/about.htm>

⁷⁰ Ibid.

⁷¹ Center for Public Justice. (n.d.). Guiding Principles for Government's Response to a Pandemic. Center for Public Justice. https://cpjustice.org/index.php/public/page/content/guidingprinciples_pandemic.

⁷² Feenstra, Todd and Julianne. Interview. Conducted by Matthew Strong and Mark Moland, 5 May 2021.

⁷³ Perryman, Ray. "Target Industry Analysis." *Henderson, Texas Economic Development*, Henderson Economic Development Corp., 29 Dec. 2020, hendersonedc.com/newsroom/target-industry-analysis-dr-ray-perryman-synopsis.

⁷⁴ Texas Department of Family and Protective Services. "Child Protection." *Child Protective Services*, www.dfps.state.tx.us/Child_Protection. Accessed 29 May 2021.

⁷⁵ Texas Department of Family and Protective Services. "Office Locations for Region 4 -Tyler." *Child Protective Services*, www.dfps.state.tx.us/Contact_Us/locations.asp?r=4. Accessed 29 May 2021

⁷⁶ "Children in DFPS Care Regional Statistics." *Department of Family and Protective Services*, www.dfps.state.tx.us/Doing_Business/Regional_Statistics/default.asp. Accessed 29 May 2021.

⁷⁷ Hayes, Justin. Interview. Conducted by Matthew Strong & Mark Moland, 29 Apr 2021

⁷⁸ Texas Department of Family and Protective Services. *Implementation Plan for the Texas Community-Based Care System*. Texas Department of Family Protective Services, 2020, www.dfps.state.tx.us/Child_Protection/Foster_Care/Community-Based_Care/documents/2020-12-31_CBC_Implementation_Plan.pdf, p 5.

⁷⁹ Texas Department of Family and Protective Services. *Community Based Care*. https://www.dfps.state.tx.us/Child_Protection/Foster_Care/Community-Based_Care/default.asp.

⁸⁰ Holt, Karen. Interview. Conducted by Matthew Strong,

⁸¹ Interview with Brittney Rountree (ibid with citation above).

⁸² Sabella, Elisabeth. Interview. Conducted by Mark Moland, 4 June 2021.

⁸³ Williams, Jenny. Interview. Conducted by Matthew Strong, 30, April 2021.

⁸⁴ Sowell, Christi. Interview. Conducted by Matthew Strong and Mark Moland, 29 Apr 2021.

⁸⁵ Hayes, Justin. Interview. Conducted by Matthew Strong and Mark Moland, 29 Apr 2021.

⁸⁶ Moland, Shana. Interview. Conducted by Matthew Strong, 26 May 2021.

⁸⁷ Curfman, Kara. Interview. Conducted by Mark Moland, 10 June 2021.



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