



DISPARITY VS. DISPROPORTIONALITY

Racial Equity in Advocacy, Fact Sheet #4

September 2020

This fact sheet is the fourth in the Racial Equity in Advocacy series for social policy advocates addressing unequal opportunities by race. Each fact sheet will provide information equipping advocates to embed a racial equity lens into their work to close gaps and improve outcomes for communities of color. Please see the [first fact sheet](#) in the series for a review of key terms and concepts.

Though terms disparity and disproportionality are often used interchangeably, they are distinct concepts. It is important to distinguish between these related terms. Disparities must be addressed. Disproportionalities do not always require action.

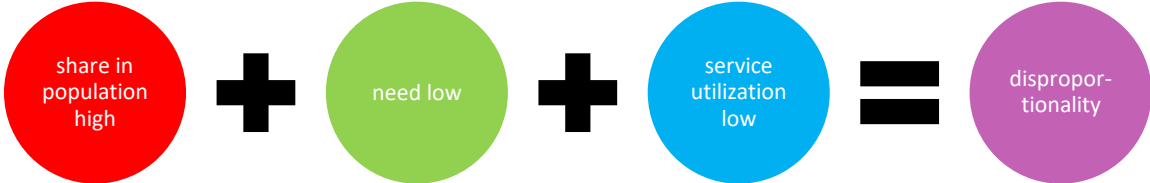
Disparity: All things being equal—including need, eligibility, and preferences—one group systematically fares worse than another.

Disproportionality: When the share of a racial/ethnic group in a program or service is high or low relative to the share of the group's representation in the general population.

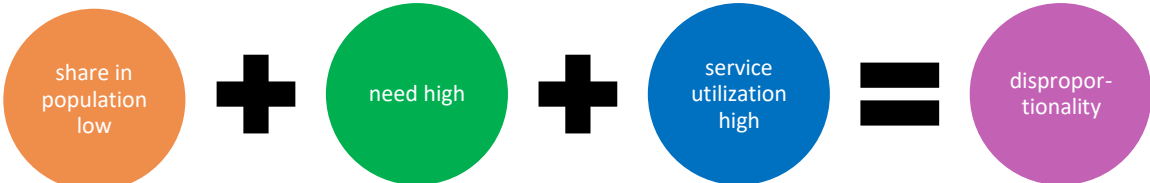
Disproportionality or Disparity?

It is important to note that all disproportionality are disparities. For example, when program utilization is high relative to the group's population size and the group also has a high need. This disproportionality is reasonable and is not a disparity. To evaluate for disparities, you must consider share in population, need, and service utilization. The following examples identify disparities and disproportionality:

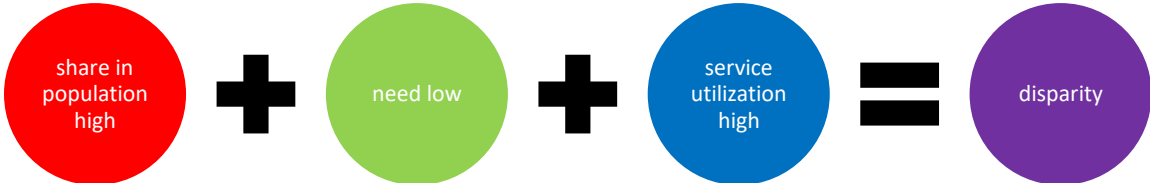
Example #1 – Disproportionality is warranted based on low need and low service utilization.



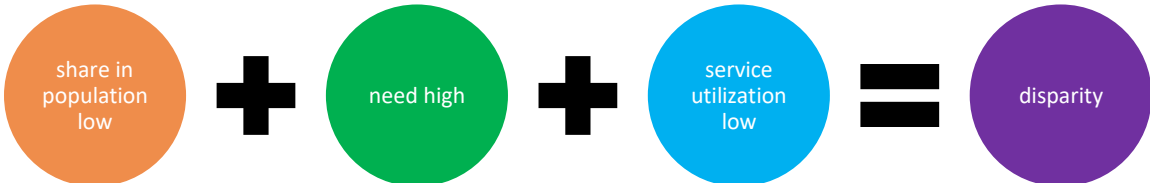
Example #2 – Disproportionality is warranted because it helps to close gaps in outcomes for the specific population.



Example #3 – Disparity is revealed which may need correction.



Example #4 – Disparity is revealed which needs correction. Members of the population have high needs that are not being met.



We further discuss how to determine if a given disproportionality is a disparity in our [Equity Impact Analysis](#) fact sheet.

Disparities in the Social Safety Net

State Earned Income Tax Credits

State Earned Income Tax Credits (EITCs) are an important additional piece of the social safety net, boosting the federal EITC's benefit for low-income and moderate-income families. However, their benefits are not enjoyed evenly across the nation because only 28 states and the District of Columbia offer an EITC.ⁱⁱ Black families have disparate barriers to accessing state EITCs. Four of the five states with the largest numbers of Black people (Texas, Georgia, Florida, and North Carolina) do not have an EITC. In addition, Mississippi (which has the highest percentage of Black people in its state) does not have an EITC.

Job Quality¹

About one in every ten workers in the U.S. labor market are underemployed part-time workers. These workers are disproportionately people of color. Fourteen percent of Hispanic workers and 12 percent of Black workers are underemployed part-time workers compared to seven percent of white workers.ⁱⁱⁱ Moreover, most of the jobs they hold provide few benefits, offer limited access to paid leave, have unstable work hours and schedules, and restrict paths to advancement or career growth.^{iv}

In fact, 63 percent of Hispanic workers and 54 percent of Black workers earn low wages, compared to 37 percent of white workers and 40 percent of Asian workers.^v It follows that Hispanic workers have less access to paid leave than their white counterparts, including paid parental leave after childbirth and paid sick leave.^{vi} When the statistic for Asian workers is disaggregated by subpopulation, we see wide variation in earnings: the median annual earnings for Bhutanese workers is \$16,000 compared to \$58,000 for Indian workers.^{vii,viii} Therefore, some Asian subpopulations are also struggling with access to benefits such as paid leave.

Head Start

Among enrollees, 43 percent are white, 29 percent are Black, 10 percent are biracial or multiracial, four percent are American Indian and Alaska Native, two percent are Asian American, and less than one percent are Native Hawaiian or Other Pacific Islander.^{ix} In the general population of children in the United States, 50 percent are white, 14 percent are Black, four percent are biracial or multiracial, one percent are American Indian and Alaska Native, five percent are Asian, and less than 0.5 percent are Native Hawaiian or Other Pacific Islander.^x Thus, the higher share of Black children (compared to their share in the general population) enrolled

¹ Indicators of job quality include access to living wages, paid sick days, paid family and medical leave, stable work schedules, and employer-sponsored health insurance.

in Head Start compared with white children may initially appear to be a disparity, but this over-enrollment is appropriate considering the racial and ethnic gaps in school readiness and rates of poverty, homelessness, and child welfare involvement.^{.xi}

Affordable Care Act

The Affordable Care Act (ACA) has been monumental in narrowing racial and ethnic disparities in access to healthcare. Since it was enacted, the gap between Black and white adult uninsured rates dropped by 4.1 percentage points, while the difference between Hispanic and white uninsured rates fell 9.4 points.^{.xii} A crucial component – Medicaid expansion, has disproportionately helped people of color because they are more likely to be low income, more likely to be unemployed, and more likely to hold jobs that do not offer employer-sponsored health care plans compared to their white counterparts.

These gains in access are unevenly felt across the country. An estimated 46 percent of Black working-age adults and 36 percent of Hispanics live in the 15 states that have not expanded Medicaid.^{.xiii} Furthermore, in these non-expansion states, the gaps in uninsured rates have not closed as much as in expansion states.

The Way Forward

Analysis of disproportionalities requires us to consider several crucial pieces of information including need, access, program utilization, and outcomes. Without thoughtful examination of the data, disparities can be overlooked, and disproportionalities can be misclassified as disparities. Social policy advocates can help system administrators identify and address disparities. Advocates can encourage regular data analysis (at least annually) identifying eligibility rates for various population groups, rates of utilization disaggregated by race, and service outcomes disaggregated by race. Identified disparities are opportunities for the social policy community to work with systems to uncover the processes or factors contributing to disparities, and to determine how to close gaps in access to services or outcomes.

ⁱ McDaniel, M., Woods, T., Pratt, E. and Simms, M. C. (2017). *Identifying Racial and Ethnic Disparities in Human Services: A Conceptual Framework and Literature Review* (OPRE Report #2017-69). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/identifying_racial_and_ethnic_disparities_b508.pdf

-
- ⁱⁱ Urban Institute. *State Earned Income Tax Credits*. Retrieved from <https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/state-and-local-backgrounders/state-earned-income-tax-credits>
- ⁱⁱⁱ Golden, L. and Kim, J. (May 2020). *Underemployment Just Isn't Working for U.S. Part-Time Workers: Executive Summary*. Washington, DC: Center for Law and Social Policy. Retrieved from https://www.clasp.org/sites/default/files/publications/2020/02/Underemployment%20Just%20Isn%27t%20Working%20for%20U.S.%20Part-Time%20Workers_fin.pdf
- ^{iv} Ibid.
- ^v Ross, M. and Bateman, N. (November 2019). *Meet the Low-Wage Workforce*. Washington, DC: Metropolitan Policy Program, Brookings Institution. Retrieved from https://www.brookings.edu/wp-content/uploads/2019/11/201911_Brookings-Metro_low-wage-workforce_Ross-Bateman.pdf
- ^{vi} Bartel, A. P., Kim, S., Nam, J., Rossin-Slater, M., Ruhm, C., and Waldfogel, J. (January 2019). "Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets." *Monthly Labor Review*, U.S. Bureau of Labor Statistics. Retrieved from <https://www.bls.gov/opub/mlr/2019/article/racial-and-ethnic-disparities-in-access-to-and-use-of-paid-family-and-medical-leave.htm>
- ^{vii} López, G., Cilluffo, A., and Patten, E. (September 8, 2017). *Bhutanese in the U.S. Fact Sheet*. Washington, D.C.: Pew Research Center. Retrieved from <https://www.pewsocialtrends.org/fact-sheet/asian-americans-bhutanese-in-the-u-s/>
- ^{viii} López, G., Cilluffo, A., and Patten, E. (September 8, 2017). *Indians in the U.S. Fact Sheet*. Washington, D.C.: Pew Research Center. Retrieved from <https://www.pewsocialtrends.org/fact-sheet/asian-americans-indians-in-the-u-s/>
- ^{ix} McDaniel et al., 2017
- ^x "Child population by race in the United States." (2019). *Kids Count Data Center, Annie E. Casey Foundation*. Retrieved from <https://datacenter.kidscount.org/data/tables/103-child-population-by-race>
- ^{xi} McDaniel et al., 2017
- ^{xii} Baumgartner, J. C., Collins, S. R., Radley, D. C., and Hayes, S. L. (January 16, 2020). *How the Affordable Care Act Has Narrowed Racial and Ethnic Disparities in Access to Health Care*. New York, NY: The Commonwealth Fund. Retrieved from <https://www.commonwealthfund.org/publications/2020/jan/how-ACA-narrowed-racial-ethnic-disparities-access>
- ^{xiii} Ibid.