

**REMOVING THE HURDLES TO THE FINISH LINE  
REACHING 100 PERCENT OF HEALTH INSURANCE COVERAGE  
FOR CHILDREN IN ARKANSAS**



**JUNE 2019**





June 2019

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# REMOVING THE HURDLES TO THE FINISH LINE REACHING 100 PERCENT OF HEALTH INSURANCE COVERAGE FOR CHILDREN IN ARKANSAS

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## EXECUTIVE SUMMARY

Arkansas has been a national leader in decreasing the number of children and adults without health insurance. The state's leadership in children's health insurance coverage began more than 20 years ago with the implementation of the ARKids First program, funded in part by the federal Children's Health Insurance Program (CHIP). In 2013, Arkansas expanded its Medicaid program to cover more low-income adults as well, through a program now called Arkansas Works. As a result of these programs, a remarkable 96 percent of Arkansas's children and 89 percent of Arkansas's adults had health insurance as of 2016. Arkansas was on track to reaching the "Finish Line" of 100 percent coverage.

In 2017, the trend reversed. Alongside a national increase in the number of uninsured children — the first in a decade — Arkansas saw its number of uninsured children grow.<sup>1</sup> Additionally, new hurdles placed on Arkansans enrolled in Arkansas Works led to a massive increase in the number uninsured adults in the state.

The increase in the number of uninsured Arkansans is an alarming trend that cannot be ignored. Insurance coverage is an important component in our state's goals of improving health outcomes, such as obesity, smoking, diabetes, and cancer deaths.

MEDICAID AND ARKIDS FIRST  
COVERING ARKANSAS'S CHILDREN<sup>2</sup>

What percentage of children  
are on Medicaid and ARKids First?

**52%** of all Arkansas children

**59%** of infants, toddlers  
and preschoolers

**65%** of children with disabilities  
or special needs like  
diabetes and asthma

**85%** of children who live  
at or near poverty

**100%** of children in foster care



## INTRODUCTION

Arkansas's Medicaid programs, ARKids First and Arkansas Works, provide coverage for thousands of low-income children under age 19 and adults age 19-64 in the state. The state has the distinction of being a national leader in both children's coverage, with CHIP funding, and in adult coverage with the Medicaid expansion program, Arkansas Works.

After reaching an historic level of around 4 percent of uninsured children in Arkansas in 2016, the percentage began to creep back up with the 2017 rate reaching 4.8 percent. The overall uninsured rate for adults in Arkansas also increased in 2017 from 11 to 13 percent.

This report explores troubling trends, both at the state and national level, that have contributed to increases. The report also proposes what needs to be done to put Arkansas back on track to crossing the Finish Line and achieving 100 percent health insurance coverage for the state's children.

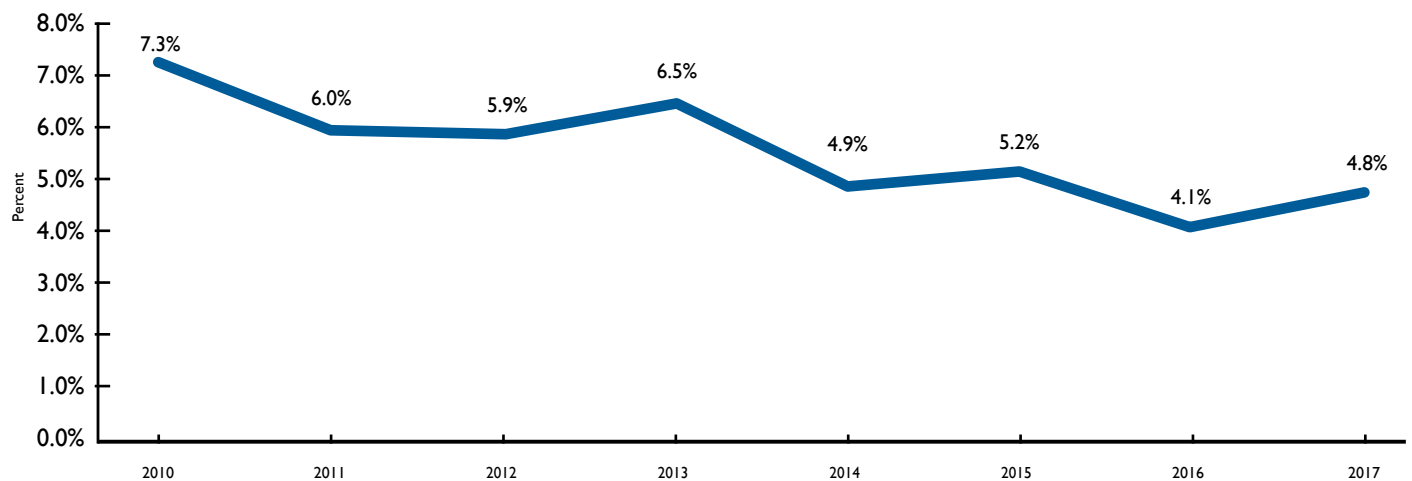
## CHILDREN'S HEALTH INSURANCE COVERAGE

Having health insurance is important for children because it improves their access to preventive and primary care, such as well-child visits, immunizations and prescription drugs. Insured children are also less likely to miss school, and they are more likely to have better economic and educational outcomes when they grow up. A child with asthma, for example, needs doctor visits and medications to keep the condition under control. Without health insurance and access to health care, missing school is just one possible consequence.

For the past 22 years, children in Arkansas have benefitted from the ARKids First program. Medicaid funds coverage for children in poverty, and CHIP funding covers children in families with incomes higher than that (up to 200 percent of the federal poverty level). After an unprecedented delay in 2017, Congress reauthorized funding for 10 years in 2018 – a big win for children in Arkansas and across the nation.<sup>3</sup>

Children's uninsured rates in Arkansas were still near historic lows in 2017, but there's reason to believe the rate could continue to rise. Monthly reports from Arkansas Department of Human Services showed a decline in ARKids First enrollment in 2018. For children with ARKids First, enrollment was 435,431 at the beginning of 2018, but enrollment had fallen to 418,542 at the end of the year.<sup>4</sup>

PERCENT OF UNINSURED CHILDREN UNDER AGE 19



Source: PRB analysis of 2017 American Community Survey PUMS, U.S. Census Bureau

Although this report mainly focuses on data from 2017, we did see the numbers of children enrolled in Medicaid in 2018 fluctuate from month to month by anywhere from 5,000 to 21,000 cases.

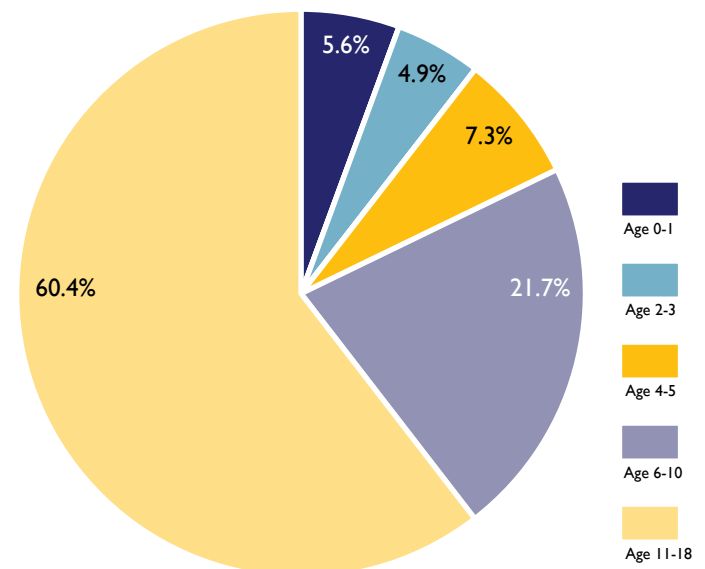
### ARKANSAS CHILDREN MEDICAID AND CHIP 2018 MONTHLY ENROLLMENT

Month	Children Medicaid and CHIP Enrollment 1st Day of Month	Children Medicaid and CHIP Enrollment End of Month	Monthly Change	Percent Change
January 2018	413,631	435,431	21,800	5.01
February 2018	417,588	433,968	16,380	3.77
March 2018	419,298	431,412	12,114	2.81
April 2018	418,278	413,239	-5,039	-1.22
May 2018	420,117	429,146	9,029	2.10
June 2018	420,012	430,619	10,607	2.46
July 2018	418,472	428,469	9,997	2.33
August 2018	417,003	431,088	14,085	3.27
September 2018	416,917	428,629	11,712	2.73
October 2018	418,948	429,590	10,642	2.48
November 2018	415,555	425,939	10,384	2.44
December 2018	405,551	418,542	12,991	3.10

Source: [https://humanservices.arkansas.gov/images/uploads/Monthly\\_Enrollment\\_and\\_Expenditure\\_Report\\_01152019.pdf](https://humanservices.arkansas.gov/images/uploads/Monthly_Enrollment_and_Expenditure_Report_01152019.pdf)

School-aged children are significantly more likely to be uninsured than young children (under 6). Previous research finds that this may be because school-aged children have fewer interactions with the health care system; young children have more recommended physician visits and need immunizations to start school.<sup>5</sup> In Arkansas, 60 percent of uninsured children are age 11-18, and more than 80 percent are age 6-18. (These numbers reflect children whose families are in the income range to make them eligible for ARKids First.)

DIFFERENCE BETWEEN UNINSURED YOUNG CHILDREN (0-5) AND UNINSURED SCHOOL-AGE CHILDREN (6-18)

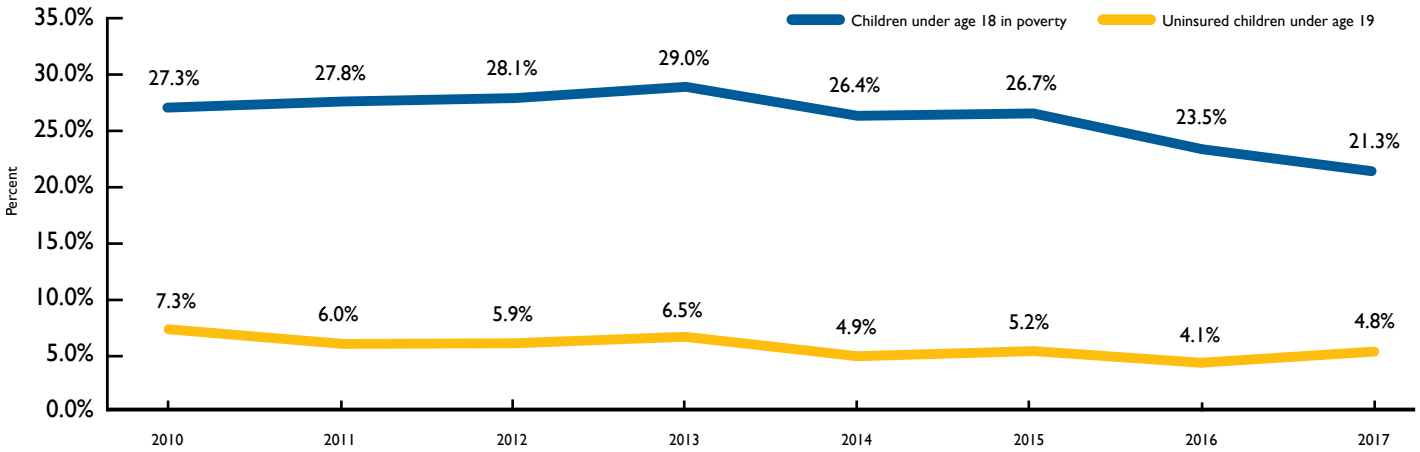


Source: PRB analysis of 2017 American Community Survey PUMS, U.S. Census Bureau

## CHILD POVERTY TRENDS

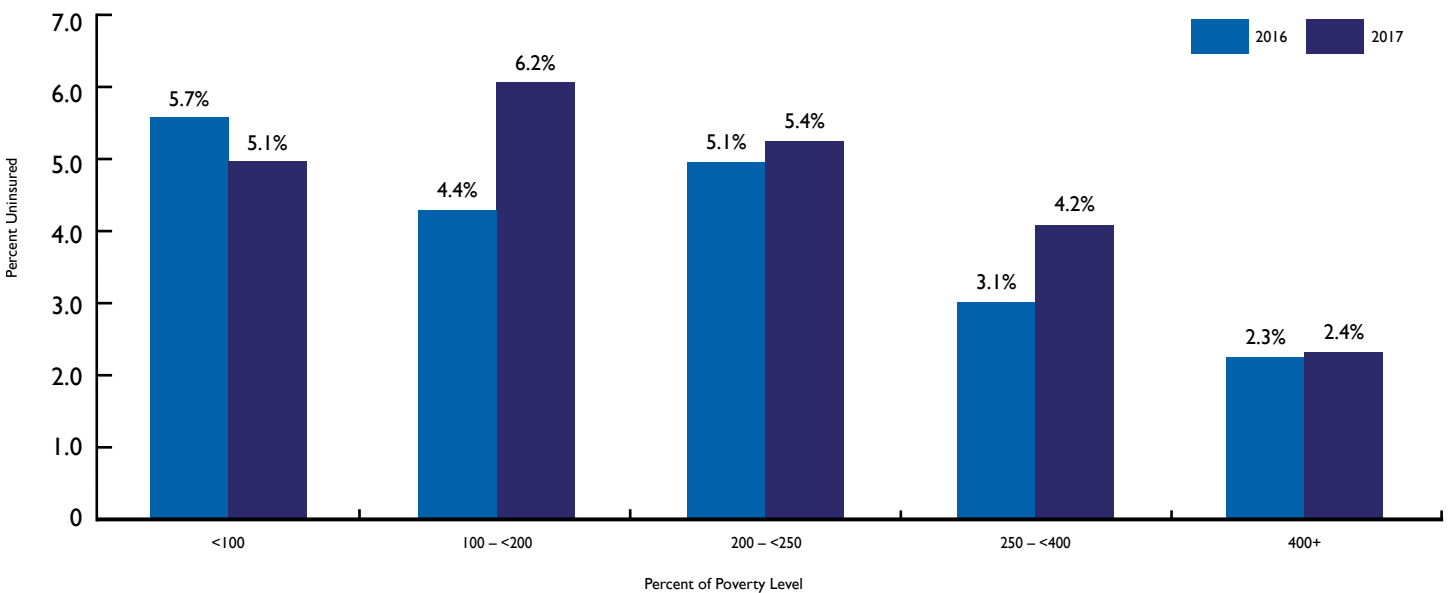
Between 2016 and 2017, the state’s child poverty rate was going down, but the rate of uninsured children was going up. The rate of uninsured children rose almost 2 percent in families with household incomes between 100 and 200 percent of the federal poverty level — a family income level that, barring other barriers, would make a child eligible for ARKids First.

### UNINSURED CHILDREN 2010-2017



Source: PRB analysis of 2017 American Community Survey PUMS, U.S. Census Bureau

### UNINSURED CHILDREN BY HOUSEHOLD INCOME 2016 AND 2017



Source: PRB analysis of 2017 American Community Survey PUMS, U.S. Census Bureau

A breakdown of children’s insurance coverage by Arkansas’s four U.S. congressional districts shows the largest percentage of children on Medicaid or ARKids First — 56 percent — was in the 4th Congressional District in 2016. That’s also the district that had the lowest children’s uninsured rate that year: just 2 percent.

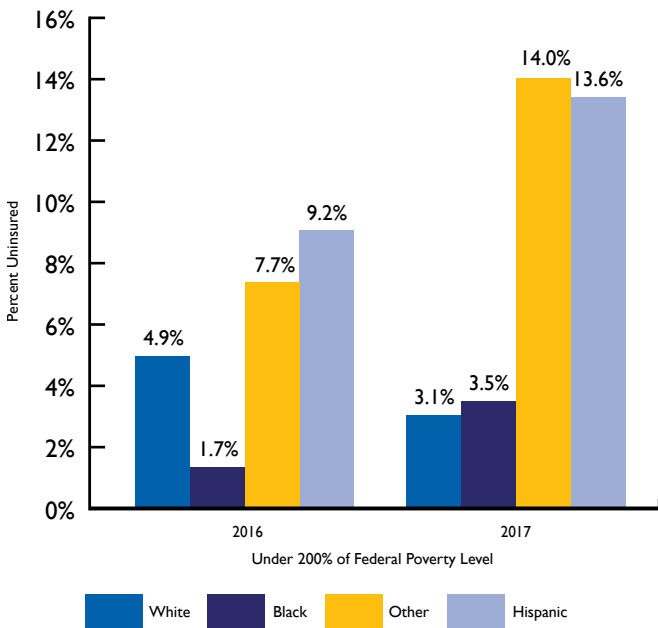
The rest of the districts were closer to the state average of 4 percent of children uninsured in 2016. The 3rd Congressional District had the highest percentage of children covered by employer-sponsored insurance, at 43 percent.

**SOURCE OF CHILDREN’S COVERAGE BY ARKANSAS CONGRESSIONAL DISTRICT, 2016**

Arkansas Congressional District	Percent of Children with Medicaid/CHIP	Percent of Children with Employer-Sponsored Insurance	Percent of Children with Direct Purchase	Percent of Children with Other Coverage	Percent of Children Who are Uninsured
Congressional District 1	54%	29%	6%	7%	4%
Congressional District 2	43%	40%	5%	8%	4%
Congressional District 3	42%	43%	4%	6%	4%
Congressional District 4	56%	33%	3%	7%	2%
Statewide	52%	38%	5%	2%	4%

<https://ccf.georgetown.edu/2016-maps-and-data/>  
<https://www.kff.org/other/state-indicator/children-0-18/>

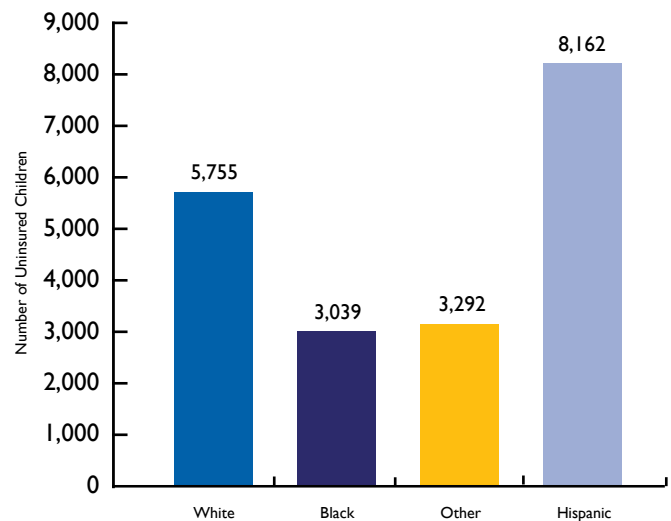
**PERCENTAGE OF CHILDREN UNINSURED BY RACE/ETHNICITY**



Source: PRB analysis of 2017 American Community Survey PUMS, U.S. Census Bureau

The data show a big racial and ethnic disparity in coverage changes from 2016 to 2017. Insurance coverage rates decreased for children at income levels of 200 percent of poverty or less in every racial and ethnic group except White children. The uninsured rates doubled for Black children, increased by 81 percent for children in other groups and rose from 9.2 to 13.6 percent for Hispanic children.

**UNINSURED CHILDREN BY RACE/ETHNICITY, UNDER 200% FEDERAL POVERTY LINE – 2017**



Source: PRB analysis of 2017 American Community Survey PUMS, U.S. Census Bureau

## IMMIGRANT CHILDREN

Another significant change that took effect in 2018 was the opportunity for more immigrant children to be covered by ARKids First. Children thrive when they have health care. Children in immigrant families with health insurance are more likely to have a primary medical provider and receive regular health care visits. They're also less likely to have unmet care needs.<sup>6</sup>

State lawmakers approved a resolution in 2017 to waive the five-year Medicaid waiting period for lawfully residing immigrant children. The Arkansas Department of Human Services implemented the rule effective January 1, 2018, after federal approval. The change had a big effect in Northwest Arkansas, where children born in the Marshall Islands became eligible for ARKids First for the first time. Northwest Arkansas is home to one of the largest Marshallese populations in the United States. The Marshallese, as part of a Compact of Free Association, are a unique group of lawfully residing migrants in the United States. They have come to the United States in increasing numbers over the years, due in part to the tragic impacts of U.S. nuclear testing on the Marshall Islands.

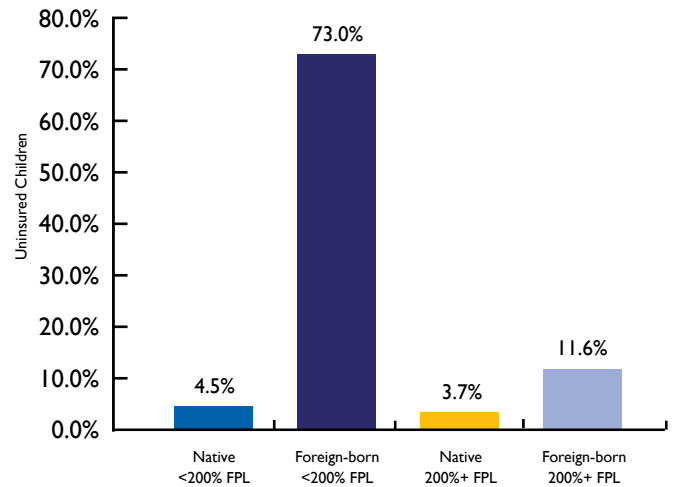
Because of the Marshallese's unique immigration status, as interpreted by federal and state law, even if they were otherwise eligible, no Marshallese-born children could access ARKids First before 2018. Arkansas state officials' approval of this option — commonly referred to as Immigrant Children's Health Improvement Act or ICHIA — resolved this issue because it allows the state to make "lawfully present" children eligible for the program.<sup>7</sup>

About 11 percent of children (82,000) in Arkansas have at least one parent who is an immigrant. More than 90 percent of these children are U.S. citizens. Children in immigrant families in Arkansas have a tougher economic climb than their peers in any other state, according to the 2017 Race for Results report by the Annie E. Casey Foundation. They are more likely to live in poverty than children in immigrant families in any other state. More than two-thirds of those children — 69 percent — are growing up in low-income families, or those whose incomes are not higher than \$41,560 for a family of three. In comparison, 52 percent of Arkansas children whose parents were both born in the United States live in low-income families.

Statewide, the uninsured rate for children is 4 percent, but it's somewhat higher in Northwest Arkansas counties. Washington County's uninsured rate is 7 percent, while

Carroll and Madison counties' uninsured rates are both at 9 percent. Benton County's is even with the state average of 4 percent.

### UNINSURED CHILDREN BY NATIVITY – 2017



Source: PRB analysis of 2017 American Community Survey PUMS, U.S. Census Bureau

Foreign-born children continue to be the largest group of uninsured children in Arkansas. A proposed change to the federal "public charge" rule threatens to result in a much higher uninsured rate for immigrant children. The positive impact of the state's approval of covering immigrant children under ICHIA is being undermined by the proposed changes.

The Trump Administration has proposed an expansion of the rule that would make it more difficult for applicants whom officials deem likely to rely on public assistance to obtain lawful permanent residence (a "green card") or a temporary visa. Among other changes, the rule would expand public charge determinations to include an applicant's enrollment in the Medicaid program. Adding Medicaid to the list of public charge benefits that would be considered may force immigrants to choose between health insurance coverage and a future green card — with adverse consequences for parents and their children. The proposed rule could lead eligible noncitizen parents who intend to one day apply for a green card to disenroll from, or forgo enrolling in, Medicaid out of concerns that it might have negative consequences for their future immigration prospects.

Anecdotally, service providers in Arkansas already are reporting that families have chosen not to apply for programs such as ARKids — even though their children are eligible citizens — because of fear about immigration rule changes at the federal level.



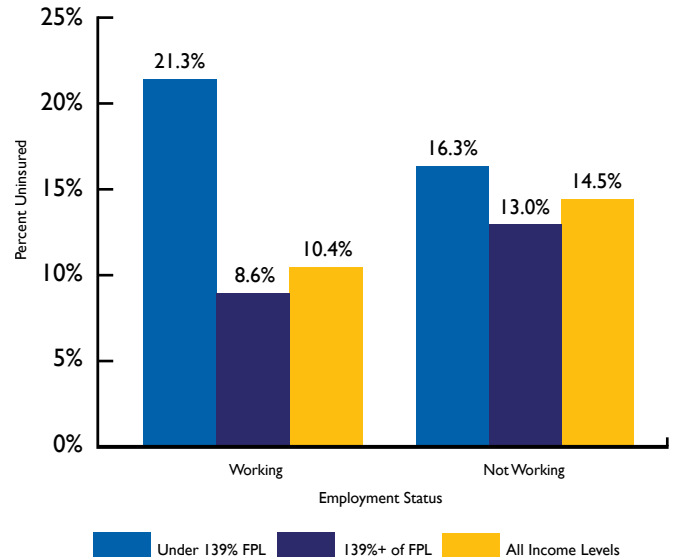
## ADULT INSURANCE COVERAGE

Because of the success of the Arkansas Works program, most adults in Arkansas have comprehensive coverage and improved access to important preventative care. Access for adults in Arkansas reached historical levels after the implementation of the Medicaid expansion under the Affordable Care Act. In 2013, Arkansas passed legislation approving the expansion, known at the time as the “private option,” which gave adults with incomes up to 138 percent of poverty access to Medicaid-funded private insurance.

Mervin Jebaraj, director of the Center for Business and Economic Research at the Sam M. Walton College of Business at the University of Arkansas, said Arkansas Works helped the state and regional economy. It freed up more of low-income families’ income that had been going toward health care costs and medications, and it helped people enter the workforce because their health needs were being met.<sup>8</sup>

In a report by Georgetown University’s Center for Children and Families and University of North Carolina’s NC Rural Health Project, Arkansas was cited as one of the states with the sharpest declines in the number of uninsured adults in rural areas and small towns as a result of Medicaid expansion. The report further states that the uninsured rate for low-income adults living in small towns and rural areas of Arkansas dropped from 45 percent to 22 percent between 2008/2009 and 2015/2016. It is critical to maintain the gains resulting from Medicaid expansion and the impact on small rural communities in Arkansas.<sup>9</sup>

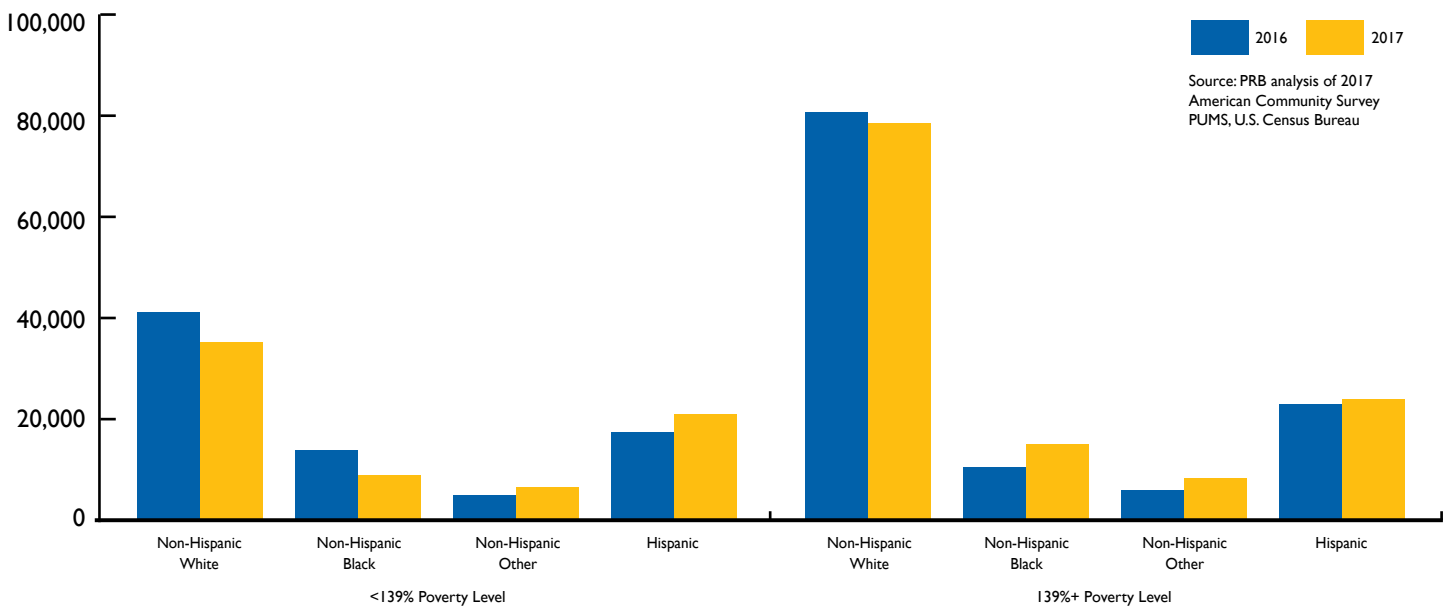
## UNINSURED ADULTS BY EMPLOYMENT STATUS – 2017



Source: PRB analysis of 2017 American Community Survey PUMS, U.S. Census Bureau

In 2017, the Arkansas uninsured rate for working adults with incomes less than 139 percent of poverty was almost three times the number of those working adults with incomes over that level. Those with incomes under 139 percent of poverty are the same population covered by the Medicaid expansion program now known as Arkansas Works. They were subject to new work reporting requirements in 2018 (more information on that below). The highest number of uninsured adults at all income levels had incomes between 200 to 400 percent of the poverty level.

## UNINSURED ADULTS AGE 19-64 BY RACE/ETHNICITY AND INCOME LEVEL, 2016 AND 2017

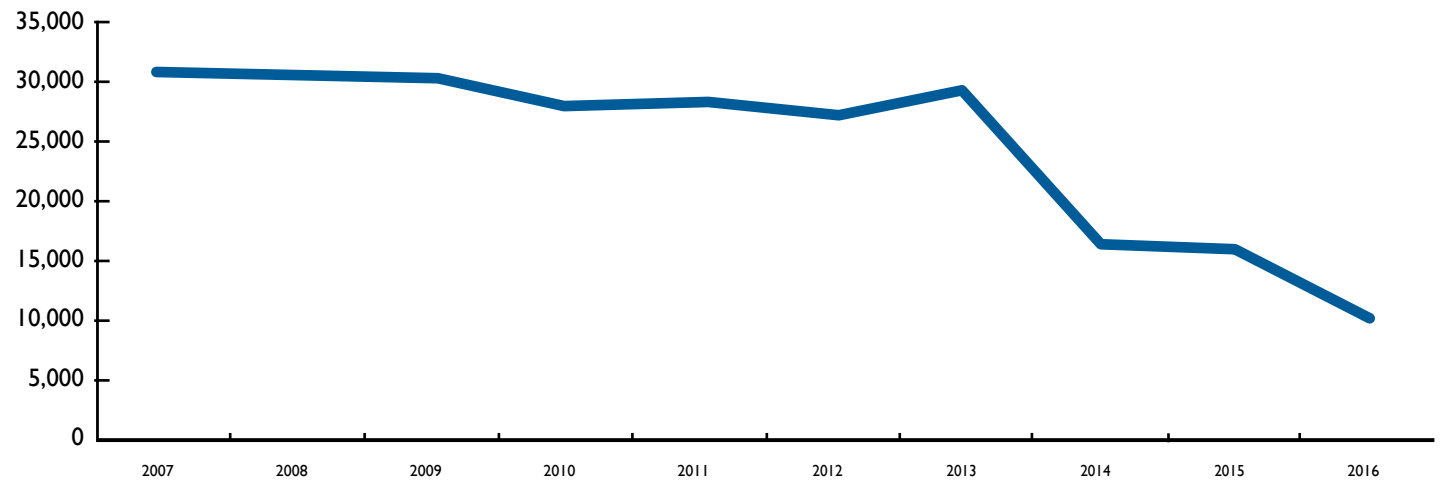


Source: PRB analysis of 2017 American Community Survey PUMS, U.S. Census Bureau

## ARKANSAS HOSPITAL COSTS

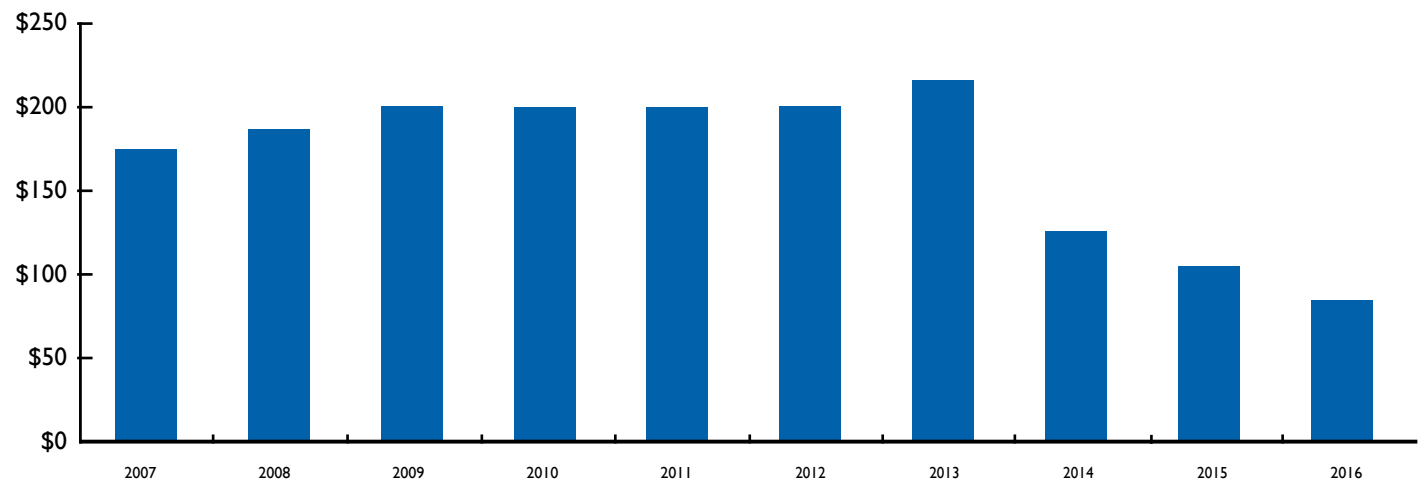
Arkansas hospitals have benefitted from the Arkansas Works Medicaid expansion. In contrast to many other states that did not expand Medicaid, Arkansas has had only one hospital closure since 2013. The increase in coverage has contributed to hospitals' bottom lines, decreasing the percentage of uninsured patients admitted from 7.4 percent in 2013 to 2.6 percent in 2016, leading to reduced uncompensated costs for Arkansas hospitals from \$216 million to \$84 million in 2016.<sup>10</sup>

ARKANSAS SELF-PAY/UNINSURED INPATIENTS ADMITTED, 2007-2016



Source: <http://www.arkhospitals.org/archive/arkhospmagpdf/2018Stats/UninsuredImpact.pdf>

TOTAL UNCOVERED ARKANSAS INPATIENT COSTS (IN \$ MILLIONS), 2007-2016



Source: <http://www.arkhospitals.org/archive/arkhospmagpdf/2018Stats/UninsuredImpact.pdf>

## WORK-REPORTING REQUIREMENTS

After making great strides to decrease the number of uninsured adults, Arkansas made national and international headlines for being the first state in the nation to terminate coverage of Medicaid beneficiaries for not reporting work activities. As predicted when they were proposed in 2017, the work-reporting requirements on Arkansas Works enrollees resulted in the subsequent disenrollment of more than 18,000 Arkansans.

In 2017, Arkansas officials requested approval from the federal government to allow the state to impose work requirements on a segment of those individuals enrolled in Arkansas Works. The approval was granted in March 2018, and in June 2018, Arkansas became the first state to implement a Medicaid work requirement. While some state leaders have touted this new policy as a tool to keep Arkansans working, results show that the policy has resulted in few people getting new jobs and many people losing health coverage. From June to December 2018, more than 18,000 people lost their Medicaid coverage as a result of the work-reporting requirement.

Taking coverage away from people who don't meet the requirement is at odds with Medicaid's "central objective" of providing affordable health coverage to people who

wouldn't otherwise have it, which means it's not an allowable use of Medicaid waiver authority under section 1115 of the Social Security Act. That's what a federal judge ruled in March, requiring that the state stop requirement the work reporting and stop kicking people off coverage for that reason. The case is on appeal.

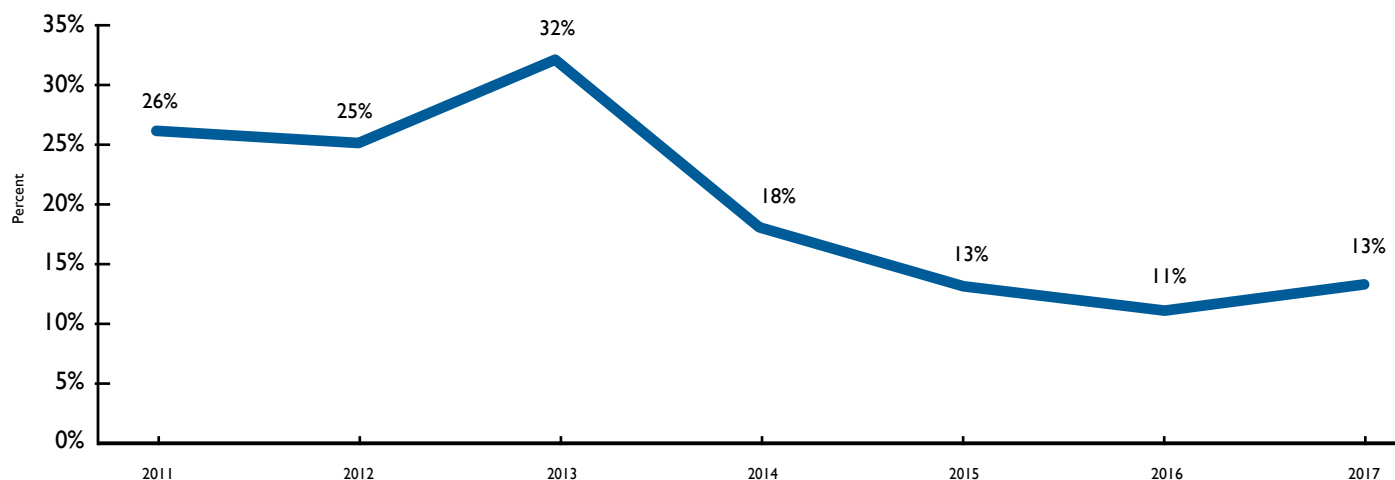
Medicaid is itself a work support. It makes affordable health coverage available to low-wage workers whose jobs don't offer it and makes it possible for people with chronic illnesses to work by helping them control their conditions.

In addition, working Medicaid beneficiaries often have low-wage jobs with volatile hours and little flexibility, so they may not be able to work a set number of hours each month — meaning that even people strongly attached to the labor force lost coverage.<sup>11</sup>

The enrollment of adults on Arkansas Works fell from a high of 301,745 in January 2018 to a low of 234,385 in December 2018.

Another hindrance to families receiving information to help them gain coverage is the state legislative ban on the use of public dollars for outreach and enrollment in ACA-related health coverage.<sup>12</sup>

### PERCENTAGE OF UNINSURED ADULTS IN ARKANSAS



Source: PRB analysis of 2017 American Community Survey PUMS, U.S. Census Bureau

A December 2018 ruling to repeal the Affordable Care Act, if not overturned, will result in hundreds of thousands of Arkansans losing their health insurance coverage both through the Medicaid expansion and the marketplace.<sup>13</sup> Even if the ACA is not overturned, adults covered by the Arkansas Works program face an uncertain future based on the state's implementation of work reporting requirements and the legal challenges to those requirements.

## CONCLUSION

This report shows that more than 95 percent of children in Arkansas have health insurance coverage. In order to overcome the hurdles to the Finish Line and reverse the recent declines in health care coverage for children and adults, advocates must continue to support Medicaid and funding for ARKids First, resist efforts to promote unnecessary requirements and fight the repeal of the Affordable Care Act. We must also improve efforts to reduce the number of school-aged uninsured children, support efforts to keep eligible children on traditional Medicaid coverage year-round, and continue to resist efforts to restrict services for immigrants. Here's how to continue our progress:



### 1. Adopt “continuous eligibility” for ARKids A:

Under current state policy, the lowest-income children in the state can lose their Medicaid coverage if their family income fluctuates month-to-month — a common occurrence for families whose work hours are not as stable as those with higher incomes. Eligibility should be determined on an annual income basis, not by month. Adopting a one-year “continuous eligibility” policy would ensure that a child’s coverage is not terminated because of those types of fluctuations or administrative errors. In fact, this policy is already in place for children enrolled in ARKids B (CHIP funded) — children whose family incomes are higher. We want to prevent interruptions in coverage throughout the year for children in ARKids First, which will result in better health. Guaranteeing ongoing coverage ensures that children can receive appropriate preventive and primary care as well as treatment for any health issues that arise.

### 2. Conduct ARKids First outreach and enrollment to help ensure children in immigrant families are covered:

With more than 80,000 Arkansas children having at least one parent who is an immigrant, and 90 percent of those children being U.S. citizens, it is imperative that we ensure these children are not left out of the health care coverage legally provided. Our state’s economic future depends on the success of children in immigrant families, so we don’t want to discourage families from seeking resources children need to thrive.

### 3. Eliminate the budget amendment that prohibits state funds from being used on outreach and enrollment in Arkansas Works for adults:

We must continue to advocate for policy decisions that benefit consumers, including state-allowed outreach, education and enrollment. By researching and analyzing waivers, rules and regulations to determine consumer impact, we can work directly with state officials for consumer-driven policy change. Getting more adults covered should also help indirectly get more kids covered, creating a welcome mat effect.

## ENDNOTES

- 1 <https://ccf.georgetown.edu/2019/03/20/medicaid-and-chip-snapshot-data-sources-2019>
- 2 <https://ccf.georgetown.edu/2018/06/19/medicaid-and-chip-snapshot-data-sources/>
- 3 <https://ccf.georgetown.edu/2018/11/28/new-report-shows-progress-on-childrens-health-coverage-reversed-course/>
- 4 [https://humanservices.arkansas.gov/images/uploads/Monthly\\_Enrollment\\_and\\_Expenditure\\_Report\\_01152019.pdf](https://humanservices.arkansas.gov/images/uploads/Monthly_Enrollment_and_Expenditure_Report_01152019.pdf)
- 5 <https://ccf.georgetown.edu/2018/07/18/medicaid-and-chip-provide-health-coverage-for-many-school-age-children-yet-gaps-remain/>
- 6 Christine Percheski and Sharon Bzostek, “Public Health Insurance and Health Care Utilization for Children in Immigrant Families,” *Maternal and Child Health Journal* 21 (2017).
- 7 <https://ccf.georgetown.edu/2017/08/16/arkansas-and-nevada-latest-to-eliminate-5-year-waiting-period-for-lawfully-residing-children/>
- 8 <http://www.aradvocates.org/wp-content/uploads/AACF-NWA-pov.webfinal.9.7.18.pdf>
- 9 <https://ccf.georgetown.edu/2018/09/25/health-insurance-coverage-in-small-towns-and-rural-america-the-role-of-medicaid-expansion/>
- 10 <http://www.arkhospitals.org/archive/arkhospmagpdf/2018Stats/UninsuredImpact.pdf>
- 11 <https://www.cbpp.org/research/health/medicaid-work-requirements-cant-be-fixed>
- 12 <http://www.aradvocates.org/publications/winning-the-race-to-coverage-two-decades-of-progress-on-kids-health-in-arkansas/>
- 13 <https://familiesusa.org/product/five-things-you-need-know-about-texas-v-us-litigation>



## APPENDIX

### ARKANSAS CHILDREN'S INSURANCE COVERAGE BY COUNTY 2013-2017

County	Percent of Children Covered by Medicaid/CHIP	Percent of Children Covered by ESI	Percent of Children Covered by Direct Purchase	Percent of Children Covered by Other Insurance	Percent of Children Uninsured
ARKANSAS	67	20	7	6	1
ASHLEY	62	26	6	2	4
BAXTER	47	38	3	7	5
BENTON	34	53	4	4	4
BOONE	49	42	2	3	5
BRADLEY	67	19	1	9	4
CALHOUN	59	31	2	2	6
CARROLL	50	28	4	8	9
CHICOT	75	14	5	4	2
CLARK	53	38	2	5	2
CLAY	60	22	6	9	3
CLEBURNE	44	31	8	6	11
CLEVELAND	50	36	5	6	3
COLUMBIA	52	37	2	6	2
CONWAY	50	36	4	6	4
CRAIGHEAD	50	33	4	8	5
CRAWFORD	46	39	2	6	7
CRITTENDEN	57	32	3	3	5
CROSS	55	35	4	3	3
DALLAS	48	38	2	7	4
DESHA	74	13	3	5	5
DREW	54	26	8	6	6
FAULKNER	35	44	6	9	6
FRANKLIN	42	40	4	10	4
FULTON	61	19	5	8	7
GARLAND	55	29	5	4	6
GRANT	36	46	5	9	4
GREENE	42	37	6	9	5
HEMPSTEAD	60	26	3	4	7
HOT SPRING	56	32	3	6	4
HOWARD	62	20	5	7	7
INDEPENDENCE	51	35	8	2	4
IZARD	57	29	1	5	8
JACKSON	56	27	5	10	2
JEFFERSON	57	29	3	7	3
JOHNSON	53	32	6	5	4
LAFAYETTE	59	22	8	8	3
LAWRENCE	54	28	6	9	3

County	Percent of Children Covered by Medicaid/CHIP	Percent of Children Covered by ESI	Percent of Children Covered by Direct Purchase	Percent of Children Covered by Other Insurance	Percent of Children Uninsured
LEE	68	23	2	6	2
LINCOLN	53	27	8	7	4
LITTLE RIVER	54	37	2	5	2
LOGAN	53	33	3	10	2
LONOKE	33	39	4	20	4
MADISON	45	38	4	3	9
MARION	56	29	2	8	5
MILLER	50	33	3	8	6
MISSISSIPPI	57	29	4	6	4
MONROE	72	16	4	4	5
MONTGOMERY	62	27	3	4	5
NEVADA	67	20	3	5	4
NEWTON	53	36	2	5	4
OUACHITA	57	28	3	9	3
PERRY	49	41	2	5	2
PHILLIPS	68	16	3	6	7
PIKE	65	24	4	2	5
POINSETT	68	19	4	7	2
POLK	65	18	6	7	4
POPE	49	37	3	6	4
PRAIRIE	62	23	6	7	3
PULASKI	43	39	4	9	5
RANDOLPH	54	30	4	7	5
SALINE	66	20	4	6	4
SCOTT	35	48	6	7	4
SEARCY	54	27	1	13	4
SEBASTIAN	51	24	10	11	4
SEVIER	49	33	3	7	6
SHARP	59	26	3	6	7
ST. FRANCIS	68	20	2	3	7
STONE	62	18	9	9	2
UNION	47	33	6	9	4
VAN BUREN	57	28	4	7	5
WASHINGTON	40	44	5	4	7
WHITE	44	39	5	8	4
WOODRUFF	71	25	1	2	1
YELL	46	37	3	8	6

Source: PRB Analysis of 2013-2017 American Community Survey PUMS, U.S. Census Bureau

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