

# GENDER MATTERS

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## An Analysis of the 2012-2013 Texas State Budget



*Gender Matters focuses on the impacts of Texas fiscal policy on the health, safety, education and economic security of women and girls. The report, researched by the Center for Public Policy Priorities for the Dallas Women's Foundation, identifies intervention points and considers actions needed to improve outcomes for women and girls in our state. (June, 2012)*

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# **GENDER MATTERS: AN ANALYSIS OF THE 2012-13 TEXAS STATE BUDGET**

## **Introduction**

*Gender Matters* focuses on the impacts of Texas fiscal policy on the health, safety, education and economic security of women and girls. The report, researched by the Center for Public Policy Priorities for the Dallas Women’s Foundation, identifies intervention points and considers actions needed to improve outcomes for women and girls in our state.

First, the report looks at how the state raises revenue. It finds that

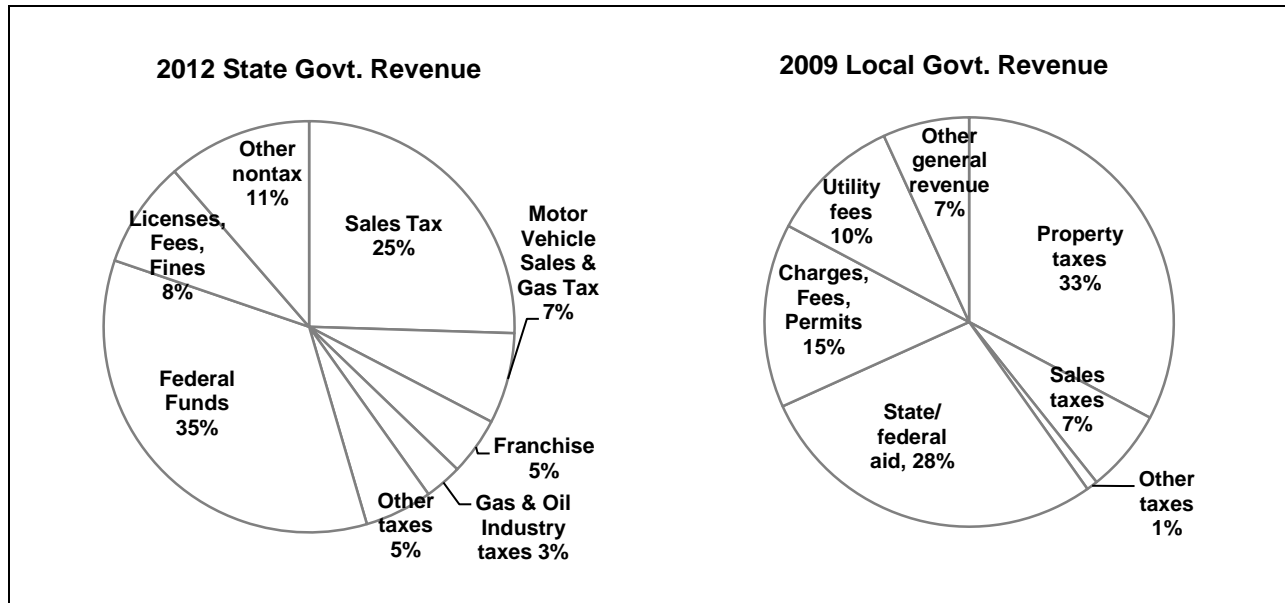
- Texas low-income households—many of which are female-headed—pay more in state/local taxes as a share of their income. This leaves low-income families with little for other essentials or savings. Nationally, Texas has the 5<sup>th</sup> most regressive state/local tax system.
- Low per-capita state taxes (49<sup>th</sup> nationally) limit Texas’ ability to draw down federal dollars for health care, child care, and other services.

Next, the report examines and estimates biennial spending on females in the areas of Health and Safety; Public Elementary/Secondary and Higher Education; Economic Opportunity, including Child Support Enforcement, Cash Assistance, Child Care; Criminal Justice; and Public Employment.

Based on the report findings, the steps that could be taken to improve Texas’ tax and budget policies and have the greatest positive impact on women and girls include:

- Make the state/local tax system more fair for low-income households
- Bring federal dollars paid by Texans “home” to fund health care and other social services
- Maintain the commitment to reducing child abuse and neglect; fund prevention
- Restore and increase funding to improve outcomes in public elementary and secondary education
- Improve affordability and access to higher education
- Increase the roles that child support, cash assistance, and child care subsidies play in building economic security for female-headed families
- Be aware of public-sector employment impacts on women

## FISCAL POLICY



SOURCES: Texas Comptroller of Public Accounts, [2012-13 Certification Revenue Estimate](#); U.S. Census Bureau, [State and Local Government Finances by Level of Government and State: 2008-09](#).

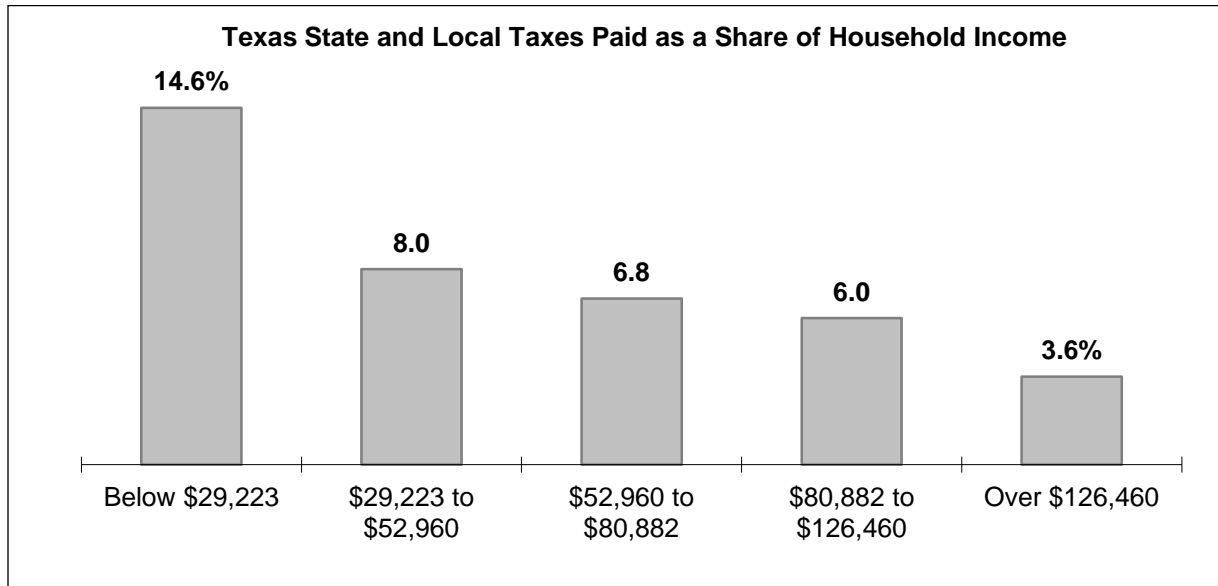
### How the 2012-13 State Budget is Funded

Taxes pay for \$81 billion, or 46 percent, of the Texas state budget in 2012-13. The state relies heavily on sales taxes and other consumption taxes, while local governments in Texas raise about one-third of their revenue through sales taxes and fees or user charges. As a result, the state/local tax system in Texas is the fifth most regressive in the country, meaning that lower-income households pay much more as a share of their income than do higher-income households.<sup>1</sup> This happens because upper-income families have enough income, after covering basic household expenses, to save or invest (thereby avoiding or deferring tax liability), while lower-earning families spend almost all their income on basic needs.

The regressive nature of the state/local tax system especially affects female headed households, because they tend to be found at the low end of the income ladder. Female-headed households (FHHs) can consist of single mothers with children, women heading families with no children, or female householders living alone or with nonrelatives (“nonfamily” households). About 3.2 million Texans live in female-headed households with incomes in the bottom fifth (or “quintile”)

<sup>1</sup> Institute on Taxation and Economic Policy, *Who Pays? A Distributional Analysis of the Tax Systems in all 50 States*, November 2009, [www.itepnet.org/wp2009/tx\\_whopays\\_factsheet.pdf](http://www.itepnet.org/wp2009/tx_whopays_factsheet.pdf)

shown below, and pay an average of 14.6 percent of their income in state and local taxes. This quintile represents half of female-headed households.



Source: Calculations by CPPP, using data from Texas Comptroller of Public Accounts, [2011 Tax Incidence Report](#).

Another 23 percent of female-headed households fall into the second-lowest income quintile shown in the chart, and 14 percent are in the middle income quintile. In total, of Texans living in female-headed households, 89 percent are in the bottom three income brackets where taxes take almost 7 percent or more of income.

In addition to its regressive nature, the Texas state/local tax system also generates one of the lowest levels of support for public services. State and local taxes take only 9.0 percent of residents' total personal income, ranking Texas 43<sup>rd</sup> among the states. This low tax effort is the main cause of Texas' low ranking on public spending: Texas ranked 43<sup>rd</sup> in 2009 on state/local spending per capita, and 47<sup>th</sup> per capita in 2010 on state government spending.<sup>2</sup>

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<sup>2</sup> State/local tax and spending information is from State & Local Government Finance Data Query System, [www.taxpolicycenter.org/slf-dqs/pages.cfm](http://www.taxpolicycenter.org/slf-dqs/pages.cfm), The Urban Institute-Brookings Institution Tax Policy Center, using data from U.S. Census Bureau, Annual Survey of State and Local Government Finances 2009. State spending information is from the U.S. Census Bureau, [2010 Annual Survey of State Government Finances](#).

In addition to not generating adequate revenue, Texas' tax system is also not keeping pace with growth in the state economy or with the demand for—and cost of—public services, particularly health care. Texas' general revenue appropriations for 2012-13 are lower than state GR spending was two decades ago (1992-93), after adjusting for population growth and inflation.<sup>3</sup>

The 2012-13 state budget's appropriations of federal funds currently total \$54.7 billion, and could rise to \$61 billion after supplemental Medicaid funds are provided for fiscal 2013.<sup>4</sup> Supporting almost one-third of the state budget, federal dollars are even more critical in Medicaid and other health programs, nutrition, child care, child support enforcement, child protection, foster care, and many other social services. Federal dollars also figure prominently in the financing of state highways, environmental protection programs, housing and community development, and certain educational programs, such as Title I (for economically disadvantaged children) or IDEA (children with disabilities).

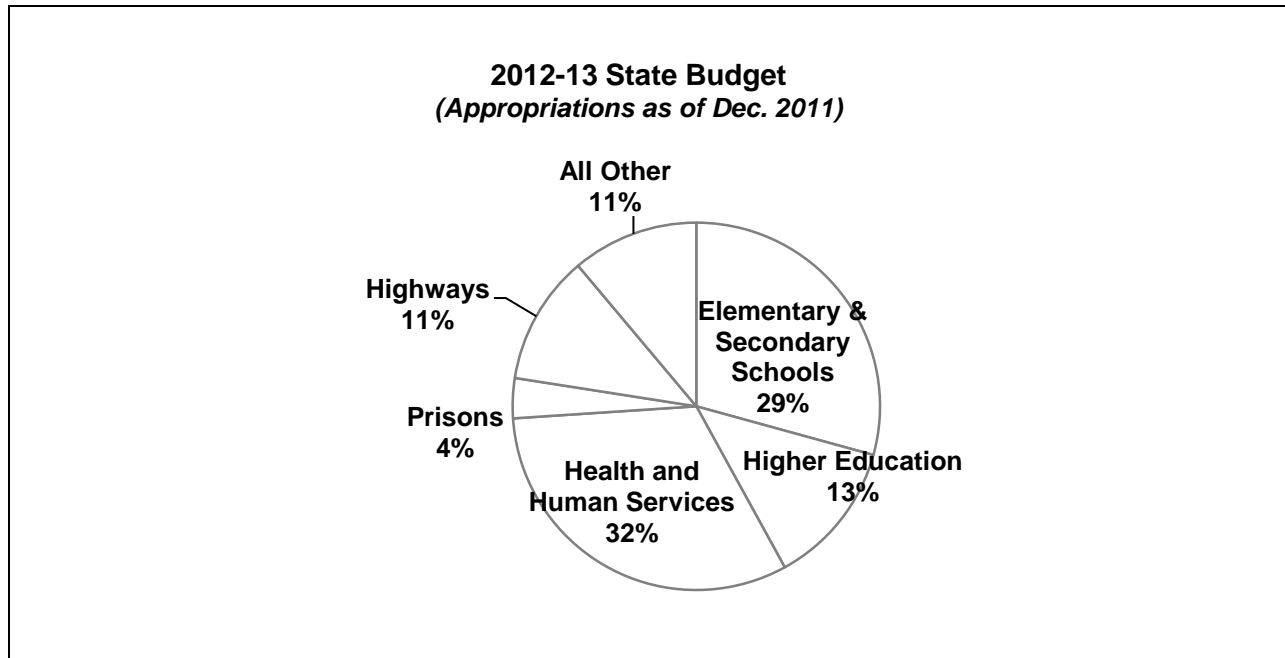
State revenue also comes from user fees and charges, such as licenses, tuition, fines, and penalties (8 percent of revenue); interest and investment income (4 percent); and other miscellaneous sources. The lottery, which produces about \$1 billion annually for public elementary and secondary schools, is only 1 percent of state revenue.

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<sup>3</sup> Legislative Budget Board, *Fiscal Size Up 2012-13 Biennium*, [www.lbb.state.tx.us/Fiscal\\_Size-up/Fiscal%20Size-up%202012-13.pdf](http://www.lbb.state.tx.us/Fiscal_Size-up/Fiscal%20Size-up%202012-13.pdf), Figure 22, p. 17. After adding \$4 billion to the GR appropriated level for the estimated Medicaid shortfall in 2013, adjusted GR spending would still be lower than it was in the 1994-95 biennium.

<sup>4</sup> Legislative Budget Board, *Fiscal Size Up 2012-13 Biennium*, [www.lbb.state.tx.us/Fiscal\\_Size-up/Fiscal%20Size-up%202012-13.pdf](http://www.lbb.state.tx.us/Fiscal_Size-up/Fiscal%20Size-up%202012-13.pdf), Figure 14, page 11, and page 157.

## Texas State Budget Overview



SOURCE: Texas Legislative Budget Board, [Fiscal Size-up, 2012-13 Biennium](#).

Whether at the state or local level, Texas public spending is concentrated on education and health and human services. This is especially true in the state budget, where three-fourths of spending is for these basic public services.

State and federal aid to over 1,200 school districts and charter schools is 29 percent of the 2012-13 state budget. (Schools are also supported by local property taxes and federal grants not appropriated through the state budget.) Higher education is 13 percent of the state budget; these institutions also receive federal aid and local revenue not appropriated by the legislature.

Health and human services—70 percent of which is Medicaid health care services for low-income children, elderly, and Texans with disabilities—is 32 percent of the state budget. Federal funds are critical in HHS areas of the state budget, and must often be “matched” with state general revenue.

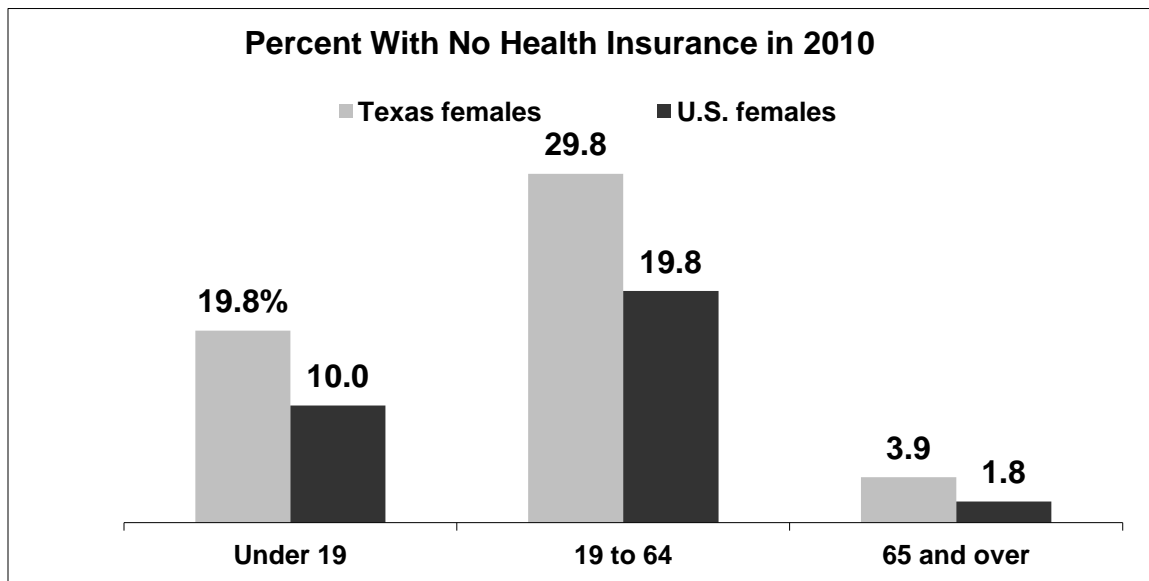
State highway funding (11 percent) is the next largest piece of the budget, and it depends almost entirely on non-general-revenue funds: federal highway funds, constitutionally dedicated gasoline taxes, and bond proceeds. Prisons for adults account for 4 percent of state spending, leaving 11 percent for “All other”, which includes functions such as state highway troopers, parks and environmental programs, business and economic development, state courts, and regulatory and general government agencies.

## How the 2012-2013 Texas State Budget Supports Women and Girls

### HEALTH AND SAFETY

#### Health Care

Although more likely than Texas males to be insured, Texas females have some of the worst uninsured rates in the nation: the 20 percent uninsured rate for girls under 19 ranks Texas last among the states, as does the 30 percent uninsured rate for working-age women (19 to 64). Elderly women's uninsured rate, while much lower at 3.9 percent, still gives Texas the worst ranking among the states.<sup>5</sup> The main reason for these poor rankings is that the Texas economy has relatively more jobs that (1) do not provide employer-sponsored health insurance, or (2) pay wages that are too low for workers to be able to afford coverage. The high cost and lack of access to private coverage creates a high demand for public sector health coverage, which in Texas is more restrictive and less well funded than in other states. Still, the health coverage and programs supported by the state budget provide many low-income females with access to a variety of health and nutrition services.



Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, data collected in 2011.

<sup>5</sup> U.S. Census Bureau, Current Population Survey Data Collected in 2011, Health Insurance Coverage in 2010 by state and age. State rankings were calculated using a two-year average (2009-2010).



## Medicaid

**\$22.8 billion (appropriated)**

About 70 percent of the state health and human services budget supports Medicaid, which enrolled 3.35 million Texans in full coverage programs in June 2012 and serves as the main health care “safety net” for low-income children and adults who cannot afford private health insurance.<sup>6</sup> (Medicaid also provides limited or emergency benefits to specific groups of eligible adults.)

As mentioned earlier, Texas women are not as likely as women nationwide to have Medicaid coverage because of more strict state eligibility criteria. But they are still more likely to be covered than are men in Texas, because of women’s higher poverty rates, longer life expectancy (and higher elderly poverty rates), and eligibility for specific Medicaid-funded services for low-income women such as pregnancy-related health care or breast and cervical cancer coverage.

In 2010, 65 percent of Texas adult Medicaid enrollees were women. In contrast, of Texas children (under age 19) on Medicaid, 47 percent were female. Assuming the same gender share of enrollees for the current budget cycle, Texas Medicaid will cover 1.9 million females in fiscal 2012-13, at an estimated two-year cost of almost \$29 billion in state and federal funds. This is almost \$6 billion (or 26 percent) more than what is currently in the budget, because of the Medicaid “I.O.U.” that the 2011 Legislature created by appropriating only enough money to cover about 18 months’ worth of Medicaid expenses, instead of a full 24 months.<sup>7</sup> The additional funds will have to be appropriated as soon as possible by the 83rd Legislature that meets in 2013.

### *Why, and How, Texas Medicaid is Perennially Underfunded*

Each legislative session finds state budget writers struggling to cover increased Medicaid caseloads and costs, because health care costs usually increase faster than general consumer inflation or the state’s general revenue. Medicaid is an entitlement, meaning that anyone who applies and is eligible must be signed up. (Nonentitlements, in contrast, can be operated on a “first-come, first served” basis, providing services only as available funding allows.) Most of the benefits provided through Medicaid are also federally mandated minimums. This means that the

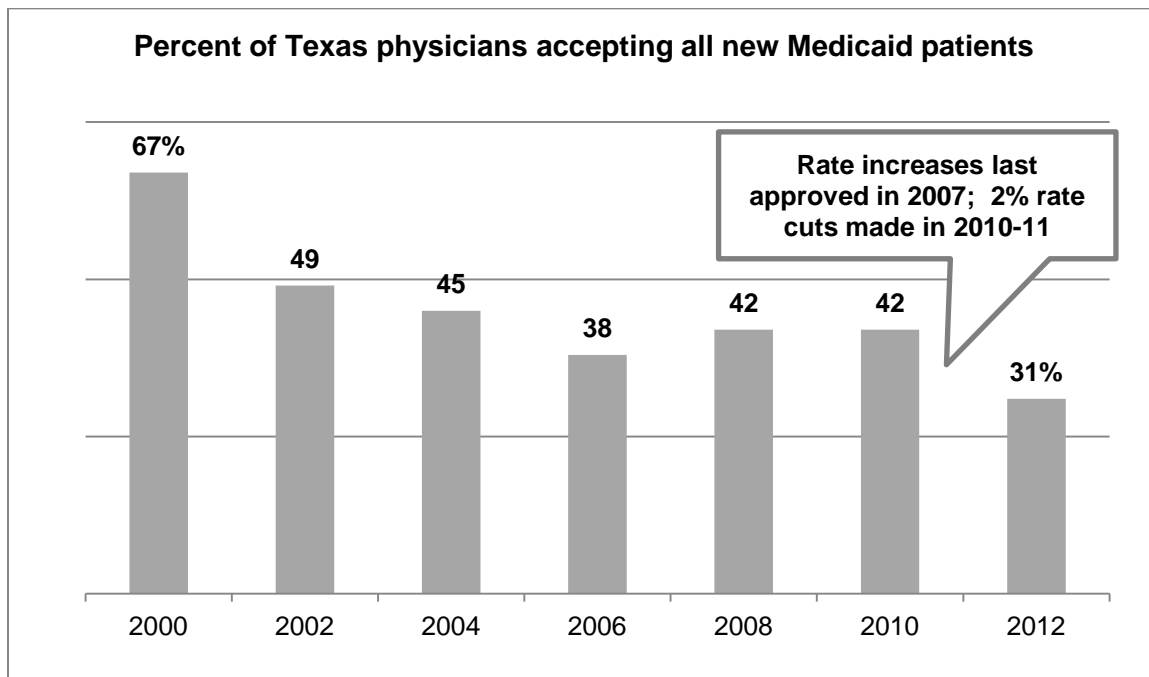
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<sup>6</sup> Texas Health and Human Services Commission, Point in Time Count, Medicaid Enrollment by Month, [www.hhsc.state.tx.us/research/MedicaidEnrollment/PIT-Monthly.asp](http://www.hhsc.state.tx.us/research/MedicaidEnrollment/PIT-Monthly.asp)

<sup>7</sup> Instead of creating the Medicaid “IOU”, the Legislature could have appropriated \$3.9 billion from the Economic Stabilization (“Rainy Day”) fund, or made additional cuts to Medicaid of at least 20 percent.

primary area in which legislators can try to slow the growth of Medicaid spending is in the rates paid to doctors and other health care providers. However, when provider rates become too low, doctors will not accept Medicaid patients, leaving many Texas enrollees with no health care providers within a reasonable distance who will see them for preventive or regular care.

After more than a decade without legislatively approved Medicaid rate increases, only 38 percent of Texas doctors would accept all new Medicaid patients, down from 67 percent in 2000, according to Texas Medical Association surveys. Rate increases approved by the legislature in 2007—partly because of the *Frew* lawsuit over children’s access to certain Medicaid services—improved the situation somewhat. In 2010, 42 percent of Texas physicians reported they were accepting all new Medicaid patients. However, after the most recent round of Medicaid rate cuts made in 2010-11, only 31 percent of physicians are willing to take new Medicaid patients.<sup>8</sup>



Source: Texas Medical Association, biennial Physician Surveys.

In addition to setting Medicaid provider rates, states have some latitude in determining who is eligible for Medicaid by income level and certain other criteria. Texas’ Medicaid policies are the most restrictive for low-income adults who are not pregnant and do not have a physical disability

<sup>8</sup> “Fewer Texas doctors willing to accept Medicare, Medicaid patients because of low pay, red tape,” Associated Press, *Austin American-Statesman*, July 8, 2012.

that prevents them from working. As a result, Medicaid covers only 7.4 percent of Texas working-age women, ranking the state 40th nationally; the U.S. average was 11.2 percent in 2010.<sup>9</sup>

Looking just at *low income* working-age women, Texas ranks even lower, in 49th place, with only 15 percent of low-income women covered by Medicaid in 2009-10. The national average was 27 percent; top-ranked Vermont and Massachusetts enrolled more than half of poor working-age women (54 percent and 52 percent, respectively) in their Medicaid programs.<sup>10</sup>

Parents are covered by Medicaid if their incomes are below 185 percent of poverty in Vermont or below 133 percent of poverty in Massachusetts. The cut-off in Texas is 26 percent of poverty, the fifth lowest state eligibility limit as of January 2012.<sup>11</sup> If Texas were to expand its Medicaid income eligibility for low-income women so that it covered the national average (27 percent), an additional 334,000 women would have health insurance, and \$1.5 billion more in federal funds would flow through the biennial budget to Texas communities for women's health care.<sup>12</sup>

The Women's Health Program (WHP) is a limited-coverage, 90-percent federally funded, Medicaid waiver program created in the 2005 legislative session. With an annual budget of about \$35 million, the program provided family-planning-related exams and counseling, health screenings (such as for diabetes, high blood pressure, and breast and cervical cancers), and birth

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<sup>9</sup> U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, CPS Table Creator. Table created for Health Insurance: Medicaid coverage in 2009-10, females aged 19 to 64, by state, [www.census.gov/cps/data/cpstablecreator.html](http://www.census.gov/cps/data/cpstablecreator.html)

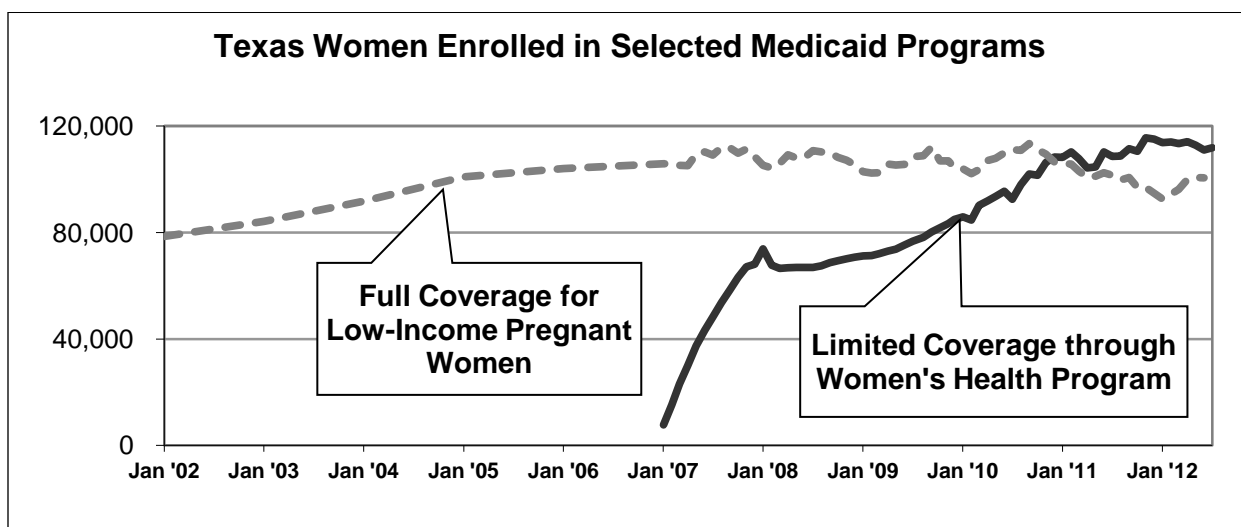
<sup>10</sup> "Low-income" means in a household with income below 200 percent of the federal poverty line. U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement 2009. CPS Table Creator. Table created for Health Insurance: Medicaid in 2009-10, females in poverty universe aged 19 to 64, by state, income to poverty ratio below 200%.

<sup>11</sup> "Medicaid" includes a Medicaid Look-Alike program. Information is from Kaiser StateHealthFacts.org, "Income Eligibility Limits for Working Adults at Application as a Percent of the Federal Poverty Level (FPL) by Scope of Benefit Package, January 2012." Vermont and Massachusetts also provided a more limited-than-Medicaid coverage to parents up to 300% of poverty.

<sup>12</sup> Calculation assumes the "usual" Medicaid match rate for health care of about 40 percent state funding, 60 percent federal funding. State General Revenue required for this example is \$1 billion per biennium. NOTE: The recent U.S. Supreme Court ruling on national health care reform makes it an option for states, beginning in January 2014, to expand Medicaid coverage to 133 percent of poverty for parents and childless adults. Expansion costs would be 100 percent federally funded initially; states would eventually pay for 10 percent of the expansion costs.

control to women ages 18 to 44 with incomes below 185 percent of poverty, or about \$34,281 for a family of three in 2011.

Enrollment in the program increased steadily after it began operating in February 2007, peaking in November 2011 at 115,559 women enrolled. Pregnant women’s enrollment in Texas Medicaid was relatively unchanged through mid-2010, averaging between 105,000 and 112,000 women served per month. Throughout 2011, pregnant women enrollment declined gradually to about 95,000, and started increasing in January 2012.



Source: Texas Health and Human Services Commission, Medicaid Enrollment by Month, Point in Time Count, [www.hhsc.state.tx.us/research/MedicaidEnrollment/PIT-Monthly.asp](http://www.hhsc.state.tx.us/research/MedicaidEnrollment/PIT-Monthly.asp), and Preliminary Point in Time, Enrollment for Women’s Health Program by Month, [www.hhsc.state.tx.us/research/wh-pit2.asp](http://www.hhsc.state.tx.us/research/wh-pit2.asp)

In February 2012, the Texas agency operating the Women’s Health Program was directed by state leadership to implement a rule banning the participation of Planned Parenthood clinics, which had been providing more than 40 percent of WHP services. In response, the federal Medicaid agency said it could no longer provide the 90 percent match, as the state’s ban on Planned Parenthood clinics violated a federal statute on client provider choice. Funding may continue through October 2012, while state officials develop and implement a transition plan to continue WHP services using other state or federal funds.

**Children’s Health Insurance Program****\$1.2 billion**

The Children’s Health Insurance Program (CHIP) offers coverage to children in families not poor enough to qualify for Medicaid but unable to afford job-sponsored or other private health insurance. In fiscal 2010, 49 percent of CHIP enrollees were girls, the same as girls’ share of the under-age-19 state population.<sup>13</sup> Assuming this share continues in 2012-13, the Texas CHIP program will cover about 287,300 girls annually at a biennial cost of \$800 million.

The CHIP Perinatal program began enrolling clients in January 2007 and can serve pregnant women who do not qualify for Medicaid maternity coverage, but whose babies will qualify for Medicaid and CHIP. Providing prenatal care and delivery services, the CHIP Perinatal program served 34,150 pregnant women in Texas in May 2012.<sup>14</sup> It will receive \$185 million annually in the 2012-13 budget.

**Long-term care****\$562 million<sup>15</sup>**

Nursing home care, hospice care, community care, and other long-term health care programs served over 164,000 low-income girls and women in 2011.<sup>16</sup> Except for state schools and other programs serving Texans with intellectual developmental disabilities, females account for more than half of the clients served by long-term care programs—for example, 67 percent of Texas Medicaid-funded nursing home residents are women, as are 70 percent of entitlement community services and supports clients funded by Medicaid, and 54 percent of Medicaid-funded waiver community care clients. This is because many long-term care programs are for the elderly, and since women tend to live longer than men, they make up a larger share of the elderly population. Details for specific long-term care programs are shown in the following table.

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<sup>13</sup> Texas Health and Human Services Commission, *Texas Children’s Health Insurance Program (CHIP) Quality of Care Report, Fiscal Year 2010*, page 2, report conducted by The Institute for Child Health Policy, University of Florida, October 2011.

<sup>14</sup> Texas Health and Human Services Commission, “CHIP Perinatal Coverage Enrollment January 2007-Present,” [www.hhsc.state.tx.us/research/CHIP/perinatal.shtml](http://www.hhsc.state.tx.us/research/CHIP/perinatal.shtml)

<sup>15</sup> Non-Medicaid only, to avoid double-counting.

<sup>16</sup> State-funded long-term care programs include nursing home or hospice care and schools for Texans with cognitive disabilities, as well as a variety of community services programs that provide assistance to clients in their own homes or in small group homes. Most of these programs are administered by the state Department on Aging and Disability Services (DADS) and local community MHMR centers.

If females' share of total clientele is unchanged from what it was in 2011, at least \$6.5 billion has been appropriated to date for their long-term care in 2012-13. A significant portion of this is Medicaid; excluding Medicaid, long-term care spending for women will be \$562 million in 2012-13.<sup>17</sup>

<b>Selected Long-Term Care Programs</b>	<b>Female clients</b>	<b>As percent of all clients, 2011</b>
<b>ENTITLEMENT COMMUNITY SERVICES</b>		
Primary Home Care	37,538	70%
Community Attendant Services	30,579	67
Day Activity and Health Services	10,933	61
<b>WAIVER PROGRAMS</b>		
Community-Based Alternatives	15,766	69
Home and Community-Based Services	7,947	41
Community Living Assistance and Support Services	1,895	41
Deaf-Blind with Multiple Disabilities	54	36
Medically Dependent Children Program	1,048	43
Consolidated Waiver Program ( <i>ended Dec. 2011</i> )	77	52
Texas Home Living Waiver	423	47
<b>NON-MEDICAID</b>		
Adult Foster Care	28	50
Consumer Managed Personal Attendant Services	208	57
Day Activity and Health Services	1,735	59
Emergency Response	1,387	33
Family Care	4,468	69
Home Delivered Meals	11,558	67
Residential Care	199	39
Special Services to Persons with Disabilities	45	47
Program of All-Inclusive Care for the Elderly	682	69
Nursing Facilities	37,790	67

SOURCE: Department of Aging and Disabilities Services, Reference Guide 2012.

<sup>17</sup> These estimates are based on total long-term care services and supports appropriations of \$9.7 billion for the Department of Aging and Disability Services, as reported by the LBB in *Fiscal Size-up 2012-13*, pages 160-161. Federal Medicaid funds included in this amount total \$5.7 billion, which would require a \$3.5 billion state GR match; another \$840 million in LTC services is non-Medicaid programs. The Medicaid IOU for long-term care was estimated in January 2012 to be \$0.8 billion in state General Revenue, and does not affect state supported living centers or Medicaid waiver slots.

Provider rate cuts made in the 2010-11 interim and the 2012-13 budget that affect long-term care programs include:

- Fiscal 2011: a 3 percent cut to nursing homes; 1 percent cut for hospice care; 2 percent cut for Home and Community-Based Services (HCS waiver); and 3.0 percent cuts for Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID), except for state supported living centers;
- Fiscal 2012-13: the 2011 rate cuts are continued; additional cuts are enacted of 1 percent for HCS, 2 percent for hospice care, and 2 percent for ICF/IID, except for state centers.

Prior to the 2011 budget cuts, waiting lists for various community care programs had been reduced, giving clients the option to live in their own homes, a small group home, or some other alternative to a large state institution or private nursing home. However, not much progress had been made on improving the pay or benefits of state-funded community care workers, who are overwhelmingly female.

A national study estimates that 90 percent of direct-care workers are women, and state-level studies have found wage levels to be extremely low, benefits (such as health insurance) unavailable or unaffordable, and workers improperly supervised or trained and therefore at risk of injuring themselves.<sup>18</sup> These workers are not state employees, but state budget funding for community care determines not just the number of clients that can be served and the hours of services provided, but also the wages that can be paid to their caregivers. In May 2011, the median hourly wage for all personal care aides in Texas—not just those providing state-funded community care—was the 48<sup>th</sup> lowest among states at \$8.49, compared to a U.S. median of \$9.49. Home health aides had a median hourly wage of \$8.75 in Texas (47<sup>th</sup> lowest), versus \$9.91 nationally.<sup>19</sup> The broader occupational category of nursing, psychiatric, and home health aides employed 158,504 Texas women in 2010, eight times as many as the 19,043 Texas men with these jobs.<sup>20</sup>

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<sup>18</sup> Texas Department of Aging and Disability Services, *Stakeholder Recommendations to Improve Recruitment, Retention, and the Perceived Status of Paraprofessional Direct Service Workers in Texas*, June 2008.

<sup>19</sup> Median hourly wage data by occupation are from the Bureau of Labor Statistics, May 2011 Occupational Employment and Wage Estimates, [www.bls.gov/oes/current/oesrcst.htm](http://www.bls.gov/oes/current/oesrcst.htm)

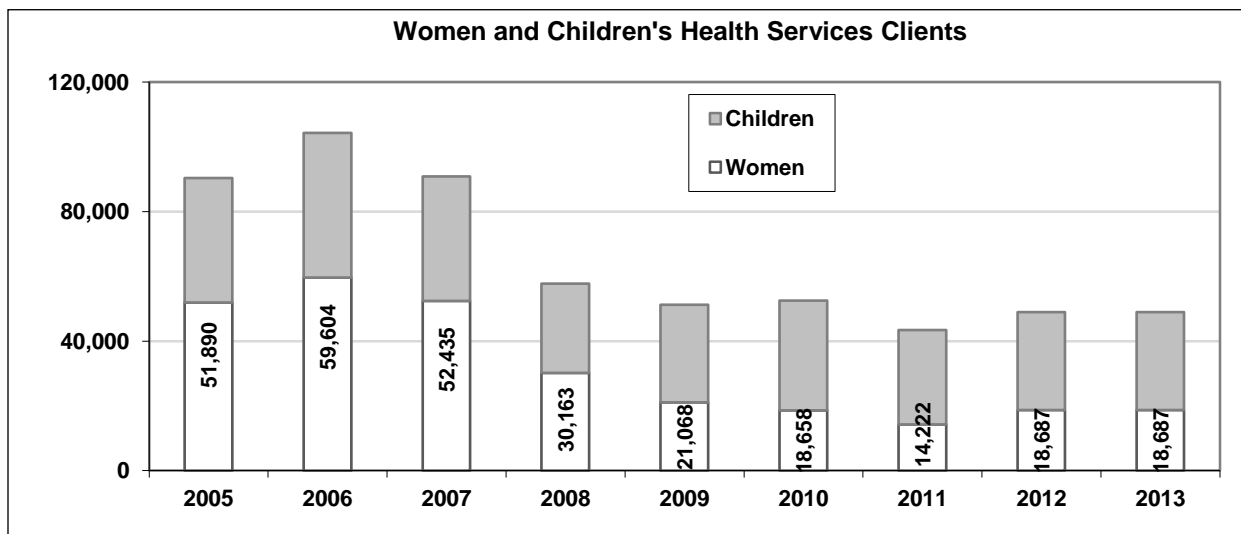
<sup>20</sup> U.S. Census Bureau, American Community Survey 1-Year Estimates for Texas, Table B24010. Sex by Occupation for the Civilian Employed Population 16 Years and Over - Universe: Civilian employed population 16 years and over.

**WIC Nutrition****\$1.8 billion**

WIC—the **Special Supplemental Nutrition Program for Women, Infants, and Children**—is a federally funded program operated by the state to improve the diet and nutrition of pregnant, postpartum, and breastfeeding women and their infants and children. Almost 1 million Texans participated in WIC in May 2012; 25 percent were women and 75 percent were children and infants.<sup>21</sup> In the 2012-13 biennial budget, the distribution of \$1.77 billion in federal WIC food benefits and nutritional education services will be overseen by the state Department of State Health Services (DSHS).

**Women and Children’s Health Services****\$151 million**

DSHS also administers **Women and Children’s Health Services**, which has a budget of \$151 million for 2012-13, and includes various programs. For example, the Title V Fee-for-Services Maternal and Child Health program serves infants and high-risk pregnant women, providing maternity services, child care, case management, dental care, and other services. Clients must be below 185 percent of the poverty line (\$35,316 for a family of three in 2012) and not eligible for Medicaid or CHIP.



<sup>21</sup> Texas Department of State Health Services, “[WIC Participation by Category–May 2012](#)”. Total participation for the month was 966,144, which included 101,027 pregnant women, 101,411 breastfeeding women, and 49,123 postpartum (up to 6 months) women; 226,732 infants; and 487,851 children ages 1 to 5. Over the course of a year, Texas WIC reaches over 1.7 million women, infants, and children.



## Family Planning

**\$38 million**

The Texas state budget also provides family planning services by helping to fund clinics throughout the state that provide low-cost reproductive health care services to women and men—61,135 adults and adolescents annually in 2012-13.<sup>22</sup> Clinics are operated by community health centers, local health departments, hospitals, medical schools, and nonprofit organizations. The 2011 legislature reduced DSHS family planning funding by 66 percent compared to the prior biennium (2010-11); for more information, see CPPP’s [“Examining the Alternatives for the Women’s Health Program.”](#)

## Child Protective Services/Foster Care

**\$803 million**

In 2011, over 34,000 girls in Texas were newly confirmed as victims of abuse or neglect (52 percent of all victims), and almost 7,900 girls were in foster care (46 percent of foster children).<sup>23</sup> Based on those shares, Texas will spend an estimated \$803 million in 2012-13 providing investigative and foster care services to protect girls from abuse or neglect. [These figures do not include state Department of Family and Protective Services funding for abuse prevention, adoption subsidies, or child care provided to foster families.]

However, despite the considerable amount of funding and staff dedicated to fight child abuse in recent legislative sessions, Texas ranked 46<sup>th</sup> in per-capita public spending in 2010 on child protection.<sup>24</sup> The 2011 cuts to child protective services include a 44 percent cut to programs designed to prevent abuse or neglect; a 4 percent cut to the intake staff that processes new reports of suspected child abuse or neglect; and less funding than needed to address growing caseloads in foster care and family services.<sup>25</sup>

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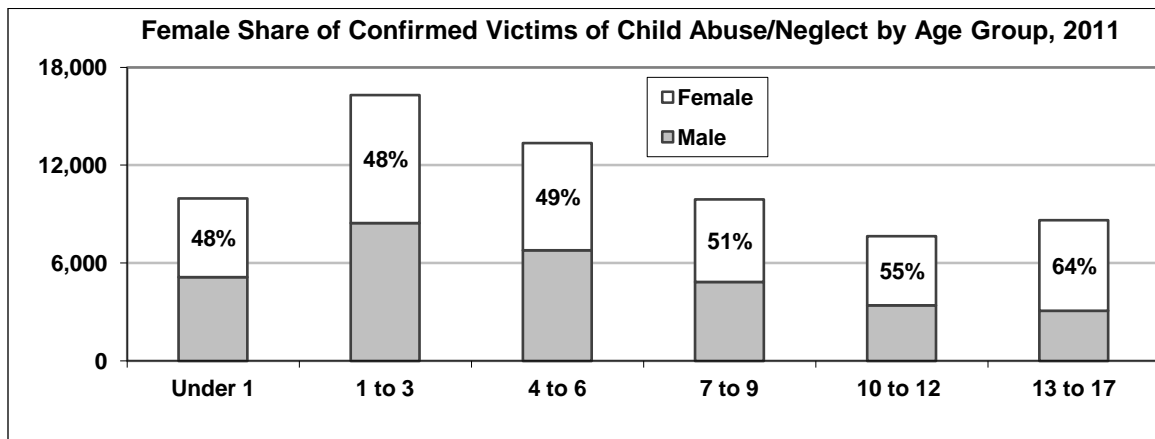
<sup>22</sup> According to [DSHS](#), services include “Health check-up and physical exam; follow-up for medical problems; birth control methods; natural family planning; emergency contraception; lab tests for cervical cancer (Pap), sexually transmitted diseases (STDs), HIV, diabetes, and anemia, etc.; medication for STDs and urinary infections; pregnancy testing; abstinence; pre-conception counseling (planning for having a healthy pregnancy); nutritional counseling; and infertility counseling. No state or federal family planning funds are used to pay for abortions.”

<sup>23</sup> Texas Department of Family and Protective Services, [2011 Data Book](#), pages 45 and 53.

<sup>24</sup> “Per capita” was calculated as total child welfare spending in 2010 for each state divided by its population under the age of 19. Spending data are from Child Trends, [Federal, State, and Local Spending to Address Child Abuse and Neglect in SFYs 2008 and 2010](#), June 2012.

<sup>25</sup> For more details on CPS funding issues, see [“The 2012-13 Budget for Child Protective Services: The Good, the Bad, and the Ugly,”](#) June 2011; and [“Child Protective Services in Texas: Buying What We Want,”](#) January 2012, by Jane Burstain.

Looking more closely at state data, gender differences emerge that suggest the need for further policy research or interventions focused on females. For example, although girls were 52 percent of confirmed abuse/neglect victims overall in 2011, their share increases by age, to 64 percent of teenage victims. (See chart.) It is unclear from the reported data whether this is a result of better investigations (leading to a confirmation) when the victim is a girl, or whether girls are in fact a larger share of abuse or neglect victims as children get older.



Source: Texas Department of Family and Protective Services, 2011 Annual Data Book.

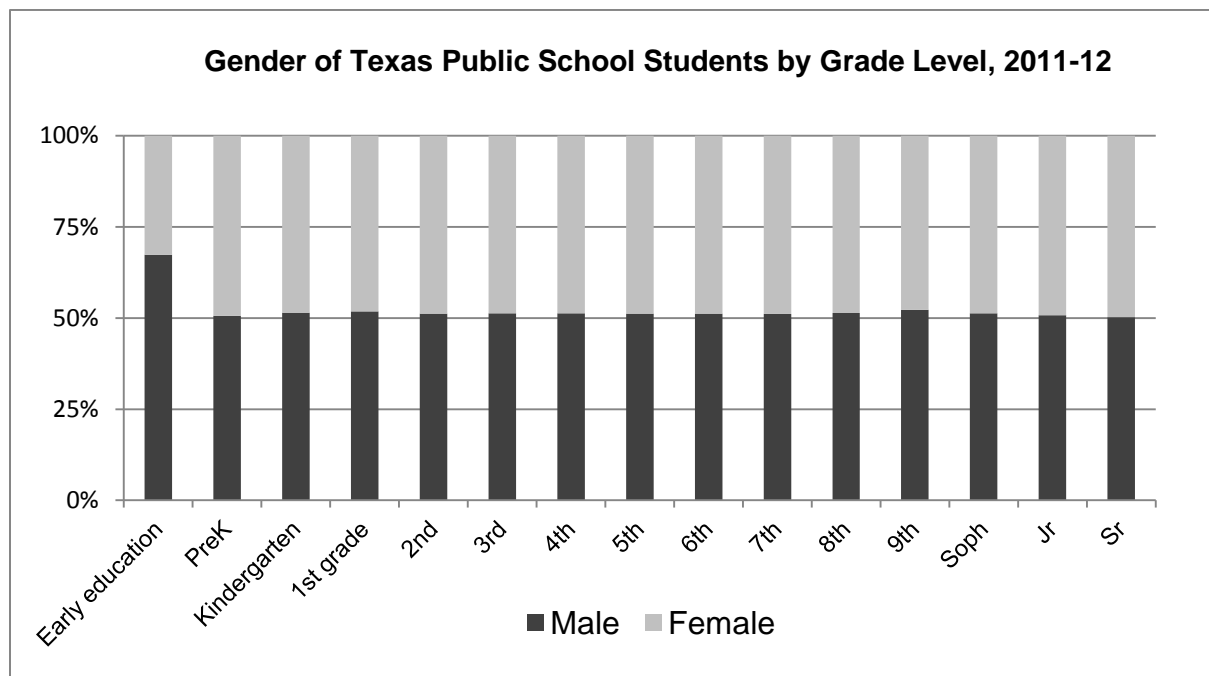
Gender differences also exist in state data on perpetrators of abuse or neglect. Overall, women were 56 percent of those identified by DFPS as having abused or neglected children in 2011. This is because parents were identified as the perpetrator in 78 percent of cases—50 percent of the time, a female parent, and 28 percent by the male parent. But looking at the data by age group, different patterns emerge: when the abuser is also a child (under age 18), 64 percent of identified perpetrators were male, and only 36 percent were female. Females were also a smaller share (41 percent) of perpetrators who were 45 years of age or older. Along with restored and expanded funding for prevention programs, further research by gender and age could identify intervention and prevention strategies to break the cycle of abuse.

## ECONOMIC SECURITY

### Elementary/Secondary Education

**\$24 billion<sup>26</sup>**

Access to public education is the single largest commitment made by the State of Texas to its residents, whether in terms of dollars spent or people educated. Of Texas' 4.75 million public school students, 49 percent are female, slightly higher than their share of Texas' school-age population (48 percent).<sup>27</sup> Females are about half of the students in every grade level except for early education—early childhood programs other than state-approved pre-kindergarten and kindergarten—where only 33 percent of enrolled students are girls.



Source: Texas Education Agency, PEIMS Standard Reports, “2011-12 Student Enrollment,” accessed June 2012.

<sup>26</sup> Spending figures for each category are biennial (for 2010-11), and include state and federal funds appropriated through the state budget. Local government spending for each category, such as local property taxes for public schools, is not included.

<sup>27</sup> Females are 48 percent of the Texas school-age population in 2011 regardless of whether the age range is defined as 3 to 18, 4 to 18, or 5 to 18 years old, according to the U.S. Census Bureau's Current Population Survey, Annual Social and Economic Supplement 2011.

Assuming that female students cost the same as male students to educate, an estimated \$24.7 billion in state, local and federal dollars was spent in Texas on the public schooling of girls in the 2010-11 academic year.<sup>28</sup> About \$10 billion of the total, or 41 percent, was local property taxes; \$988 million (4 percent) was other local funds; \$10.7 billion (43 percent) came from state General Revenue and other state funds; and \$2.9 billion (12 percent) was federal funds.<sup>29</sup>

Looking at school spending solely from the state's point of view—and again, assuming that female students account for the same share of enrollment and school costs—the state budget will allocate \$24.0 billion for girls' public schooling in the 2011-12 and 2012-13 school years.<sup>30</sup>

Girls in Texas generally score better than boys do on state standardized tests, except for the areas of science and math. Female students also have better graduation rates, are better prepared for college when they graduate from public high schools, and have lower dropout rates than male students. However, in recent years this achievement gap has been closing but in the wrong direction—not because boys are doing better, but because girls are doing worse, especially in high school completion.

Despite public education being a budget priority at both the state and local government level, Texas ranks 46<sup>th</sup> among the states in spending per pupil and 50<sup>th</sup> in the percent of women age 25 or over with at least a high school diploma.<sup>31</sup> The most significant and immediate challenge in the state budget is finding a way to finance public schools equitably and adequately: a 2006 attempt to provide property owners with school tax relief has proven to be only a short-term solution that creates a hole in the state budget of about \$10 billion every biennium. Temporary federal aid in the Recovery and Reinvestment Act of 2009 gave legislators some time to come up

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<sup>28</sup> This assumption is based on the fact that no state school finance formulas directly take gender into account, nor are any major sources of federal funds for public education specifically targeted by gender.

<sup>29</sup> Texas Education Agency, Public Education Information Management System (PEIMS) Actual Financial data for 2010-11 school year. In 2010-11, \$1.6 billion of federal State Fiscal Stabilization Funds was used instead of state General Revenue; this is included in the state figures cited.

<sup>30</sup> Technically, the 2012-13 appropriations act provides only \$47 billion for schools; another \$2.3 billion payment to districts was postponed into the 2014 school year (the 2014-15 appropriations act). The \$24 billion calculation includes the delayed payment.

<sup>31</sup> National Education Association, [\*Rankings of the States 2011 and Estimates of School Statistics 2012\*](#), December 2011; U.S. Bureau of the Census, 2008-2010 American Community Survey 3-Year Estimates, Table C15002. Sex by Educational Attainment for the Population 25 Years and Over.

with a school finance solution. But in the 2011 session, time ran out, with bleak state revenue forecasts and state leadership’s refusal to use the Rainy Day fund combining to make schools the target of unprecedented budget reductions. The 2011 legislature cut \$4 billion from school finance formulas and another \$1.3 billion from various grants to school districts, such as pre-kindergarten expansion grants. Six lawsuits have been filed to date, challenging the adequacy, efficiency, and inequities of school funding.<sup>32</sup> Court rulings on the lawsuits are not expected to arrive in time to affect school funding decisions made by the 2013 legislature in the regular session, but special sessions on school finance may be necessary.

**SIDEBAR: Public and Private Enrollment**

Looking at enrollment rates in *any* type of early education program—public or private—the difference between girls and boys that is seen in public schools vanishes for Texas 3- and 4-year-olds. However, when national averages are also brought into the equation, it is clear that Texas children are considerably less likely to be enrolled in public or private early education programs. After age 18, Texas women are also less likely to be enrolled in school or college/university programs than are women in the U.S. on average.

**Educational Enrollment by Gender and Age, 2010**

Percent of age group enrolled in any school, public or private	Texas males	Texas females	U.S. female average
3 and 4 year-olds	42.7%	42.4%	<b>47.6%</b>
5 to 9	96.0	96.3	95.7
10 to 14	98.7	98.7	98.4
15 to 17	96.5	96.8	96.8
18 and 19	66.9	71.2	<b>77.0</b>
20 to 24	34.3	41.0	<b>46.4</b>
25 to 34	11.4	14.3	<b>15.7</b>
35 and over	2.4	3.4	<b>3.5</b>

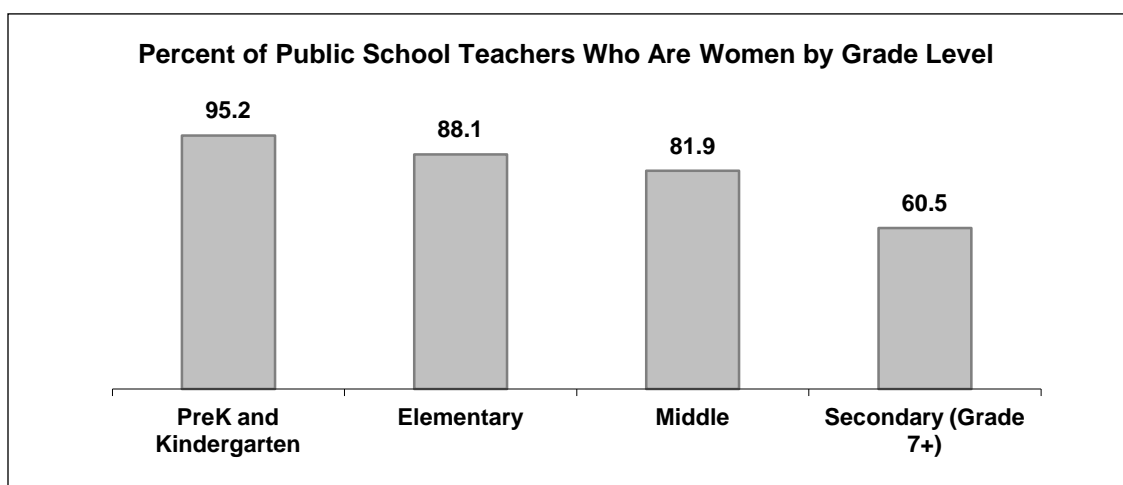
Source: U.S. Census Bureau, 2010 American Community Survey, Table B14003.

<sup>32</sup> The Texas Tribune has a [guide to the various lawsuits](#) that is updated regularly.

## Public Schools' Role as an Employer

Along with their role in educating children, Texas public schools are a major employer of women; 77 percent of public school teachers are female. Teachers and other school staff are local government employees, not state workers, but the state budget does have an impact on pay and teacher-to-student ratios through the state aid provided to school districts and also through state support for retiree benefits such as pensions and health insurance.

By grade level, women especially dominate the teaching field in the early years of school, with men more likely to teach at the secondary school level.



Source: Texas Education Agency, Texas Public School Districts Including Charter Schools, Full-Time Equivalent Counts by Personnel Type, Gender and Ethnicity, PEIMS Data 2008-09.

Various other school occupations are overwhelmingly female, such as nurses (99 percent), speech therapists (98 percent), librarians (97 percent), occupational therapists (97 percent), and counselors (90 percent). Educational aides (89 percent female), teacher facilitators (89 percent), social workers (88 percent), teacher supervisors (86 percent), and school psychologists/specialists (84 percent) are other occupations employing large numbers of women, as are auxiliary jobs (72 percent female) such as cafeteria worker, janitor, or bus driver.

In administrative positions, women are 60 percent of Texas public school principals and 61 percent of assistant principals, 67 percent of business managers, and 59 percent of human resources/personnel directors. But at the highest management level—school superintendent—women are only 20 percent of the total. Right below superintendent, the number of assistant/associate/deputy superintendents is split almost evenly by gender: 515 women and 549

men were employed in these jobs in 2010-11. Athletic director (9 percent female) and athletic trainer (37 percent female) are the only major job category besides school superintendent in which significantly fewer women than men are employed.

Occupations employing the highest total number of women in 2010-11, along with the corresponding number of men employed and the average base pay (regardless of gender), are shown below. The average pay for auxiliary workers is only \$22,945, which would barely keep a family of four above the poverty line in 2011 (\$22,350). Educational aides make slightly more than the income needed to keep a family of three out of poverty (\$18,530).

<b>Public School Job</b>	<b>Women</b>	<b>Men</b>	<b>Average Base Pay</b>
Teacher/Special Duty Teacher	261,193	79,032	\$48,639
Auxiliary (Cafeteria, Custodial, Bus Driver, etc.)*	129,238	50,514	22,945
Educational Aide	57,670	6,860	18,754
Counselor	10,529	1,208	59,171
Other non-instructional district employee	8,171	6,286	63,598
School Nurse	6,074	70	46,870
Assistant Principal	5,850	3,802	65,403
Teacher Facilitator	5,277	649	56,355
Other Campus Prof. Personnel	5,270	1,393	51,828
Librarian	5,243	177	55,342
Principal	4,802	3,143	80,961
Speech Therapist/Speech-Language-Pathology Services Provider	4,024	88	53,732
Educational Diagnostician	3,710	242	59,838
Dist. Instructional Program Dir./Exc. Dir.	2,434	581	77,271
Department Head	2,071	621	54,608
Teacher Supervisor	1,511	237	62,336
Licensed Specialist/Psychologist	1,273	238	57,252
Occupational Therapist	666	23	57,738
Social Worker	591	78	50,715
Asst./Assoc./Deputy Superintendent	515	549	114,429
Business Manager	503	244	72,864
Registrar	400	12	36,342
Certified Interpreter	303	28	29,387
Athletic Trainer	290	487	50,746
Physical Therapist	272	22	59,712
Superintendent/CAO/CEO/President	229	913	119,080
Athletic Director	79	757	79,187
All other	1,368	595	NA
<b>All School Personnel</b>	<b>519,556</b>	<b>158,849</b>	<b>\$40,666</b>

Source: Texas Education Agency, Texas PK-16 Public Education Information Resource, “Employed Personnel – Count of Personnel, Statewide by Role, Gender and Ethnicity, 2010-11,” and Standard Reports, “2010-2011 Staff Salaries and FTE Count Reports – Excluding ESC Staff”.

### ***School Staff Impacts of 2012-13 Budget Cuts***

For the 2011-12 academic year, Texas school districts and charter schools reported total full-time equivalent (FTE) employment of 639,218.<sup>33</sup> This is a decrease of 25,286, or 3.8 percent, from the 2010-11 school year’s level of 664,504 FTEs, and is the first time in two decades that Texas school staffing has dropped compared to the prior year. In the same year, student enrollment increased by almost 65,000, or 1.3 percent.<sup>34</sup>

With fewer teachers and educational aides but more students, hundreds of school districts have requested and received waivers from the state to the 22-pupil-per-classroom cap for kindergarten through 4<sup>th</sup> grade. At least 7,000—and possibly as many as 8,000—elementary classrooms are affected, along with more than 150,000 students.<sup>35</sup> Classroom sizes have also grown at the middle and high school levels, where waivers are not needed to exceed the 22-to-1 student-teacher ratio. Parents and others have raised concerns about the likely harm to the quality of education that students are receiving in more crowded classrooms, but any negative outcomes (as measured by the state’s accountability system and tests) will take years to manifest themselves.

One impact that can already be seen is the effect on women’s unemployment. Since 2002, Texas women have generally had a lower unemployment rate than men, although the economic boom which ended after 2008 did more to reduce men’s unemployment, to 3.8 percent in 2007.

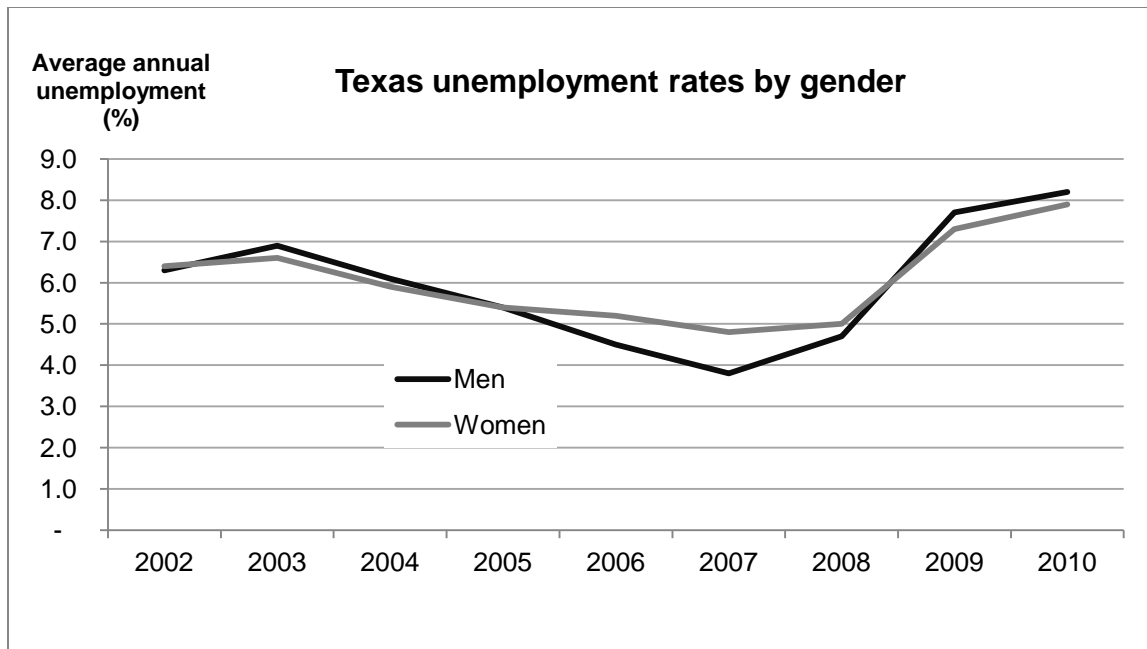
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<sup>33</sup> Texas Education Agency, “Staff FTE Counts,” <http://ritter.tea.state.tx.us/adhocrpt/adpeb.html> . The number of 2011-12 teachers was 324,213; educational aides, 58,048. For 2010-11: 334,940 teachers, 62,896 aides.

<sup>34</sup> Texas Education Agency, Student Enrollment Reports, <http://ritter.tea.state.tx.us/adhocrpt/adste.html>

<sup>35</sup> Terrence Stutz, “Waivers to Texas class size law triple, thanks to funding cuts,” *Dallas Morning News*, November 24, 2011; “Class-Size Waivers Proliferate,” Texas AFT Legislative Hotline, February 1, 2012.

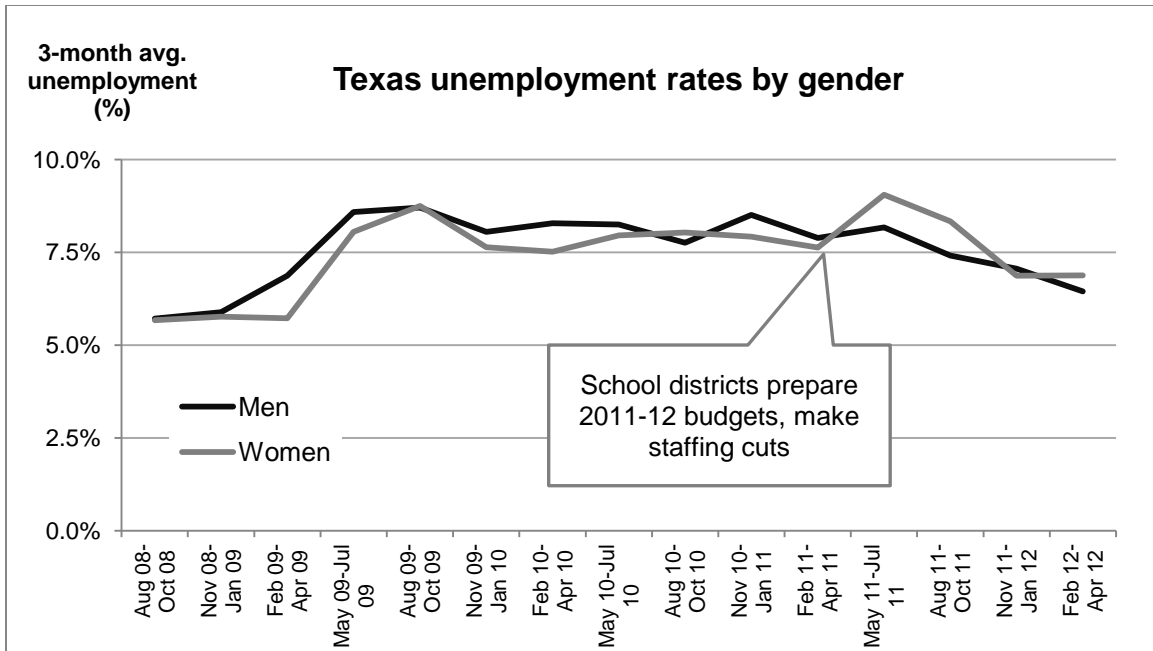




Source: U.S. Bureau of Labor Statistics, [Annual Geographic Profiles of Employment and Unemployment](#).

But after the recession hit Texas in late 2008, a different unemployment trend emerged. The unemployment rate for Texas women did not begin to rise until the spring of 2009, and remained below the male unemployment rate through the spring of 2011. Spring 2011 is also when many Texas school districts, fearing worst-case state funding scenarios for the coming two years, began laying off staff, offering early retirement incentives, and leaving vacant positions unfilled. Early surveys and news reports indicated that at least 12,000 school jobs were eliminated in Spring 2011,<sup>36</sup> although some school districts later rehired or added staff once the actual budget cuts were known. Given their large share of school employment, women most likely held a majority of the 25,000+ school jobs eliminated in the first year of the budget. Texas female unemployment continues to be higher than male unemployment, although it has improved in recent months.

<sup>36</sup> Phillip Martin, Progress Texas, "[12,353 Fewer Public School Jobs in Texas \(And Counting\)](#)," Burnt Orange Report, May 4, 2011.

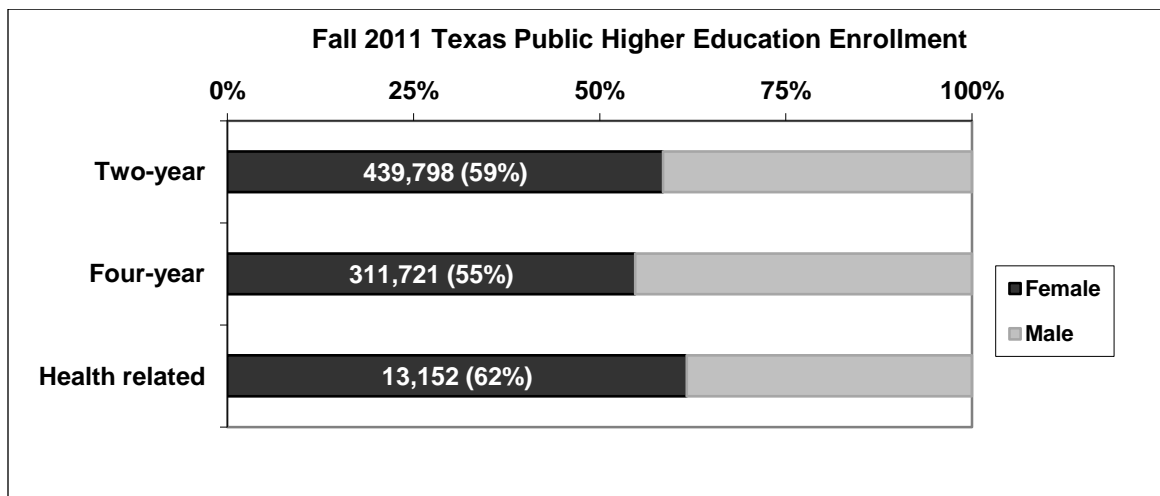


Source: U.S. Census Bureau, Current Population Survey, seasonally unadjusted data, three-month averages.

**Higher Education**

**\$4.8 billion**

Almost 765,000 women were enrolled at Texas public community colleges and universities in the Fall 2011 semester, when women were 57 percent of Texas’ public college students overall. By type of institution, female enrollment is higher at health-related institutions and community colleges/other two-year institutions than at four-year institutions.



Source: [Texas Higher Education Accountability System](#). Community college data is for enrollment of credit students only, not all students. Two-year institutions include community, junior, and technical colleges.

At Texas' 78 two-year institutions, women's share of total enrollment averages 59 percent and ranges from a high of 70 percent at Panola College, in Carthage, to a low of 26 percent at the Marshall campus of the Texas State Technical College (TSTC); TSTC's main campus in Waco has student enrollment that is only 27 percent female. The average annual starting salary of a TSTC Waco graduate with an **associate's** degree is \$32,000.<sup>37</sup> This is more than the median earnings of \$26,000 for recent female graduates in Texas with at least a **bachelor's** degree in 2010.<sup>38</sup> Recruitment efforts targeted at increasing female enrollment in TSTC programs could help many women increase their educational attainment and their earnings potential, while reducing the opportunity costs of lost income while being a full-time student.

At public four-year institutions, women averaged 55 percent of the student body. Texas Woman's University has 90 percent female enrollment, followed by Sul Ross State University Rio Grande College (76 percent) and Texas A&M-Texarkana (70 percent). At the other end of the spectrum for four-year colleges, women are only 39 percent of enrollment at Texas A&M-Galveston, 44 percent at the University of Texas at Dallas and 45 percent at Texas Tech.

Health-related institutions overall had a Fall 2011 enrollment that was 62 percent female. At the UT M.D. Anderson Cancer Center and the Texas Tech University Health Sciences Center, enrollment was over two-thirds female—69 percent and 67 percent, respectively. On the low end, the University of Texas Southwestern Medical Center's enrollment was 51 percent female.

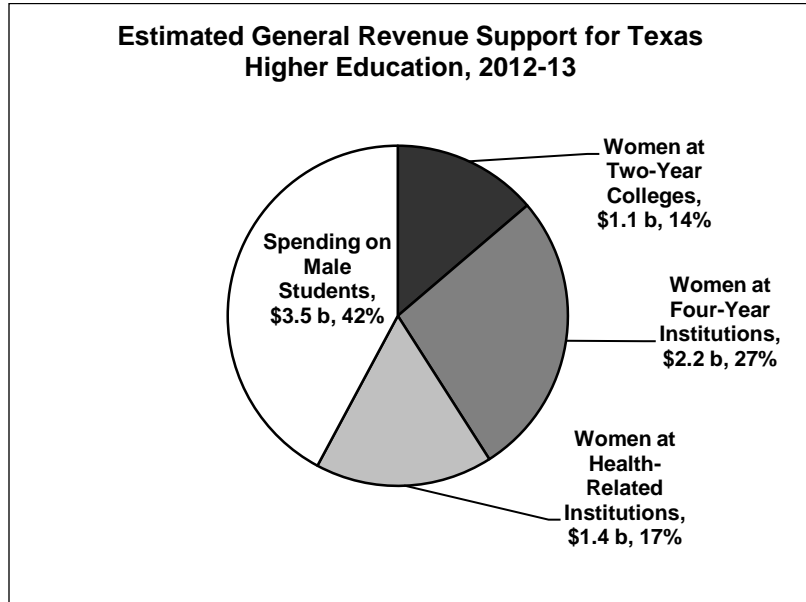
Combining gender enrollment data with state General Revenue support for specific types of institutions in 2012 and 2013, an estimated \$4.8 billion will be spent on higher education for women, compared to \$3.5 billion for men's higher education.<sup>39</sup> (This does not include \$3 billion in other higher education general revenue for state and campus-based financial aid programs, university employee benefits, the Higher Education Fund, and system administration.)

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<sup>37</sup> Texas State Technical College, [www.tstc.edu/waco/faqs/](http://www.tstc.edu/waco/faqs/)

<sup>38</sup> U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011. Median person earnings in 2010 by educational attainment for females ages 22 to 23 in Texas who worked full-time, year-round.

<sup>39</sup> Estimate does not include higher education administrative and employee benefits cost; funding for Higher Education Coordinating Board programs; the Higher Education Fund; system administration; or non-degree granting higher education agencies in the state budget.



Texas ranks 31<sup>st</sup> among the states in its share of women age 25 or over with at least a bachelor's degree (28 percent).<sup>40</sup> Improving this ranking requires ensuring the continued affordability of public higher education – a significant challenge, given the drop in state General Revenue support and increased costs to students after tuition deregulation in 2003.

**Texas Public Higher Education Tuition Increases, Fall 2003 Semester versus Fall 2011**

	Female share of Fall 2011 enrollment	Percent increase in tuition (State Average: 90%)
<b>Highest % of Female Enrollment</b>		
Texas Woman's University	90%	100%
Sul Ross State – Rio Grande	76	NA
Texas A&M – Texarkana	70	81
University of North Texas at Dallas	70	NA
Texas A&M – San Antonio	68	NA
Texas A&M – Central Texas	66	NA
University of Houston – Victoria	64	85
University of Houston – Clear Lake	64	71
Stephen F Austin State University	63	115
Prairie View A&M University	62	116

<sup>40</sup> U.S. Census Bureau, Current Population Survey, 2011 Annual Social and Economic Supplement, Educational Attainment-Detailed, Females Ages 25 and Over.

<b>Highest Total Female Enrollment</b>	Female share of Fall 2011 enrollment	Percent increase in tuition (State Average: 90%)
University of Texas at Austin	25,763	80
Texas A&M College Station	23,176	90
University of Houston	19,841	95
Texas State University – San Marcos	19,224	99
University of North Texas	19,223	85
University of Texas at Arlington	18,737	96
University of Texas at San Antonio	15,151	98
Texas Tech University	14,539	86
Texas Woman’s University	12,994	100
University of Texas at El Paso	12,249	89

Source: Texas Higher Education Coordinating Board. Increases are for academic charges (tuition, mandatory fees, average college and course fees).

### **Child Support Enforcement**

**\$555 million**

In Texas, child support enforcement services are administered by the Office of the Attorney General (OAG). These services are free of charge to all custodial parents (typically the mother or grandparents) who seek the state’s help in getting the noncustodial parent to pay child support, with the family receiving all the child support collected on their behalf. A notable exception is that, in the case of cash assistance (TANF, or Temporary Assistance for Needy Families) recipients, only \$50 per month goes to the family as a TANF supplement, and any child support beyond that is retained by the state to recoup public assistance costs. (Parents of children receiving TANF or certain Medicaid services are required to cooperate with OAG staff in locating the noncustodial parent and establishing paternity and child support orders if needed.)

In 2012-13, \$555 million is budgeted for OAG child support programs. About half, or 53 percent of this, is federal funding; one third (34 percent) is collections retained from families receiving TANF, and the remaining 13 percent is state revenue. OAG enforcement efforts will help 1.1 million Texas families receive child support, which totaled \$3.1 billion in 2011 and is expected to rise to \$3.4 billion by 2013.<sup>41</sup> An estimated 80,100 Texas children were lifted out of poverty in

<sup>41</sup> Legislative Budget Board, *Fiscal Size-Up 2012-13*, page 79.

2010 because of the amount of child support their families received, reducing the child poverty rate from 28 percent to 27 percent.<sup>42</sup>

### **TANF Cash Assistance**

**\$231 million**

The provision of cash welfare, or Temporary Assistance for Needy Families, is one of the areas where Texas does relatively little for single mothers and children in need. A combination of restrictive state policies and benefit levels results in very few poor families receiving any cash assistance: in 2010, when almost 4.4 million nonelderly Texans were living below the poverty line, fewer than 104,000 Texas children and 21,000 parents received TANF.<sup>43</sup> The monthly TANF grant averaged \$71 per person, meaning that a family of three received \$213, or 14 percent of the poverty line. Texas had the fourth lowest TANF spending on basic assistance per family in federal fiscal 2011, ahead only of South Carolina, Arkansas, and Mississippi.<sup>44</sup>

For 2012-13, Texas has budgeted \$231 million for TANF cash assistance. This is well below—by \$1.6 billion—the Texas constitution’s limit on “assistance grants to or on behalf of needy dependent children and their caretakers.”<sup>45</sup> TANF caseloads are projected to increase, from about 121,335 in 2010 to 125,152 in 2013.<sup>46</sup>

### **Child Care Subsidies**

**\$1.0 billion**

Child care subsidies are provided to “working poor” families, families receiving TANF assistance, and some children in the child protective services system through local workforce development boards and the Texas Workforce Commission. Relying heavily on federal Child Care and Development Funds (CCDF) dollars, Texas child care funding has been relatively flat

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<sup>42</sup> CPPP estimate based on U.S. Census Bureau, Current Population Survey, 2011 Annual Social and Economic Supplement, using Alternative Poverty Status definitions for Texans under 18 that exclude child support income.

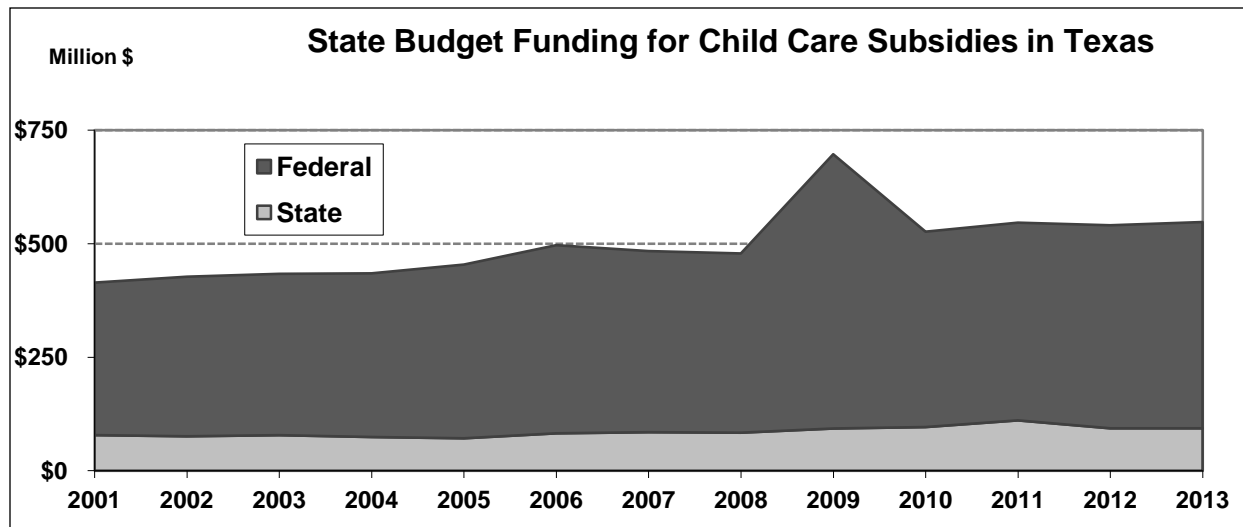
<sup>43</sup> Texas Health and Human Services Commission, Monthly TANF Cases and Recipients Statewide, December 2010, [www.hhsc.state.tx.us/research/TANF\\_FS.asp](http://www.hhsc.state.tx.us/research/TANF_FS.asp). Estimate of nonelderly Texans in poverty is based on U.S. Census Bureau, Current Population Survey, 2011 Annual Social and Economic Supplement.

<sup>44</sup> Calculated from states’ TANF federal and state maintenance of effort spending on basic assistance, divided by the average monthly number of TANF and SSP families in federal fiscal 2011. Caseload and financial data available at [www.acf.hhs.gov/programs/ofa/data-reports/index.htm](http://www.acf.hhs.gov/programs/ofa/data-reports/index.htm).

<sup>45</sup> Article III, 51-a, Texas Constitution. The maximum spending is 1 percent of the state budget in any biennium.

<sup>46</sup> Texas Health and Human Services Commission Operating Budget for 2012 and General Appropriations Act for the 2012-13 Biennium.

in the last decade. In 2009, state child care funding received a temporary boost because of the American Recovery and Reinvestment Act.



Source: Texas Legislative Budget Board and Texas Workforce Commission.

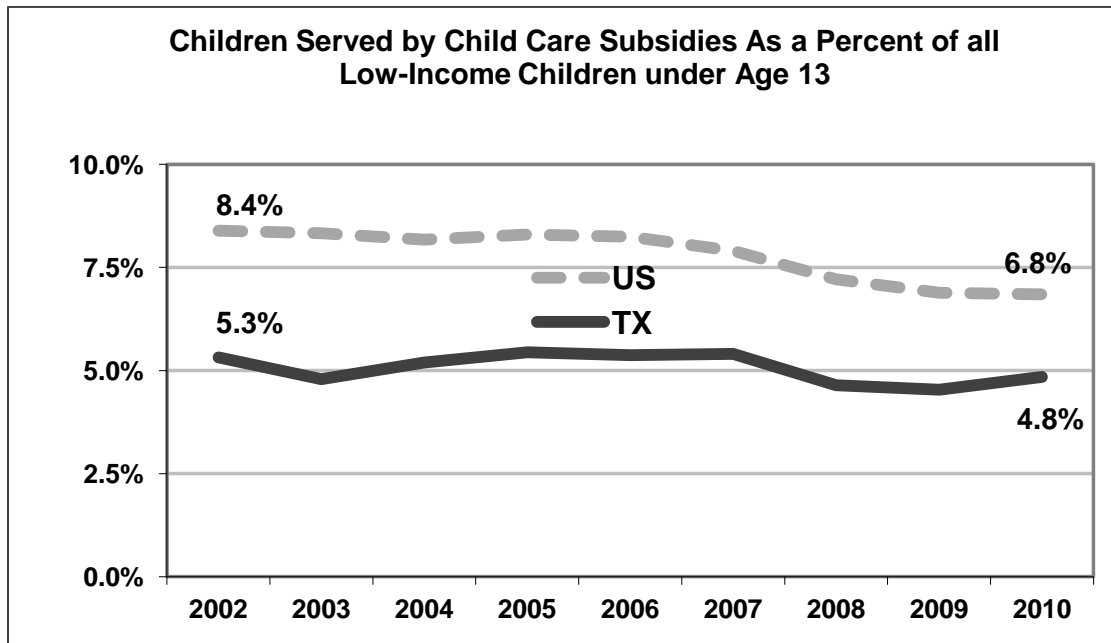
Children eligible for subsidized care are typically under the age of 13, in families with income below 85 percent of the state median income—\$46,773 for a family of three in fiscal 2012—and have parents who are working or in education or training programs. A small number of Texas children are in state-subsidized child care because they are in protective services or because their family receives cash assistance through TANF. The vast majority are in working but low-income families: in Texas, only 1 percent of families served by CCDF-supported child care also received TANF in 2010, compared to a national average of 17 percent. (Texas ranked 49<sup>th</sup>, ahead of Wyoming.)<sup>47</sup>

Federal law caps eligibility for CCDF-funded care at 85 percent of the state’s median family income, and 18 of Texas’ 28 workforce boards set their basic eligibility criteria at this maximum level. Two boards use 80 percent of state median income (\$44,021 annually for a family of three), while three set it at 75 percent (\$41,270). The remaining boards use lower eligibility caps based on poverty, not median income. The Gulf Coast (Houston) uses 200 percent of poverty (\$37,060 for a family of three); the Tarrant County and Dallas boards cap basic eligibility at 185

<sup>47</sup> U.S. Department of Health and Human Services, Administration on Children and Families, Child Care Bureau, *FFY 2010 Child Care and Development Fund Data Table (Preliminary Estimates)*, [Table 16: Average Monthly Percent of Families Receiving TANF \(FFY 2010\)](#).

percent of poverty (\$34,281); Upper Rio Grande uses a 175 percent of poverty cutoff (\$32,428), and Concho Valley has the most restrictive cap, at 150 percent of poverty (\$27,795).<sup>48</sup>

States can choose to spend their own money instead of limiting services to those that can be supported by federal CCDF funds and required state matching funds, but Texas does not do so. As a result, Texas has one of the lowest shares of low-income children served by child care subsidies, as well as an official child care waiting list of almost 26,000 children.<sup>49</sup> In 2010, the 140,700 children in Texas served by CCDF child care amounted to only 4.8 percent of all children who were low-income and under age 13. The national average was 6.8 percent; only eight states and the District of Columbia served a smaller share of low-income children with CCDF funds than did Texas.<sup>50</sup>



<sup>48</sup> Texas Workforce Commission, *Child Care and Development Fund State Plan for FFY 2012-2013, Amendment 3*, Attachment 2.3.5d, May 25, 2012. [www.twc.state.tx.us/twcinfo/ccdfstateplan13.doc](http://www.twc.state.tx.us/twcinfo/ccdfstateplan13.doc).

<sup>49</sup> For fiscal 2009, the Texas Workforce Commission reported an average of 25,872 children on local waiting lists for low-income child care. *Texas Workforce Commission Fiscal Year 2010 Operating Budget*, page III-A.

<sup>50</sup> U.S. Department of Health and Human Services, Administration on Children and Families, Child Care Bureau, *FFY 2010 Child Care and Development Fund Data Table (Preliminary Estimates)*, [Table 1: Average Monthly Adjusted Number of Families and Children Served \(FFY 2010\)](#), and U.S. Bureau of the Census CPS Table Creator, *State Estimates of Children Ages 0 to 12 below 200% of Poverty in 2010*.



Increased state support for child care could improve not only the amount of child care that is provided, but also the quality of care, including child-to-staff ratios and staff turnover or experience, which is in turn related to pay and benefits for child care staff. Employment in the child care industry as a whole—not just child care centers receiving public subsidies—is predominantly female and low-paid, as in the case of home health care workers. In 2010, almost 95 percent of child care workers in Texas were women.<sup>51</sup> The median hourly wage for Texas child care workers was \$8.72 in 2011.<sup>52</sup>

## **CRIMINAL JUSTICE**

### **Youth/Juveniles**

**\$60 million**

Females account for a very small share of offenders in Texas Youth Commission (TYC) institutional facilities (9.0 percent in 2011), and a larger share, though still well below half, of referrals to local juvenile probation departments (28 percent in 2009).<sup>53</sup> In fiscal 2012, TYC and the state Juvenile Probation Commission were abolished and their functions transferred to a new Texas Juvenile Justice Department created by the 2011 legislature. For all juvenile justice programs, the legislature approved \$664 million in funding for 2012-13. If females account for the same share of spending as they do of institutionalized offenders, spending on females would be about \$60 million in 2012-13.

Juvenile justice is the one area of state programs in Texas where gender equity has actually been examined in depth, providing information about male/female differences in needs and in services provided.<sup>54</sup> TYC conducted a gender equity report that focused on youth under 18 who lived in TYC facilities in fiscal 2007, before recent major legislative reforms were implemented. Subsequently, TYC and the Juvenile Probation Commission were also required to review and compare the accessibility and funding of services by gender. Major findings include the following:

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<sup>51</sup> U.S. Census Bureau, 2010 American Community Survey 1-Year Estimates for Texas, Table B24010. Sex by Occupation for the Civilian Employed Population 16 Years and Over.

<sup>52</sup> U.S. Bureau of Labor Statistics, State Occupational Employment and Wage Estimates, May 2011.

<sup>53</sup> Legislative Budget Board, *Texas Youth Commission Offender Characteristics 2011*, [www.lbb.state.tx.us/PubSafety\\_CrimJustice/4\\_Historical\\_CJ\\_Stats/Juvenile\\_Offender\\_Char11.pdf](http://www.lbb.state.tx.us/PubSafety_CrimJustice/4_Historical_CJ_Stats/Juvenile_Offender_Char11.pdf), January 2011.

<sup>54</sup> Texas Health and Human Services Commission, [www.hhsc.state.tx.us/reports/EqualAccessReport2010.pdf](http://www.hhsc.state.tx.us/reports/EqualAccessReport2010.pdf), July 2010.

- Although females are disproportionately underrepresented in the juvenile probation system, most local departments were making efforts to meet their specific needs, by offering special programs such as teen pregnancy services, physical and sexual abuse treatment, and gang intervention/prevention.
- In TYC institutions, staff had been trained and programs developed to meet basic and specialized needs of females, including individualized case planning, education, trauma-related therapy, Girls Circles, and medical care.

The new juvenile justice agency is off to an extremely rocky start, with a new interim executive director appointed in June 2012 to handle growing violence in state facilities. Safety of youth and staff is the immediate priority, but advocates should also work to retain and expand some of the promising gender-focused initiatives that had been launched by the predecessor agencies.

### **Adult Prisons**

**\$329 million**

In fiscal 2011, women were 8 percent of the Texas adult inmate population, although they were a smaller share (6 percent) of the state prison population and a higher share of state jail (22 percent) and substance abuse facility (25 percent) populations. The Texas share is similar to the national average, with women accounting for 7 percent of all inmates in federal or state jurisdiction in 2009. But the number of female inmates has been dropping in Texas, falling by 2 percent from December 2000 to June 2009, compared to national growth of 22 percent. The Texas women's incarceration rate of 92 per 100,000 female residents is the nation's 9<sup>th</sup> highest and 1.5 times the U.S. average of 61. In comparison, Texas men have an incarceration rate of 1,207 per 100,000 male residents, the 4<sup>th</sup> highest (after Louisiana, Mississippi, and Alabama) and 1.4 times the U.S. state average of 840.<sup>55</sup>

During the 1980s, women's share of Texas inmates had been increasing rapidly, because women went from being 6.2 percent of new offenders sentenced to prison in 1980 to 15 percent by 1992. But legislative changes that created state jails for lower-level offenses such as property crimes

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<sup>55</sup> U.S. Department of Justice, Bureau of Justice Statistics Bulletin, "Prison Inmates at Midyear 2009," June 2010, [bjs.ojp.usdoj.gov/content/pub/pdf/pim09st.pdf](http://bjs.ojp.usdoj.gov/content/pub/pdf/pim09st.pdf)

and drug offenses—the types of crimes that women tend to commit—resulted in more women instead going into state jails and substance abuse treatment facilities.<sup>56</sup>

The Texas Department of Criminal Justice is funded at \$6.1 billion in 2012-13, with the lion's share, or \$5 billion (82 percent), budgeted for incarceration. About \$557 million will fund probation and other prison diversion programs, while \$362 million will be spent supervising parolees and operating the Board of Pardons and Paroles.

Looking just at the incarceration budget, and using women's share of 6 percent of state prison inmates, about \$300 million will be spent in 2012-13 to incarcerate women in Texas. If they also account for 25 percent of TDCJ spending on substance abuse treatment, that would translate to an additional \$29 million in spending on female offenders.

## **STATE GOVERNMENT EMPLOYMENT**

**\$19.7 billion**

One final area in which Texas legislators may be making state budget choices without fully recognizing the potentially different impact by gender is in the area of government employment. In Texas, 63 percent of all state government employees are women, above the 50-state average of 59 percent.<sup>57</sup> Some Texas state agencies have much higher shares of female workers: the Department of Family and Protective Services' workforce was 83 percent female in 2010; the Health and Human Services Commission staff, 79 percent female; and the Department of Aging and Disability Services, 74 percent female.<sup>58</sup>

Almost 339,600 women in Texas worked for state agencies or public higher education institutions in 2010, in addition to 543,600 women working for local government (including school districts), and 125,100 working for federal agencies. Total public employment of Texas women was just over 1 million, or one out of every five jobs for working women. In comparison, only one out of nine men in Texas worked for a government agency or public university.

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<sup>56</sup> Texas Criminal Justice Policy Council, *Projection of Female Correctional Populations in Texas*, October 30, 1995, p. i.

<sup>57</sup> U.S. Census Bureau, 2010 American Community Survey, Table B24080. Sex by Class of Worker for the Civilian Employed Population 16 Years and Over.

<sup>58</sup> State Auditor of Texas, Agency Workforce Summaries, [www.hr.sao.state.tx.us/Publications/wfsummaries.aspx](http://www.hr.sao.state.tx.us/Publications/wfsummaries.aspx)

Public jobs often pay less than their occupational private-sector counterparts, but the fringe benefits, such as defined benefit pensions or health insurance for workers, retirees, and their dependents, are often better than what the private sector offers, making them a perennial target for budget cutting. State officials looking to public staffing or compensation for budget savings should keep in mind that often, these cuts could have disproportionate negative impacts on women and their families.

### **Key Findings and Areas for Improvement or Higher Investment**

**Make the state/local tax system more fair for low-income households:** The current tax system is very regressive, taking proportionately more from low-income households and leaving them with less to pay for other household essentials or save for a rainy day. Relying less on consumption taxes, or providing income-based sales or property tax relief, would significantly help the 3.2 million Texans in female-headed households that make less than \$29,200 a year.

**Bring federal tax dollars paid by Texas households “home” to help pay for health care and other underfunded social services:** Raising the eligibility cut-offs for means-tested programs such as Medicaid and child care subsidies would require increased state general revenue spending, but would increase federal funds for health care and child care by an even larger amount. The Texas budget could also restore and increase the rates paid to health care, child care, and other social service providers and improve not just the quality of care in these programs but also the working conditions of tens of thousands of Texas women.

**Maintain the commitment to reducing child abuse and neglect, and find ways to fund prevention as well:** Child abuse investigation, services to families, and foster care and adoption subsidy programs are one of the few areas of the state budget in which a concerted effort has recently been made in the state budget to improve outcomes for children. But Texas still spends very little compared to other states, and hardly anything at all on child abuse prevention.

**Improve funding and outcomes in public elementary and secondary schools:** Texas legislators will continue to debate long-term solutions to the state’s need for an equitable and adequate system of school finance. Any solutions should keep in mind the importance of our

public schools not only as a critical factor in improving earnings for women, but also as an employer of hundreds of thousands of women.

**Improve affordability and access to higher education:** Legislative efforts to increase need-based financial aid or to restrict growth in deregulated tuition and fees will directly benefit Texas' public college and university students, well over half of whom are women.

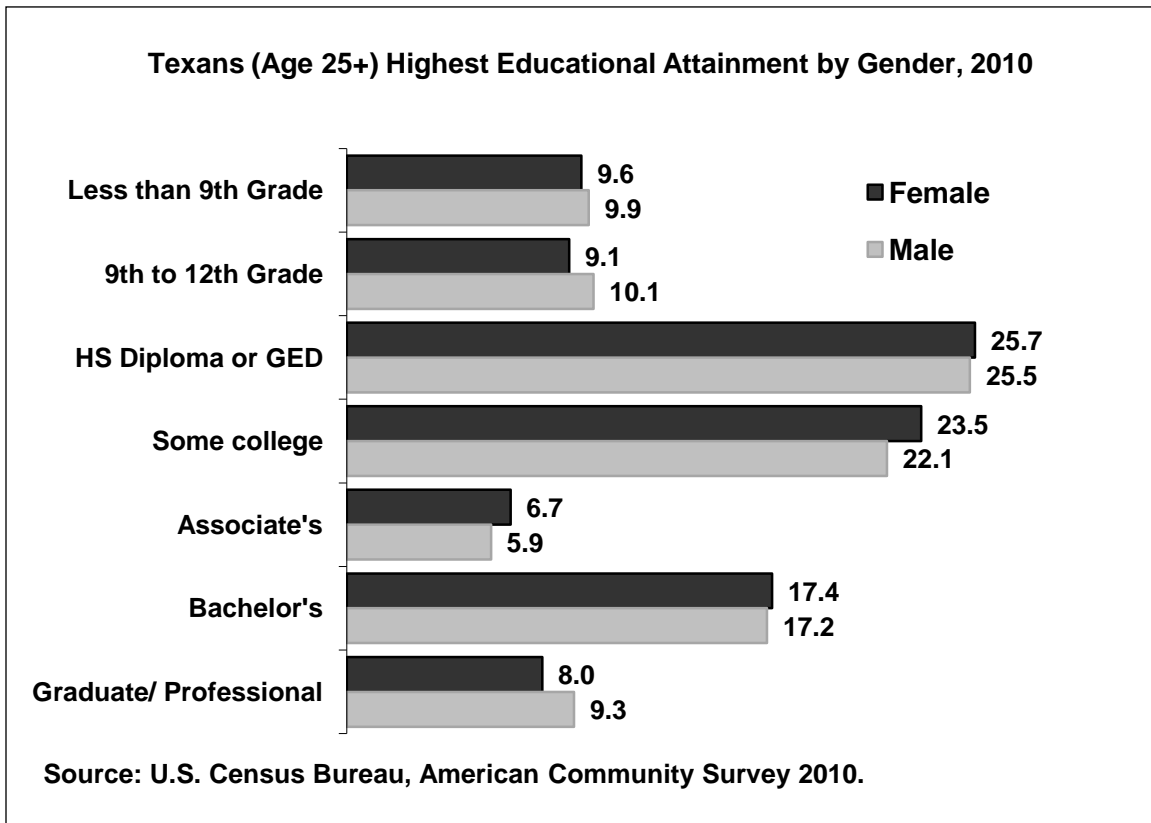
**Make child support and temporary cash assistance a bigger contributor to economic security:** State efforts to increase child support collections offer many opportunities for innovation, such as job training for noncustodial parents, and Texas is often held up as an example of success to other states. In the area of cash assistance, however, Texas does very little for very few women and children. A redesign of cash assistance for parents or grandparents who have no prospects in the labor market, combined with expanded support for child support enforcement efforts, could more dramatically reduce poverty among children and single-female-headed households.

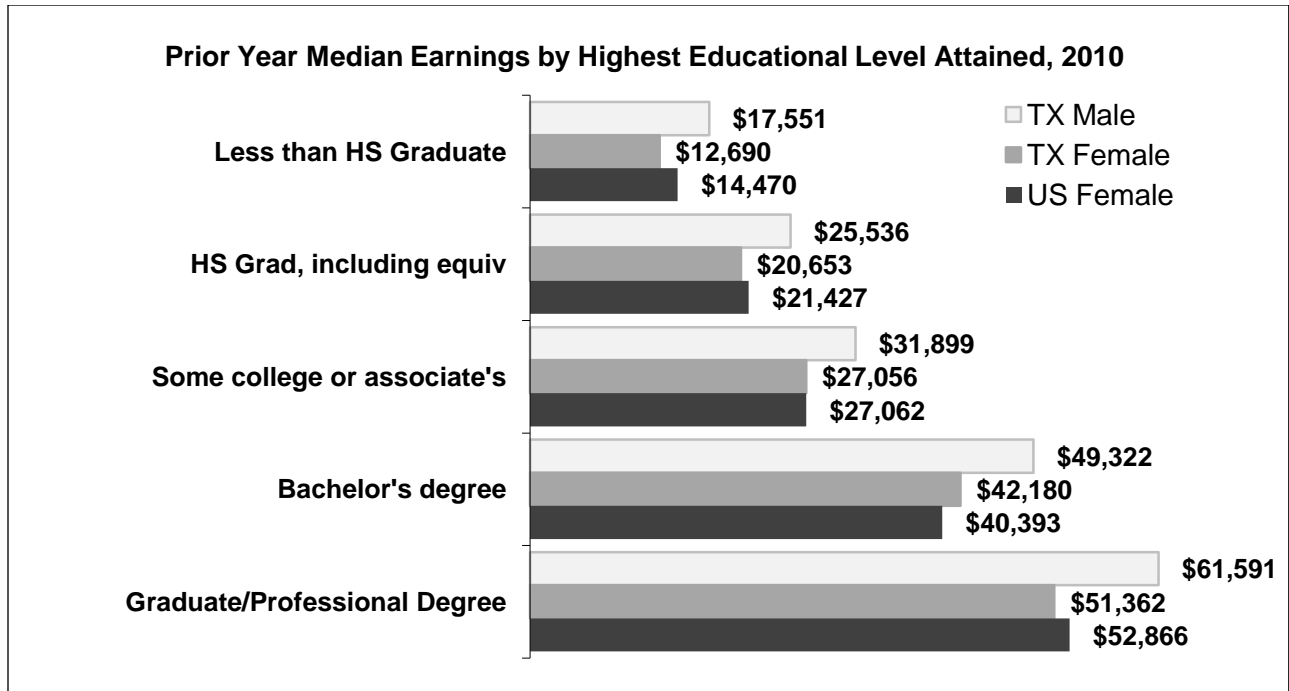
**Expand the availability of public child care subsidies:** Current waiting lists for low-income child care could be eliminated with increased state support, allowing more mothers to work full-time without worrying that their children are being left unsupervised or in unsafe settings.

**Recognize the contribution of women to the state and local government workforce:** Texas women are almost twice as likely as men to be employed in government jobs, with low pay often offset by better health care coverage, pensions, and other benefits not found in the private sector. Especially in the case of state health and human services agencies and public elementary and secondary schools, legislative decisions related to public staffing levels or compensation affect women disproportionately.

**Appendix: American Community Survey data on Texas Women and Girls' Education and Health Care**

In general, educational attainment is higher for Texas women than for men, except for graduate/professional degree attainment. Health coverage is also better, except among the elderly, where there is no significant male/female difference in uninsured rates. But despite higher educational attainment, Texas women's earnings are lower and poverty rates are higher. Much of this has to do with the industries and occupations that employ women. The main difference is that more women work in education and health care (32.2 percent of women vs. 9.5 percent of men).





Source: U.S. Census Bureau, American Community Survey, 2010. Universe is adults age 25 and over with earnings.

**Poverty Rates for Texas Family Households by Educational Attainment, 2010**

Highest level of schooling completed by head of household	Married couple or single-male head of household	Single-female head of household
Less than high school diploma	24.3%	53.9%
H.S. diploma or GED	10.8	36.9
Some college or associate's degree	5.6	27.7
Bachelor's degree or higher	2.1	9.1
Overall poverty rate	8.7%	33.3%

Source: U.S. Census Bureau, American Community Survey, 2010

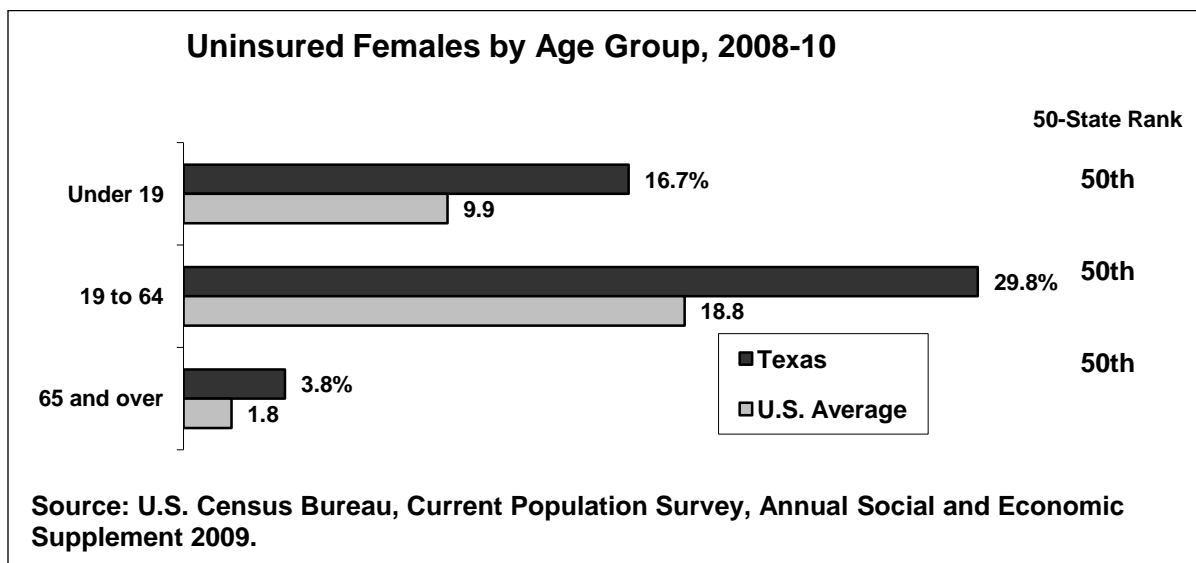
**Health coverage**

Public polling and Census Bureau Current Population Survey data consistently identify Texas as having the highest rate of uninsured residents in the nation overall, and for specific age groups such as children or the nonelderly. Females in Texas have slightly higher chances of having health insurance than do males, but compared to females nationwide, fare poorly.

Overall, 23.1 percent of Texas females were uninsured in 2010, compared to 26.0 percent of males. By age group, working-age (19 to 64) males were the most likely to be uninsured, with

33.8 percent lacking coverage, versus 29.8 percent of Texas females in this age group. Females under 19 had a 16.4 percent chance of being uninsured, compared to 17.1 percent of male children. Finally, elderly women 65 and over have an uninsured rate of 3.9 percent, about the same as elderly men in Texas (4.1 percent uninsured).

Using three-year averages to compare states, Texas' uninsured rate for females who are 65 or over is more than twice the national average for elderly women, while uninsured rates for girls and working-age women are more than one and a half times the national average. Among states, Texas either ranks, or ties for, last place for women and girls' insurance coverage.



The primary reason for these poor rankings is that the Texas economy produces relatively more jobs that lack employer-sponsored health insurance, or pay wages that are too low for workers to be able to afford coverage. Combined with restrictive public program (Medicaid) eligibility cut-offs for low-income adults, hard-to-find or unaffordable job-based coverage leaves many women uninsured.

Only 35 percent of Texas working-age women have employer-sponsored health insurance through their own job, ranking the state 46<sup>th</sup>. A higher share, 56 percent, of Texas working-age women have employer-sponsored coverage through anyone in their household's job, but this is the 47<sup>th</sup> lowest coverage rate among states.



Medicaid covers only 7.5 percent of Texas working-age women, ranking the state 41<sup>st</sup> nationally; the U.S. average is 11.0 percent. Looking just at working-age women below the poverty line, Texas ranks even worse, in 49<sup>th</sup> place, with only 21 percent of poor women covered by Medicaid in 2008-10. The national average was 36 percent; Maine and Massachusetts enroll 60 to 65 percent, or almost two-thirds, of poor working-age women in state Medicaid programs.

## Appendix: How the Texas State Budget Is Written

Since 1991, Texas has used a strategic planning and budgeting system to help state leaders move away from crisis-driven decision-making to a more rational allocation of public resources that prepare the state to respond better to the most critical long-term issues facing its residents. The current priorities for Texas' strategic planning process are:

- Ensuring the economic competitiveness of our state by adhering to principles of fiscal discipline, setting clear budget priorities, living within our means and limiting the growth of government;
- Investing in critical water, energy and transportation infrastructure needs to meet the demands of our rapidly growing state;
- Ensuring excellence and accountability in public schools and institutions of higher education as we invest in the future of this state and make sure Texans are prepared to compete in the global marketplace;
- Defending Texans by safeguarding our neighborhoods and protecting our international border; and
- Increasing transparency and efficiency at all levels of government to guard against waste, fraud and abuse, ensuring that Texas taxpayers keep more of their hard-earned money to keep our economy and our families strong.<sup>59</sup>

Unfortunately, the desire for “fiscal discipline” and small government too often make Texas not only lean but mean in the provision of education, health care, economic security, and public safety opportunities to all of its residents, and particularly to the 12.7 million females in Texas whose lives could be improved with higher levels of investment in state services. One thing that has not changed since strategic budgeting was adopted is Texas' low spending and low levels of state taxation. Texas ranked 50<sup>th</sup> in state government spending per capita in 1991 and 47<sup>th</sup> in 2010, and has consistently been near the bottom in state tax collections per capita—47<sup>th</sup> in 1991, and 45<sup>th</sup> in 2011.<sup>60</sup> As a result, even though in many instances Texas females are more than half of the clients served by public education, health care, or other state programs, that only means they are getting a bigger share of the lowest level of services in the nation. Low spending also

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<sup>59</sup>Texas Governor's Office of Budget Planning, and Policy and Legislative Budget Board, *Agency Strategic Plan Instructions for Fiscal Years 2013 to 2017*, “[Appendix A: Strengthening our Prosperity: The Statewide Strategic Planning Elements for Texas State Government](#),” March 2012, p. 34.

<sup>60</sup> U.S. Bureau of the Census, *State Government Finances: 2010, State Government Finances: 1991, State Government Tax Collections: 2011*, [www.census.gov/govs/state/](http://www.census.gov/govs/state/)

means that frequently prevention is not funded at all, leaving taxpayers paying the higher costs of intervention or treatment that could have been avoided entirely.

The Texas state budget differs from other states in some other key ways: it is written on a biennial (two-year) basis, and it is the result of a legislatively driven process, with the State Senate and the House of Representatives coming up with two different budget proposals that have to be reconciled.

As in other states, the Texas budget must be balanced when enacted, meaning that unless legislators are willing to raise taxes, they are limited to the amount of taxes and other general revenue that the state expects to have by the end of that budget cycle. A limited amount of state tax revenue also means a limited ability to provide federal matching dollars for Medicaid health care services, child care subsidies, child protection, child support enforcement, and many other critical services for families.

Finally, Texas' tax system is not only inadequate, but also highly regressive—taking proportionately more from low-income families than from high-income families.

## The Texas Legislative Budget Process

