

## ABSTRACT

Title of thesis: CHARACTERISTICS AND HEALTH  
INSURANCE COVERAGE AMONG ADOPTED  
CHILDREN IN THE UNITED STATES

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The practice of adopting a child is a common occurrence within the United States. Research on adoption, birth parents, and adoptive parents has traditionally focused on psychology and social work outcomes. This master's thesis shifts the focus of adoption outcomes to a public health perspective, examining the demographics, socioeconomic conditions, and health insurance rates of domestic and international adoptees. To help determine the rates of any health insurance, public health insurance, and private health insurance, this thesis examined American Community Survey 2022 5-year data, a nationally representative study of adoptees and their counterparts—non-adoptees who are biologically related to their parents or head of household. It was determined that domestic adoptees and non-adoptees had similar demographic and socioeconomic statuses whereas international adoptees were predominantly non-Hispanic Asians, females, and have wealthier and White heads of households. After controlling for demographic and socioeconomic variables, it was discovered that international adoptees have higher uninsured rates compared to non-adoptees and domestic adoptees, which could be attributed to geographic differences in health insurance coverage. Further research is needed to examine health insurance coverage rates in the United States for adoptees.

CHARACTERISTICS AND HEALTH INSURANCE COVERAGE AMONG  
ADOPTED CHILDREN IN THE UNITED STATES

By

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## Introduction

Single people and families adopting minors who are not biologically related to them is a phenomenon occurring for centuries throughout the world, and practiced by all cultures (Palacios & Brodzinsky, 2010). Adoption is often defined as birth parents transferring parental rights and responsibilities to another person or parents through legal action, thus creating a new parent-child relationship (Bramlett et al., 2007). According to the 2020 United States (U.S.) Census, 94% of the 93.8 million children of the householder were biological, and roughly 2% or 3.8 million children in the U.S. were adopted (Thomas et al., 2023).

Within the United States, the practice of adoption has been happening for almost two centuries (Child Welfare Information Gateway, 2019). Adoption was first officially recorded here when Massachusetts passed a “modern” adoption law: the 1851 Adoption of Children Act (Child Welfare Information Gateway, 2019; Herman, 2012). Before this law, the process was based only on the interests of adults, but after the law passed, Massachusetts recognized the value of developing a social and legal process to help children without parents, and judges were told to ensure that adoption decrees were “fit and proper” (Child Welfare Information Gateway, 2019; Herman, 2012). With this monumental change, adoption became a process to try to guarantee that children are properly taken care of (Child Welfare Information Gateway, 2019).

Despite the long history of U.S. adoptions, research on adoption-related issues is a much newer event (Palacios & Brodzinsky, 2010). It wasn’t until the early 1900s, with the rise of the industrial revolution and the growing problem of homeless dependent children that adoption of non-biological children became a subject of study as well

(Palacios & Brodzinsky, 2010). The late 1950s brought the start of the first systematic research and scholarly analysis of the effects and health consequences of adoption (Palacios & Brodzinsky, 2010). This research started the emerging discipline of adoption research, which was unguided by formal theory, except for psychoanalytic theory, and descriptive in nature (Palacios & Brodzinsky, 2010). Much of this new adoption research had issues related to unrepresentative samples and methodological problems (Palacios & Brodzinsky, 2010). However, this adoption research spurred the study of adopted children and their families, while also creating a new field of inquiry in developmental and family research (Palacios & Brodzinsky, 2010). Most outcomes from this were on the psychological risk in adoption and the psychological outcomes of adopted children (Palacios & Brodzinsky, 2010).

Adoption research peaked in the 1980s and 1990s with an explosive number of publications published in the 1990s on adoptive children and their families (Palacios & Brodzinsky, 2010). At this time, most research focused on the adjustment pattern of adopted youth in the general population (Palacios & Brodzinsky, 2010). From this, it was learned that there was a difference in how adopted children adjusted than what had been previously discovered. Additionally, other studies showed that adopted children were more likely to have adjustment difficulties (Palacios & Brodzinsky, 2010). Since then, many studies of adopted children have focused on psychological outcomes, but oftentimes their value has been restricted by small sample sizes (Palacios & Brodzinsky, 2010). Of adoption research, here are several gaps: In the U.S., evidence is limited on the demographics and family characteristics of adopted children; and the extent to which these variables differ among domestically adopted children and internationally adopted

children, relative to non-adopted children. New research through a different lens is warranted, in addition to what has been done in the social work and psychology fields, when researching the consequences of adoption (Palacios & Brodzinsky, 2010).

In this thesis, demographics, family characteristics of adopted children, and the association between adoptee status and health insurance coverage are examined using a nationally representative sample.

## Research Question

The aims of the proposed research are as follows:

**Aim 1.** To describe the demographic and family socioeconomic characteristics of families with adopted children.

**Aim 2.** To investigate the health insurance coverage of domestically and internationally adopted children, relative to that of biological children and other non-adopted children.

The hypothesis for the second aim is: Adopted children are more likely to have better health insurance coverage compared with non-adopted children.

## Background

Which children need to be adopted and who gets to adopt? This is a question not often examined in adoption research. Oftentimes, adoption research is centered on two distinct fields: the perspective of social work and child welfare, which looks at how adoptees are cared for; and the perspective of developmental psychology and psychopathology, which looks deeply at the psychological and socio-emotional outcomes of adoptees, their birth parents, and their adoptive parents (Palacios & Brodzinsky, 2010). However, there is limited research about the structural and systematic public health aspect of adoption, specifically looking at the types of people and families choosing to

adopt children and at an adopted child's health outcome specifically if socioeconomic factors are impactors (Palacios & Brodzinsky, 2010).

### History of Transracial Adoption

Transracial adoption is the adoption of a child whose race and ethnicity differ from the adoptive parents' and can happen through different forms of the adoptive process, which include domestic adoption and international adoption (Patton-Imani, 2000; Goss, 2022). In the U.S., an international agreement called the Hague Convention was signed to safeguard intercountry adoptions (U.S. Department of Homeland Security, n.d.). The Convention was signed in 1994 and applied to all adoptions by U.S. citizens of children who reside in any country outside of the U.S. (U.S. Department of Homeland Security, n.d.). The Convention's goal is to "*prevent the abduction, sale of, or trafficking in children, and it works to ensure that intercountry adoptions are in the best interests of children*" (U.S. Department of Homeland Security, n.d.). The U.S. encourages intercountry adoptions from countries that are members of this Convention. Within the U.S., approximately one-quarter of all adoptions are classified as transracial adoptions (Goss, 2022). Most of the time, the children adopted transracially have been minorities adopted into White families (Perry, 2011). Researchers have noted that some members of transracial families see this as a humanitarian act, in the same vein as the "White savior complex" (WSC), in which White bodies are centered through a network of relationship and resources to being essential helpers to respond to social problems (Cawayu & De Graeve, 2022; Finnegan, 2022). While this narrative is often lauded, it is extremely problematic because it lets White progressives ignore the root causes of racism while claiming that they are being helpful (Finnegan, 2022). Linking WSC to the transracial adoption process is questionable because it provides the narrative that these children

needed to be saved, rather than deeply exploring the inequities that made the birth mother relinquish their child.

Transracial adoption became a controversial issue in the 1970s when there was a heated public debate about Black children being adopted into White middle-class families because of the possibility of the loss of African American cultural identity (Patton-Imani, 2000). Within the U.S., debates occurred questioning whether White parents could teach their adopted children African American culture and history (Patton-Imani, 2000). This debate led to more discussions, eventually leading the National Association of Black Social Workers (NABSW) to publish a paper in 1972 in which they openly opposed White parents adopting Black children due to concerns about racial identity and survival skills needed in America (Patton-Imani, 2000). This public debate receded, though, and by the 1990s the political context had changed and federal policies promoting “color-blind” adoptions, the practice of prohibiting the consideration of race in adoption, became popular (Patton-Imani, 2000).

### Gaps in Current Research

There have been few specific national research studies to capture the lives of all adopted children. The most recent large-scale national adoption survey, called the National Survey of Adoptive Parents (NSAP) (Bramlett & Radcliff, 2010), was completed in 2008 by the U.S. Department of Health and Human Services (DHHS). It was a nationally represented survey of adopted children, including children of different adoption types: international adoptions, private domestic adoptions, and domestic adoptions from the United States foster care system (Bramlett & Radcliff, 2010). NSAP was sponsored by the DHHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the DHHS Administration for Children and Families (ACF), and

then it was conducted by the Centers for Disease Control and Prevention (CDC) (Bramlett & Radcl, 2010). The NSAP survey came about because of a 2007 planned National Survey of Children's Health (NSCH) that wanted to specifically identify and survey adoptive families (Bramlett & Radcl, 2010). But to create a cost-effective method to reach this population, NSCH, ASPE, and ACF formed a partnership creating NSAP (Bramlett & Radcl, 2010). NSAP gathered a breadth of data including characteristics of adopted children and their families, specifically looking into their adoption-related experiences and their post-adoption well-being, and service utilization and needs (Bramlett & Radcl, 2010). Additional characteristics included were: child and parent well-being, attachment and adoption satisfaction, parents' reason for adoption and pre-adoption preparation, contact with birth families, and services received and needed since adoption (Bramlett & Radcl, 2010).

From the literature, adoption research focuses on issues pertaining to the individual adoptee, birth mother, and adoptive family through the lens of social workers and psychologists (Engel et al., 2007). Within the U.S., adoption research of the family and children stemmed from a psychological or clinical perspective, and many have stated that more research needs to have a sociological and broader lens of adoption (Laybourn 2017). There is research about transracial adoption through a sociological lens exploring race and racial identities (Goss, 2022). Along with this, research has been done exploring the WSC and neocolonial beliefs that are related to why some people feel the urge to adopt, specifically to adopt an international child whose race differs from the adopting parent (Finnegan, 2022). While this adoption research explores the history of the reasonings why people may choose to adopt, there needs to be more research within the

public health field and general descriptive information of those who adopt and the overall outcome of adoptees and their families within the U.S.

It has been reported that middle-class White families tend to adopt at higher rates than other races and people with lower socioeconomic backgrounds, however more research is needed to explore this conclusion and to show the impact of White families adopting children, specifically children of different races (Patton-Imani, 2000). Many argue that parents who adopt children of a different race take a color-blind approach; however, research trends in adoption demonstrate that this is not the case (Khanna & Killian, 2015). Khanna & Killian (2015) found that adoptive parents expressed openness to adopting children of any background except for Black children, particularly emphasizing reluctance toward adopting African American children. This research highlights the significance of race in adoption; without understanding and unpacking the racial components of transracial adoption, alleviating its complexities will remain unattainable. With the current research, there is a need for a public health lens to explore systemic health issues, including racism and classism, within adoption research.

Furthermore, not enough is known about the health insurance coverage of adopted children. Health insurance research has looked at health insurance to fund post-adoption services that may include treatments or surgeries (Gunnar et al., 2000). And the research that has looked at general health insurance coverage does not often distinguish between domestic and international adoptees, and it does not go into detail about the type of health insurance coverage. More research is needed to examine adoptees' health insurance coverage from a public health perspective, with a focus on addressing the systemic-level

issues that adoptees may encounter. Given these gaps in research, this thesis is warranted to provide additional findings for adoption research and for the adoptee community.

The purpose of this thesis is to delineate the gaps in understanding the family characteristics of adoptees in the U.S., and to scrutinize the nature of health insurance coverage among these families. Additionally, it aims to establish connections between adoption research and public health issues pertaining to adoptees and their families.

## Methods

### Data

The American Community Survey (ACS) is a nationwide survey that collects demographic information about households (U.S. Census Bureau, n.d.). Information collected is like U.S. Census data, but it is conducted yearly and only 3.5 million American households are in the sample (U.S. Census Bureau, n.d.). ACS data is extremely important because it dictates how federal funds are distributed yearly, ensuring that the federal government effectively supports communities depending on their stated needs (U.S. Census Bureau, n.d.). For this thesis, the most recent ACS data was used, which was the 5-year 2022 ACS data. The 5-year data are estimates of represented data collected over 5 years from the selected year (U.S. Census Bureau, 2023). The 5-year 2022 ACS data include estimates from 2017 to 2022. The advantage of using 5-year data is that it increases statistical reliability in regard to areas with smaller densities, smaller populations, and smaller population subgroups (U.S. Census Bureau, 2023).

### Study Design

There are several outcome variables examined; for Aim 1, the outcome variables included are race and ethnicity (non-Hispanic White, non-Hispanic Black, Hispanic, non-

Hispanic Asian, and other), sex (male and female), age generations (Generation Alpha, Generation Z, Millennial, Gen X, and Baby Boomer), state regions (northeast, Midwest, south, and west), income (<100% Federal Poverty Level (FPL), 101%-400% FPL, >400% FPL), education level (less than high school, high school, some college, and college), and type of schooling (private school, public school, not enrolled, and N/A). For the heads of household, the following outcome variables were examined: race and ethnicity, sex, age, education level, and marital status (married, spouse present; married spouse absent; separate; divorced; widowed; and never married/single).

Regarding Aim 2, the focus was on health insurance coverage, therefore the outcome variables were if children had any health insurance coverage, private health insurance coverage, or public health insurance coverage. The independent variables of interest were: adoptee status, which included non-adoptee children, domestic adoptee children, and international adoptee children; and other children. Non-adoptee children were identified as children who are biological sons and daughters of the head of house. Domestic and international adoptees were identified from an adoptee variable as labeled on the ACS. Domestic and international adoptees were classified by country of birth, with those being born in the U.S. as domestic adoptees, and those born outside of the U.S. as international adoptees. Other children were youth identified who were not labeled as being a son or daughter of the head of house, rather they were either grandchildren or the child of another family member related to the head of house. Parents were also identified according to their children's corresponding population.

## Statistical Analysis

Several statistical analysis methods were used to analyze the children and parent data. For Aim 1, the descriptive statistics were estimated using complex survey weights;

replicate weights were used as recommended by Census Bureau. The complex survey weights were established by the ACS and are used for complex survey design to limit oversampling, survey non-response, and post-stratification adjustments (CDC, n.d.). These are all used to match ACS data and its population to the total population counts from the U.S. Census (CDC, n.d.). Sample weights are important to accurately represent the population because they are assigned to each sample person, allowing ACS data to measure the population represented by the sample person (CDC, n.d.). By using sample weights, this thesis accurately captures a representative sample of adopted and non-adopted children and their families.

In the descriptive analysis, both weighted and unweighted statistics (percent and count) were computed. The difference between the two is that weighted statistics consider the varying representativeness of different groups within the sample, while unweighted statistics are the raw counts calculated. Unweighted statistics also do not adjust for sample characteristics. Having both the weighted and unweighted allows for a more nuanced examination of the data, with the overall trends and the specific characteristics of the data being thoroughly examined.

Furthermore, to examine the association between adoptee status and health insurance coverage, a linear probability model was applied. The three outcome variables were any health insurance with 0 being no health insurance coverage and 1 being having any health insurance coverage; public health insurance with 0 being no public health insurance coverage and 1 being having public health insurance coverage; and private health insurance with 0 being no private health insurance coverage and 1 being having private health insurance coverage. This model controls for the children's child type, sex,

race, income level, education level, state location, birth year, head of household's race, head of household's gender, head of household's education level, head of household's marital status, and head of household birth year. The variables in the regression table include the ones previously mentioned as well as marital status for the heads of households. Controlling these covariates allows for potential confounding variables that may influence both adoptee status and health insurance coverage.

## Results

### Descriptive Summary

#### Characteristics of Identified Children

**Demographics.** Table 1 shows that there was a total unweighted count of 63,619 adopted children, including 54,977 domestic adopted children and 8,642 international adopted children representing the sample. The weighted count of all adoptees is 1,424,409 with 1,237,767 domestic adoptees and 186,642 international adoptees (Table 1). In the following paragraphs, we report the weighted statistics.

Of the identified domestic adoptees, the racial breakdown is as follows: non-Hispanic White: 49.8% (n=616,346), Hispanic 20.8% (n=257,196), non-Hispanic Black 16.6% (n=205,173), another race 10.9% (n=134,462), and non-Hispanic Asian 2% (n=24,590), as shown in Figure 1. The sex breakdown for domestic adoptees was also almost evenly split with 49.9% (n=618,663) identifying as female (Figure 2). For international adoptees, the racial breakdown was dissimilar to domestic adoptees, with the majority, 43.4%, being non-Hispanic Asian (n=81,081), 22.6% being Hispanic (n=42,242), 15.3% for both non-Hispanic White (n=28,602) and non-Hispanic Black (n=28,573), and 3.3% being another race (n=6,144) (

Figure 1). There were also more females in the international adoptee population with 57.9% (n=107,281) (Figure 2).

The racial breakdown for non-adopted children (n=62,476,214) was more like the pattern of domestic adoptees than the pattern of international adoptees, with 51.2% (n=31,549,221) identifying as non-Hispanic White, 24.7% (n=3,274,938) identifying as Hispanic, 12.1% (n=7,479,209) identifying as non-Hispanic Black, 6.9% (n=4,615,214) identifying as other, and 5.2% (n=3,274,938) identifying as non-Hispanic Asian (

Figure 1). The sex breakdown was also almost equal with 48.7% (n=1,271,803) identifying as female (Figure 2). For other children (n=9,133,307) the racial breakdown was 36.8% (n=3,356,365) non-Hispanic White, 31% (n=2,829,322) Hispanic, 20.2% (n=1,840,132) non-Hispanic Black, 8.5% (n=777,009) other race, and 3.6% (n=330,478) non-Hispanic Asian. Similar to the pattern of non-adopted children, the sex breakdown was 48.9% (n=4,472,523) (Figure 2). For all children identified, 99% identified as being single and never being married.

The ages of all the groups of interest were divided by generation as defined by the U.S. Library of Congress: with Gen Z being those born from 1997 to 2013, and Gen Alpha those born from 2013 to present (U.S. Library of Congress, n.d.). All of those in this analysis—non-adopted children, domestic adoptees, international adoptees, and other children were of these two generations. Of domestic adoptees, a little more than two-thirds, 67.9% (n=840,674), were Gen Z; and 32.1% (n=397,093) were Gen Alpha (

Figure 3). However almost all international adoptees were Gen Z—some 88.3% (n=164,864); while 11.7% (n=21,778) were Gen Alpha (

Figure 3). Compared to the two adoptee groups, non-adopted children were more equally split between the two generations—with 58.4% (n=36,491,368) being Gen Z and 41.65% (n=25,985,028) being Gen Alpha (

Figure 3). The “other children” category had a more equal divide—with 53.3% (n=4,867,885) being Gen Z and 46.7% (n=4,265,422) being Gen Alpha (

Figure 3).

**Geographic distribution.** Within the U.S., the Census Bureau divides the country into four regions: northeast, Midwest, south, and west (U.S. Census Bureau, n.d.). The northeast consists of the following states: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. The Midwest includes Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. The south includes Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. The west includes Alaska, Arizona, California, Colorado, Hawai'i, Idaho, Montana, New Mexico, Nevada, Oregon, Utah, Washington, and Wyoming. As seen in Figure 5, the majority, 42.6%, of domestic adoptees (n=523,582) live in the south, followed by 23% (n=282,698) living in the west, 22.4% (n=282,698) in the Midwest, and 12.0% (n=147,777) in the northeast.

As seen in Figure 6, international adoptees tend to live in three major states: California (8%), Texas (7.2%), and Florida (6.3%). Regarding the U.S. regions, international adoptees are located with 37.2% (n=68,838) living in the south, 25.5% (n=47,175) living in the Midwest, 20.7% (n=38,301) living in the west, and 16.7% (n=30,900) living in the northeast. The data for non-adopted children shows 38.6% (n=23,972,920) live in the south, 23.2% (n=14,424,364) live in the west, 21.7% (n=13,493,739) live in the Midwest, and 16.45% (n=10,208,473) live in the northeast. For other children, the majority lived in the south at 43.3% (n=3,909,460), then the west

at 25% (n=2,259,467), followed by the Midwest at 17.1% (n=1,319,037), and lastly the northeast at 14.6%.

Although California and Texas have the highest populations of children, the largest concentration of domestic and international adoptees varies between each state. According to Table 5, when comparing states based on their populations of non-adoptees, domestic adoptees, international adoptees, and other children, West Virginia stood out with the highest percentage of domestic adoptees, at 3.6%, while Minnesota led with 0.58%, of international adoptees. In comparison to the adoptee population, North Dakota, accounted for the highest percentage, at 90.4% (n=164,400), of non-adoptees, biological sons or daughters directly related to the head of the household (Table 5). Conversely, Mississippi had the highest prevalence of other children, who are not sons or daughters directly related to the head of the household, at 17.7% (Table 5).

**Socioeconomic status.** Income levels were also assessed by poverty level thresholds, which include an income below 100% FPL, an income between 100% to 400% of FPL, and an income above 400% FPL (Healthcare, 2024). As seen in

Figure 7, almost half, 49.3% (n=610,038), of domestic adoptees fell into the income category of between 101% to 400% FPL, followed by having an income above 400% FPL at 40% (n=495,151), and 10.71% (n=132,578) having an income below 100% FPL. International adoptees were wealthier with almost two-thirds, 64.4% (n=120,212), in families having an income above 400% FPL, and 30% (n=55,970) having an income between 100% to 400% (

Figure 7). Non-adopted children had family income levels similar to those of domestic adoptees, with 47.6% (n=29,708,904) having an income between 101% to

400% FPL, 39.4% (n=24,642,141) having an income above 400% FPL, and 13.01% (n=8,125,351) having an income below 100% FPL (

Figure 7). Other children were the poorest compared to the three other groups, with more than half, 55.1% (n=5,032,400), having an income between 100% to 400% FPL, 23.3% (n=2,125,661) having an income above 400% FPL, and 21.6% (n=1,975,246) having an income below 100% FPL (

Figure 7).

**Education level.** For all four groups, 99% of them identified as having less than a high school education, with most of them still attending kindergarten to 12th grade. Of the type of schooling, the majority attended public school, as shown in

Figure 8. For domestic adoptees almost three-quarters, 70.3% (n=870,932), attended public school, while 14.1% (n=92,691) attended private school, 7.5% (n=92,691) were not enrolled, and 8.1% (n=100,147) were considered as not being applicable (

Figure 8). International adoptees had the highest percentage of children attending private school at 22.40% (n=41,809), with 72.1% (n=134,577) attending public school, 3.9% (n=7,219) not enrolled, and 1.6% (n=3,037) not applicable (

Figure 8). Non-adopted children attended public and private school at a rate of 65.4% (n=40,845,666) and 11.3% (n=7,057,123), respectively (

Figure 8). There were 8.6% (n=5,380,212) non-adopted children not attending school, with 14.7% (n=9,193,395) considered not applicable (

Figure 8). Other children had the lowest percentage of children attending private school at 6.6% (n=599,050), while 62.9% (n=5,748,413) attended public school (

Figure 8). This group also had the highest percentage of children not enrolled in school and labeled as not applicable at 11.9% (n=1,083,789) and 18.6% (n=1,702,055), respectively (

Figure 8).

**Health insurance coverage.** Regarding health insurance coverage, domestic adoptees, international adoptees, non-adoptees, and other children had differing rates of not being insured. As shown on Figure 9. Any Health Insurance Coverage Rate Figure 9,

domestic adoptees had the lowest rates, 3.6% (n=45,123) of being uninsured, while other children had the highest rates at 7.3% (n=664,004). Non-adoptee children were uninsured at 4.8% (n=3,021,745), and international adoptees had a higher rate compared to non-adoptees at 5.5% (n=10,183) (Figure 9). Public health insurance coverage rates are shown in Figure 10, with other children having the highest rates at a level of almost two-thirds, 63% (n=5,752,717), followed by domestic adoptees at 50.9% (n=630,476), non-adopted children at 35.9% (n=22,410,623), and international adoptees at 16.4% (n=30,593) (Figure 10). Regarding private health insurance, other children had high rates, 65% (n=5,938,085) of not being insured with private health insurance (

Figure 11). Non-adoptees also had similar rates, at 63.8% (n=22,613,724) (

Figure 11). Both domestic adoptees and international adoptees had fairly high rates of not having private health insurance, 44.3% (n=548,847) and 17.3% (n=32,276), respectively (

Figure 11).

Two states were of particular interest for analyzing the rates of any health insurance across all four groups of children: California and Texas. As seen in Figure 12, domestic adoptees in California had the lowest rate of not having any health insurance at

2.2% (n=2,417) while other children had the highest at 4.84% (n=63,021). International adoptees had the second highest rate of 3.5% (n=518), followed by non-adoptees at 2.9% (n=210,341) (Figure 12). These rates appear comparatively low when compared to those in Texas. As seen in Figure 13, international adoptees had the highest rates of not having any health insurance at 21.5% (n=2,903), while domestic adoptees had the lowest rates at 7.3% (n=9,261), followed by non-adoptees at 10.89% (n=682,793) and other children at 12.8% (n=2,903) (Figure 13).

### Characteristics of Householder

**Demographics.** The demographic information for parents, identified as head of household on the ACS, was quite enlightening. As shown in Figure 14, for parents of other children, the highest number was of parents identifying as female at 60% (n=5,483,047). For domestic adoptee parents and non-adoptee parents, the parents' sex was more evenly split at 50.3% (n=622,976) female and 54% (n=33,728,469), respectively (Figure 14). For international adoptee parents, 45.2% (n=84,344) identified as female, which was the lowest percentage.

Across all four groups, the majority of parents identified themselves as non-Hispanic White. The breakdown, as displayed in Figure 15, shows three-quarters of international adoptee parents, 75.9% (n=141,719), were non-Hispanic White—followed by domestic adoptee parents at 68.4% (n=846,692), non-adoptee parents at 55.4% (n=34,615,840), and other children's parents at 44.28% (n=4,044,670). The other racial identities of parents are as follows:

- For domestic adoptees, 13.9% (n=171,114) were Hispanic, 11.5% (n=142,114) were non-Hispanic Black, 4.58% (n=56,719) identified as other, and 1.7% (n=20,760) were non-Hispanic Asian.

- For international adoptee parents identifying as other than non-Hispanic White, 11% (n=20,550) identified as Hispanic, 6.8% (n=12,698) identified as non-Hispanic Asian, 3.6% (n=6,766) identified as non-Hispanic Black, and 2.6% (n=4,909) identified as another race.
- Non-adopted parents' racial breakdown was 22.2% (n=13,865,539) Hispanic, 12.5% (n=7,777,881) non-Hispanic Black, 6.03% (n=3,769,290) non-Hispanic Asian, and 3.9% (n=2,447,846) as another race.
- Other children's parents' racial breakdown was 26.88% (n=2,455,041) Hispanic, 20.2% (n=9,770,312) non-Hispanic Black, 4.6% (n=422,748) other race, and 4.02% (n=367,297) non-Hispanic Asian.

The age demographic information is also broken down by generation as defined by the U.S. Library of Congress (n.d.) and includes the following generations: Baby Boomer (1946 to 1964), Gen X (1965 to 1980), Millennial (1981 to 1996), and Gen Z (1997 to 2013) (See Figure 16):

- For domestic adoptee parents, 52.5% (n=649,328) Gen X, 28.5% (n=352,260) Millennial, 17.8% (n=220,658) Baby Boomer, and less than one percent (n=9,721) Gen Z.
- For international adoptee parents, 59.5% (n=111,050) Gen X, 27.16% (n=50,688) Baby Boomer, 12.6% (n=23,592) Millennial, and less than one percent (n=840) Gen Z
- Non-adoptee parents skew the youngest with about half, 50.9% (n=31,778,782), Millennial, 44.67% (n=27,909,178) Gen X, 3.05% (n=1,908,232) Baby Boomer, and 1.4% (n=866,581) Gen Z.

- Other children's parents were the oldest with almost half, 46.8% (n=4,269,531) Baby Boomer, 29.93% (n=2,733,260) Gen X, 13.36% (n=1,220,336) Millennial, and 3% (n=269,219) as Gen Z.

As shown in

Figure 17, the parents' marital status varies widely among the four groups, with international adoptee parents having the highest rate of being married with the spouse present at 80.1% (n=149,435), followed by domestic adoptee parents at 73.6% (n=910,622), non-adoptee parents at 70% (n=43,749,625), and other children's parents at 43.22% (n=3,947,367). For parents who have never married and are single, the highest percentage was for other children's parents at 18.5% (n=1,690,838), followed by non-adoptee children's parents at 15.12% (n=9,447,976), domestic adoptee parents at 10.43% (n=129,125), and international adoptee parents at 7.3% (n=13,671) (

Figure 17). Other children's parents also had the highest percentage of divorce at 19.4% (n=1,775,761), followed by domestic adoptee parents at 10.2% (n=126,774), non-adoptee parents at 9.35% (n=5,843,028), and international adoptee parents at 7.95% (n=14,846). Other children's parents also had the highest percentage of parents identified as widowed at 12.1% (n=1,102,044), while all other groups identified as being widowed at less than 3% (

Figure 17). For both the married with spouse absent and separated identities, all were less than 4.5% (

Figure 17).

Education levels of parents is shown in Figure 18, with international adoptee parents declaring the highest rates of education with 69.5% (n=129,697) having a college degree, 16.7% (n=31,144) having some college education, 8.7% (n=16,185) having a high school diploma, and 5.1% (n=9,616) having less than a high school degree. The group with the lowest rates of education was other children's parents—with only 17.52% (n=1,600,191) having a college degree, 31.4% (n=2,864,686) having some college education, 30.1% (n=2,818,384) having a high school diploma, and 20.26% (n=1,850,046) having less than a high school education (Figure 18). Domestic adoptee parents and non-adoptee parents had extremely similar rates of education, with none differing more than 3% (Figure 18). The breakdown shows: having a college degree 39.7% (n=490,722) and 39.5% (n=24,682,438), respectively; some college 32.5% (n=401,951) and 29.8% (n=18,611,240), respectively; high school 19.9% (n=245,971) and 20.2% (n=12,625,120), respectively; and less than high school 8% (n=99,123) and 10.5% (n=6,557,598), respectively (Figure 18).

## Regression results

As shown in Table 6, the category of domestic adoptees, compared to the reference group of non-adoptees, is associated with an average of .92 percentage-points increase in the probability of having any health insurance. International adoptees, compared to the reference group, were associated with 2.1 percentage-points decrease in the probability of having any health insurance (Table 6). The group other children, compared to the reference group, was associated with a -2.6 percentage-points decrease in the probability of having any health insurance (Table 6). All covariates in the model were controlled for and were found to be statistically significant.

Public health insurance had interesting results as well; domestic adoptees, compared to the reference group, were associated with a 17.3 percentage-points increase in the probability of having public health insurance (Table 6). International adoptees, compared to the reference group, were associated with a 6 percentage-points decrease in the probability of having public health insurance (Table 6). Other children, compared to the reference group, were associated with a 10.8 percentage-points increase in the probability of having public health insurance (Table 6). As for this, all covariates in the model were controlled for and were found to be statistically significant.

Regarding private health insurance, domestic adoptees, compared to the reference group of non-adoptees, were associated with a 10.8 percentage-points decrease in the probability of having private health insurance (Table 6). Conversely, international adoptees, compared to the reference group, had a 4.5 percentage-points increase in the probability of having private health insurance (Table 6). Like domestic adoptees, other children, compared to the reference group, were associated with a decrease in the

probability of having private health insurance, in this case by -13.7 percentage-points (Table 6). All covariates in the model were controlled for and were found to be statistically significant.

## Discussion

### Aim 1: Demographics of Children

**Demographics.** The demographic information of non-adopted children and adopted children differed depending on what was examined. To begin, all children groups except international adoptees were almost evenly split between identified males and females. International adoptees had a slightly higher percentage of being female, which could be attributed to the countries the international adoptees are adopted from.

Historically, within the U.S., children adopted from China were the largest proportion of intercountry adoptions (McBride & Kevern, 2018). From 1999 to 2016, five countries accounted for 71% of all international U.S. adoptions and they included 78,257 Chinese adoptees, 46,113 Russian adoptees, 29,805 Guatemalan adoptees, 20,318 South Korean adoptees, and 15,317 Ethiopian adoptees (Budiman & Lopez, 2017). Budiman & Lopez (2017) note that international adoptees were mainly female due to the large percentage of Chinese adoptees among international adoptees, and the Chinese Communist Party's policies, specifically the country's one-child policy. Researchers believe that the one-child policy is the reason why many of the children adopted from China were females (Budiman & Lopez, 2017; Gietel-Basten et al., 2019). While the difference between sexes is statistically significant, it is barely more than 10% above the other children groups, and quite close to being equal. Data found in this thesis also reflects data from the U.S. Department of State showing adoption trends since 2016 in which a slight majority of males were adopted from China (Budiman & Lopez, 2017).

The racial breakdown of international adoptees is overwhelming non-Hispanic Asian compared to the general population of Asian Americans within the U.S. International adoptees are most likely non-Hispanic Asian due to most U.S. international adoptions coming from China and South Korea (Budiman & Lopez, 2017). In contrast, domestic adoptees reflect the racial breakdown of non-adopted children in the U.S., indicating that domestic adoptions are similar to the racial makeup of families that choose to have biological children. For the category of other children, there is a higher rate of Hispanic children compared to non-adoptees, domestic adoptees, and international adoptees. This could be because these families have more nontraditional households with members of the extended family living in one household. Chen & Guzman (2022) found that living with extended relatives, specifically grandparents, is a common experience for Latino children. Specifically, they found from the ACS that in 2019 one in seven Latino children live with a grandparent (Chen & Guzman, 2022). Multigenerational households are a common cultural aspect for non-White families.

All children of interest fell into only two age generations: Gen Z and Gen Alpha. Most children in all groups were of the Gen Z generation, with the category of “other children” having the most equal rate between the two generations. International adoptees had the highest rate of children in the Gen Z generation compared to all children groups. This could be due to several factors, including that the Gen Alpha generation is still growing, and in the future, there may be more Gen Alpha adoptees than Gen Z. Another reason might be that the number of international adoptees from China has dropped since the Chinese government changed its one-child policy, encouraged domestic adoption, and

found that the demographic of children being adopted mainly comprised those with special needs (Budiman & Lopez, 2017).

**Geographic distribution.** The location of where a majority of children lived varied between domestic adoptees and international adoptees. As seen in

Table 7, domestic and international adoptees are heavily populated in California, Texas, and Florida, however, the order of prevalence varies. In the case of international adoptees, their distribution appears concentrated in states hosting major cities, contrasting with domestic adoptees, who tend to reside in states with fewer major cities. International adoptees are notably found in states renowned for their diversity and major urban centers, such as New York City, Minneapolis, and Chicago. International adoptees being located in major U.S. could be because of their parents' jobs. Jobs that pay more are often within major U.S. cities, which again is an influence on international adoptees families' wealth. Further investigation into the residential patterns of adoptees and the underlying reasons is warranted.

Looking at the breakdown of all four children's groups by state also provided interesting results. As noted previously, the state with the highest percentage of domestic adoptees was West Virginia (Table 5). Little research has been conducted looking at domestic adoptions within West Virginia, however the state passed a total ban on abortion in 2022, and the governor tried to enact abortion bans in the past (Center for Reproductive Rights, n.d.). Interestingly, West Virginia did expand Medicaid in 2014, allowing for more people to be covered under the Affordable Care Act (ACA) (West Virginia Public Broadcasting, 2020). Expanding Medicaid but extremely restricting access to the health care procedure for family planning creates an extremely polarizing outcome, which could have attributed to the high domestic adoptee rate. In such circumstances, certain women may feel compelled to carry the fetus to full term due to restrictions on abortion, opting to continue their pregnancies. Meanwhile, others without children may choose adoption, knowing their adopted children will gain to health

insurance through West Virginia's expanded ACA coverage. Further research is needed to explore West Virginia's high rates of domestic adoption along with an analysis of their health care coverage and family planning.

Although less than 1% of all four groups were comprised of international adoptees, the highest percentage of international adoptees was in the District of Columbia (D.C.) (Table 5). Although D.C. is not a state, it has one of the highest median household incomes in the country: \$101,722 compared to the U.S. median of \$75,149 (U.S. Census Bureau, 2023). Since international adoptees are the richest of the four children groups and D.C. has one of the highest median incomes, it is reasonable to understand why the D.C. has the highest percentage of international adoptees. Additionally, in D.C. abortion is legal at all stages, and D.C. expanded Medicaid in 2014 (Office of the Attorney General for the District of Columbia, 2023; KFF, 2024).

Non-adoptees were most prevalent in North Dakota, and other children were most prevalent in Mississippi (Table 5). North Dakota expanded Medicaid in 2014, but as of 2023 has a complete ban on abortion (KFF, 2024; Center for Reproductive Rights, 2023). Mississippi, on the other hand, has not expanded Medicaid and has outlawed abortion as of 2022 (KFF, 2024; Center for Reproductive Rights, 2023). Mississippi may have the highest percentage of other children because of these laws; grandparents or other family members are forced to care for children that are not directly their sons or daughters because of limited access to family planning. Other children are also the poorest of the four children's groups, which may cause an additional burden for those caring for them in Mississippi due to the state not having expanded ACA coverage to help pay for their care.

Research looking into health policies and adoption would be beneficial to further understanding adoption within the U.S.

**Socioeconomic status.** As with the racial breakdown, domestic adoptees and non-adoptees had very similar family income levels—with the bulk of families falling between 101%-400% FPL. International adoptees and their families were the richest, with almost two-thirds in the category of greater than 400% FPL. This could be due to many reasons including the correlation between wealth, WSC, and international adoption. The WSC is deeply rooted in American cultural narratives, with many wealthier White adoptive parents wanting to save children of color (Fanon 1963; Finnegan, 2022). However, this belief does not explain why many adoptive parents have failed to explore the history of why there is a racial and wealth gap within (Fanon 1963, Frantz. 1963; Birn and Richter 2018; Crane 2013). While international adoptees were the richest, the “other children” group had more financial challenges than all the other groups, with a slightly higher percentage of families being in the category of less than 100% FPL. This is different than the data that shows that, contrary to what people may assume, Americans who live in multigenerational households are less likely to be poor compared to other household types (Hurst, 2022). This could be because multigenerational situations have more income earners in one household, therefore earning more than the typical household on paper.

**Education level.** More than 99% of children from all four groups were reported to be in grades below high school. The main difference in schooling was in the attendance of public and private school. International adoptees had the highest percentage of those attending private school at 22.4%. Since international adoptees’ family income

was the highest, they have the income to afford private schools. This further shows that international adoptee families have the privilege to spend their additional financial resources for private school. Perhaps these families want to display their wealth in this way. Domestic adoptees, non-adopted children, and other children all had similar rates of education settings, where more than half attended public school. These families, therefore, may be more comfortable with sending their kids to public school or they may not be able to afford private school options.

## Aim 2: Health Insurance of Children

**Health insurance coverage.** Any health insurance coverage was surprisingly low for international adoptees, with 5.5% lacking any health insurance, a substantial percentage considering their economic status as the wealthiest group. The international adoptees lacking health insurance may include those who were not identified as wealthy, as not all international adoptees have affluent families, despite a significant proportion being wealthy. According to the U.S. Department of Homeland Securities (2019): “*A child who immigrates to the U.S. as the adopted child of a U.S. citizen automatically becomes a U.S. citizen if the adoption is full and final before the child’s 18<sup>th</sup> birthday, if the child is ‘lawfully admitted.’*” With this ease of gaining citizenship and dependent status, it is surprising that international adoptees do not have a higher rate of having any health insurance. Non-adoptees had lower rates of not having any health insurance, compared to international adoptees, even though they ranked more average on income level. Interestingly, domestic adoptees had the lowest percentage for not having any health insurance. This may be because in the U.S. a child can stay on their parents’ health insurance until they are 26 years whether they are not adopted or adopted (Healthcare.gov, n.d.). This allows more people in the family, and adoptees to be

covered. Further research should be explored to look at health insurance rates and the reasoning behind such rates. Other children had the highest rates of not having any health insurance, which may be related to their higher rates of being poorer and being of single-parent homes.

When comparing the health insurance rates of two states of interest, California and Texas, intriguing findings emerged. First, Texas had much higher rates of all children groups not having any health insurance. One reason could be because Texas is one of 12 states that have chosen not to expand Medicaid (KFF, 2024). Medicaid expansion allows for more people to be covered under the ACA, specifically adults with incomes up to 138% of FPL (KFF, 2024), thus, increasing the number of people having health insurance and improving their health. California, on the other hand, adopted and implemented Medicaid expansion in 2024, allowing its population to receive greater insurance coverage (KFF, 2024). As Figure 12 indicates, Medicaid expansion greatly seemed to increase the percentage of people having health insurance. Second, international adoptees living in Texas had alarmingly high rates of not being insured; slightly more than 1 in 5 international adoptees in Texas lack any health insurance coverage. Again, this could be attributed to Texas not expanding Medicaid, but Texas provides adoption assistance benefits (Texas Department of Family and Protective Services, n.d.). However, these benefits are only for domestic and international adopted children who qualify as having special needs (Texas Department of Family and Protective Services, n.d.). A third reason could be attributed to international adoptees not being U.S. citizens, however the Child Citizen Act of 2000 allows *“foreign-born, biological and adopted children of U.S. citizens to acquire U.S. citizenship if they satisfy certain requirements before age 18”*

(U.S. Department of State, n.d.). International adoptee parents may not know or understand this law, preventing their children from becoming U.S. citizens and receiving health insurance. Further research studying health insurance rates of adoptees by state is needed to explain this topic.

Regarding public health insurance, almost half of domestic adoptees had public insurance and almost one-fifth of international adoptees did too—which is high for a group that is considered to be the wealthiest. Previous research has shown that compared to non-adopted children, adopted children have more moderate or severe health problems (Bramlett et al., 2007). With that awareness, many families may choose to be on public health insurance to pay for potentially expensive health care costs. Research into state health insurance laws and the percentage of adoptees might uncover the reasons behind the high prevalence of public health insurance among adoptees. Non-adoptees had rates of a little more than a third on public health insurance, which exactly reflects the percentage of people within the U.S. having public health insurance, according to the data from the U.S. Census in 2022 (Keisler-Starkey et al., 2023). Other children had the highest rates of having public health insurance, which could be tied to the economic standing of their heads of households.

For private health insurance, almost one-fifth and nearly half of international and domestic adoptees, respectively, did not have coverage. The international adoptees without private health insurance could be the same individuals who had public health insurance. For domestic adoptees, it is a notable rate because almost two-thirds of Americans overall have private health insurance, as reported by U.S. Census data in 2022 (Keisler-Starkey et al., 2023). Interestingly, non-adoptees almost mirror this rate,

highlighting how non-adoptees reflect the general U.S. population. For other children, the situation was reversed, with almost two-thirds lacking private health insurance. This observation corroborates the data indicating that other children are generally reported to be less financially secure. Research comparing these four children's groups and private health insurance rates is further needed to understand this phenomenon.

### Householder

For head of household, sex varied by children group. For both non-adoptees and domestic adoptees, the result was split almost evenly between female and male head of house. For other children, almost two-thirds of the head of house identified as being female. Research has shown that, since 1990, more women have identified as head of house (Goodman et al., 2021). A few reasons for this are that the marriage rate has declined, leaving single women as the head of house, and that women are now more financially secure for homeownership (Goodman et al., 2021). While other children and their families are less commonly identified as nuclear families, and child-rearing has traditionally been associated with women, a higher percentage of female heads of household for the other children category is also aligned. Comparatively, international adoptee heads of household have slightly more men than females. This could be attributed to international adoptees' heads of households being wealthier, thus adhering more to traditional sex roles and working patterns.

The racial breakdown for heads of household differed across all four of the children's groups. Non-adopted heads of household best reflected the demographics of the U.S. as of July 2023, which is 58.9% non-Hispanic White, 13.6% non-Hispanic Black, 19.1% Hispanic, and 6.3% non-Hispanic Asian (U.S. Census Bureau, 2023). Since non-adopted children are the biological children of the head of the household, they are an

accurate representation of the U.S. racial demographics. Domestic adoptees and international adoptees' head of household racial demographics widely differed from non-adoptees' head of household. For both domestic adoptees and international adoptees' heads of household, there were more White heads of households and fewer non-Hispanic black, Hispanic, and non-Hispanic Asian heads of household compared to non-adopter heads of household. International adoptees had three-quarters of heads of households identifying as non-Hispanic White—the highest proportion among all four groups—and exhibited the lowest rates of non-Hispanic Black heads of household. Interestingly, the number of non-Hispanic Asian heads of household for international adoptees was on par with non-adopter heads of households. Since both adopter groups had the highest rates of non-Hispanic Whites as heads of households, it accentuates the WSC that may be associated with adopting children. Other children had the most diverse heads of household, with the highest percentage of non-Hispanic Black and Hispanic heads of households. This seems to further emphasize the diversity of parents and the nontraditional families associated with the other children group.

For non-adopter, domestic adopter, and international adoptees' heads of household, being married with the spouse present was quite a strong characteristic. International adoptees had the highest percentage of heads of household being married with the spouse present. Having a two-parent income is associated with families being more well-off, which seems consistent with the data showing international adoptees' families being wealthier. Comparatively, other children's heads of households had fewer than half married with the spouse present, and the highest percentage of divorced,

widowed, and single heads of households. Having heads of households with complex marital status could be a contributor to other children being the least wealthy.

The age of the heads of households also varied by child group. For non-adoptees the majority were of the Gen X and Millennial generation, while for both adoptee groups the majority were of the Gen X generation, with a mix of Baby Boomers and Millennials. For domestic adoptees there were more heads of households belonging to the Millennial generation than the Baby Boomer generation, while the opposite trend was observed for heads of households for the international adoptees. Based on these trends, it seems younger generations adopt at a lower rate compared to people of older generations. This could be due to improvements for family planning. Other children have almost half of heads of households belonging to the Baby Boomers followed by the next generations.

Educational levels for heads of household were extremely similar for non-adoptees and domestic adoptees. International adoptees' heads of household were the most educated out of all four groups, with those of the other children group being the least educated. Education is often paired with income level, which is an additional reason why international adoptees' may be richer than the other groups.

## Limitations

Limitations to this thesis include the possibility of response bias from the selected sample of people answering the ACS 2022 5-year data. People may have answered the questions incorrectly either because they did not understand the question asked or they did not take the time to fully read the question. Another limitation could be because of the COVID-19 pandemic. During the COVID-19 pandemic the federal government passed “continuous coverage” policies that made states keep people enrolled in Medicaid, making them unable to be dropped (Harvard T.H. Chan School of Public Health, 2024).

These policies kept more people insured, however, many people did not know about this coverage (Harvard T.H. Chan School of Public Health, 2024). It was found that people self-reported incorrectly about their Medicaid status: Many reported not having coverage even though they were covered, therefore affecting the total count of coverage as captured by the ACS (Harvard T.H. Chan School of Public Health, 2024). With this challenge, information from 2019 to 2022 about public health insurance could be affected and the actual numbers and representation may be off.

## Conclusion

Overall, domestic adoptees and non-adoptees are similar in terms of demographics and socioeconomic status. International adoptees are predominantly non-Hispanic Asians, females, and reside in households with non-Hispanic White heads of households, typically with improved economic conditions. However, international adoptees have a higher uninsured rate compared to non-adoptees and domestic adoptees, even after controlling for various demographic and socioeconomic variables. Furthermore, there were also substantial geographic differences in health insurance coverage for international adoptees. Future research on adoptees and their health insurance rates is warranted to get a more thorough understanding of these findings.

## Tables and Figures

*Table 1. Adoptee Type Frequency*

	Weighted freq	Unweighted Count	Weighted percent
Non-adoptees	62,476,396	2,608,973	85.5%
Domestic Adoptee	1,237,767	54,977	1.7%
International Adoptee	186,642	8,642	0.3%
Other Children	9,133,307	370,933	12.5%
Total	73,034,112	3,043,525	100%

Notes: Data are from the 2022 5-year ACS. The main analysis involved using the weighted percent.

Table 2. States weighted frequency by adoptee status

	Non-adoptee	Domestic Adoptee	International Adoptee	Other Children	Total
Alabama	912,767	24,184	2,789	168,198	1,107,938
Alaska	150,872	4,871	442	22,518	178,703
Arizona	1,318,946	43,188	2,915	225,485	1,590,534
Arkansas	581,408	17,937	1,187	94,770	695,302
California	7,326,161	111,963	14,987	1,302,136	8,755,247
Colorado	1,087,165	22,391	5,388	122,934	1,237,878
Connecticut	665,651	8,307	2,535	64,620	741,113
Delaware	174,090	2,616	459	29,092	206,257
District of Columbia	101,237	1,796	668	19,931	123,632
Florida	3,562,195	68,850	11,635	586,017	4,228,697
Georgia	2,088,792	43,803	5,750	370,998	2,509,343
Hawaii	226,028	3,521	986	73,413	303,948
Idaho	400,647	7,581	656	44,702	453,586
Illinois	2,465,718	36,862	7,029	306,540	2,816,149
Indiana	1,356,256	33,066	4,777	179,280	1,573,379
Iowa	656,293	16,551	2,314	53,288	728,446
Kansas	612,911	19,338	2,131	64,504	698,884
Kentucky	827,141	26,638	3,821	151,803	1,009,403
Louisiana	899,690	17,653	1,874	161,759	1,080,976
Maine	215,401	6,579	876	26,373	249,229
Maryland	1,163,767	15,920	3,822	174,749	1,358,258
Massachusetts	1,201,959	19,920	4,471	134,846	1,361,196
Michigan	1,873,443	38,445	5,831	225,970	2,143,689
Minnesota	1,174,767	23,207	7,617	96,734	1,302,325
Mississippi	554,657	12,601	561	122,132	689,951
Missouri	1,179,585	28,600	4,313	158,320	1,370,818
Montana	193,250	7,346	937	28,637	230,170
Nebraska	430,689	9,511	838	37,726	478,764
Nevada	579,218	11,064	725	97,564	688,571
New Hampshire	220,873	4,469	958	28,571	254,871
New Jersey	1,784,840	18,120	4,763	204,205	2,011,928
New Mexico	381,924	9,353	902	79,026	471,205
New York	3,523,281	41,781	9,337	533,951	4,108,350
North Carolina	1,956,346	37,335	5,972	279,618	2,279,271
North Dakota	164,400	3,572	237	13,637	181,846
Ohio	249,716	42,948	6,122	290,453	2,589,239
Oklahoma	802,638	25,871	1,321	118,256	948,086
Oregon	739,044	16,885	3,194	94,074	853,197
Pennsylvania	2,311,591	42,864	6,908	294,070	2,655,433

Rhode Island	183,029	2,943	670	21,143	207,785
South Carolina	917,883	23,183	2,658	157,429	1,101,153
South Dakota	186,395	3,355	518	24,789	215,057
Tennessee	1,262,351	35,517	5,476	221,371	1,524,715
Texas	6,271,743	127,076	13,525	967,120	7,379,464
Utah	822,956	20,401	1,813	87,709	932,879
Vermont	101,848	2,794	382	11,258	116,282
Virginia	1,613,233	29,632	6,962	223,801	1,873,628
Washington	1,459,350	29,117	6,152	165,155	1,659,774
West Virginia	282,982	12,970	358	62,416	358,726
Wisconsin	1,143,566	19,863	5,448	98,171	1,267,048
Wyoming	115,703	3,409	632	12,045	131,789
Total	2,476,396	1,237,767	186,642	9,133,307	73,034,112

Note: Frequency of children across different states based on an unweighted sample size.

Table 3. Unweighted Sample of All Children by State Location

	Non-adoptee	Domestic Adoptee	International Adoptee	Other Children	Total
Alabama	36,798	1,103	114	6,809	44,824
Alaska	6,217	309	19	1,457	8,002
Arizona	55,078	1,773	133	10,103	67,087
Arkansas	24,693	838	54	4,358	29,943
California	299,497	4,640	715	52,935	357,787
Colorado	48,433	1,027	272	5,119	54,851
Connecticut	28,563	383	111	2,558	31,615
Delaware	6,439	111	23	1,048	7,621
District of Columbia	3,704	62	34	544	4,344
Florida	131,634	2,741	488	21,371	156,234
Georgia	79,303	1,857	240	13,381	94,781
Hawaii	9,703	188	45	3,575	13,511
Idaho	18,131	382	32	2,000	20,545
Illinois	108,156	1,853	371	12,458	122,838
Indiana	58,734	1,509	200	7,572	68,015
Iowa	30,339	804	81	2,412	33,636
Kansas	27,732	924	93	2,876	31,625
Kentucky	36,863	1,243	178	6,437	44,721
Louisiana	33,461	713	77	6,099	40,350
Maine	9,130	300	39	1,230	10,699
Maryland	50,028	694	230	6,715	57,667
Massachusetts	52,472	852	220	5,332	58,876
Michigan	81,842	1,857	257	9,605	93,561
Minnesota	53,232	1,163	290	4,128	58,813
Mississippi	21,735	500	24	4,962	27,221
Missouri	53,383	1,368	185	7,052	61,988
Montana	8,736	298	30	1,341	10,405
Nebraska	19,249	460	44	1,666	21,419
Nevada	23,394	496	35	4,144	28,069
New Hampshire	9,775	203	45	1,224	11,247
New Jersey	74,621	816	234	7,666	83,337
New Mexico	14,074	343	34	3,477	17,928
New York	150,583	1,903	470	20,319	173,275
North Carolina	79,431	1,642	303	11,052	92,428
North Dakota	7,617	174	15	632	8,438
Ohio	98,628	1,984	313	12,557	113,482
Oklahoma	34,570	1,314	69	5,896	41,849
Oregon	32,216	753	134	4,124	37,227
Pennsylvania	102,550	2,011	336	11,709	116,606

Rhode Island	7,023	136	32	820	8,011
South Carolina	36,937	968	111	6,471	44,487
South Dakota	8,949	193	26	1,170	10,338
Tennessee	52,719	1,612	262	9,257	63,850
Texas	232,718	5,145	608	36,573	275,044
Utah	39,456	933	105	4,134	44,628
Vermont	4,576	127	27	489	5,219
Virginia	69,951	1,183	352	8,647	80,133
Washington	65,628	1,416	285	7,864	75,193
West Virginia	12,081	563	17	2,395	15,056
Wisconsin	52,889	953	209	4,473	58,524
Wyoming	5,302	157	21	697	6,177
Total	2,608,973	54,977	8,642	370,933	3,043,525

Note: Frequency of children across different states based on an weighted sample size.

Table 4. Weighted Percent of All Children Groups and States Where They Live

	Non-adoptee	Domestic Adoptee	International Adoptee	Other Children	Total
Alabama	1.5%	2.0%	1.5%	1.8%	1.5%
Alaska	0.2%	0.4%	0.2%	0.2%	0.2%
Arizona	2.1%	3.5%	1.6%	2.5%	2.2%
Arkansas	0.9%	1.4%	0.6%	1.0%	1.0%
California	11.7%	9.0%	8.0%	14.3%	12.0%
Colorado	1.7%	1.8%	2.9%	1.3%	1.7%
Connecticut	1.1%	0.7%	1.4%	0.7%	1.0%
Delaware	0.3%	0.2%	0.2%	0.3%	0.3%
District of Columbia	0.2%	0.1%	0.4%	0.2%	0.2%
Florida	5.7%	5.6%	6.2%	6.4%	5.8%
Georgia	3.3%	3.5%	3.1%	4.1%	3.4%
Hawaii	0.4%	0.3%	0.5%	0.8%	0.4%
Idaho	0.6%	0.6%	0.4%	0.5%	0.6%
Illinois	3.9%	3.0%	3.8%	3.4%	3.9%
Indiana	2.2%	2.7%	2.6%	2.0%	2.2%
Iowa	1.1%	1.3%	1.2%	0.6%	1.0%
Kansas	1.0%	1.6%	1.1%	0.7%	1.0%
Kentucky	1.3%	2.2%	2.0%	1.7%	1.4%
Louisiana	1.4%	1.4%	1.0%	1.8%	1.5%
Maine	0.3%	0.5%	0.5%	0.3%	0.3%
Maryland	1.9%	1.3%	2.0%	1.9%	1.9%
Massachusetts	1.9%	1.6%	2.4%	1.5%	1.9%
Michigan	3.0%	3.1%	3.1%	2.5%	2.9%
Minnesota	1.9%	1.9%	4.1%	1.1%	1.8%
Mississippi	0.9%	1.0%	0.3%	1.3%	0.9%
Missouri	1.9%	2.3%	2.3%	1.7%	1.9%
Montana	0.3%	0.6%	0.5%	0.3%	0.3%
Nebraska	0.7%	0.8%	0.4%	0.4%	0.7%
Nevada	0.9%	0.9%	0.4%	1.1%	0.9%
New Hampshire	0.4%	0.4%	0.5%	0.3%	0.3%
New Jersey	2.9%	1.5%	2.6%	2.2%	2.8%
New Mexico	0.6%	0.8%	0.5%	0.9%	0.6%
New York	5.6%	3.4%	5.0%	5.8%	5.6%
North Carolina	3.1%	3.0%	3.2%	3.1%	3.1%
North Dakota	0.3%	0.3%	0.1%	0.1%	0.2%
Ohio	3.6%	3.5%	3.3%	3.2%	3.5%
Oklahoma	1.3%	2.1%	0.7%	1.3%	1.3%
Oregon	1.2%	1.4%	1.7%	1.0%	1.2%
Pennsylvania	3.7%	3.5%	3.7%	3.2%	3.6%

Rhode Island	0.3%	0.2%	0.4%	0.2%	0.3%
South Carolina	1.5%	1.9%	1.4%	1.7%	1.5%
South Dakota	0.3%	0.3%	0.3%	0.3%	0.3%
Tennessee	2.0%	2.9%	2.9%	2.4%	2.1%
Texas	10.0%	10.3%	7.2%	10.6%	10.1%
Utah	1.3%	1.6%	1.0%	1.0%	1.3%
Vermont	0.2%	0.2%	0.2%	0.1%	0.2%
Virginia	2.6%	2.4%	3.7%	2.5%	2.6%
Washington	2.3%	2.4%	3.3%	1.8%	2.3%
West Virginia	0.5%	1.0%	0.2%	0.7%	0.5%
Wisconsin	1.8%	1.6%	2.9%	1.1%	1.7%
Wyoming	0.2%	0.3%	0.3%	0.1%	0.2%

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Note: Percentage distribution of children across different states. This provides insight into the relative concentration of children within each state based on the sample data.

Table 5. Row Percent of the distribution of children within each state.

	Non-adoptee	Domestic Adoptee	International Adoptee	Other Children
Alabama	82.4%	2.2%	0.3%	15.2%
Alaska	84.4%	2.7%	0.2%	12.6%
Arizona	82.9%	2.7%	0.2%	14.2%
Arkansas	83.6%	2.6%	0.2%	13.6%
California	83.7%	1.3%	0.2%	14.9%
Colorado	87.8%	1.8%	0.4%	9.9%
Connecticut	89.8%	1.1%	0.3%	8.7%
Delaware	84.4%	1.3%	0.2%	14.1%
District of Columbia	81.9%	1.5%	0.5%	16.1%
Florida	84.2%	1.6%	0.3%	13.9%
Georgia	83.2%	1.7%	0.2%	14.8%
Hawaii	74.4%	1.2%	0.3%	24.2%
Idaho	88.3%	1.7%	0.1%	9.9%
Illinois	87.6%	1.3%	0.2%	10.9%
Indiana	86.2%	2.1%	0.3%	11.4%
Iowa	90.1%	2.3%	0.3%	7.3%
Kansas	87.7%	2.8%	0.3%	9.2%
Kentucky	81.9%	2.6%	0.4%	15.0%
Louisiana	83.2%	1.6%	0.2%	15.0%
Maine	86.4%	2.6%	0.4%	10.6%
Maryland	85.7%	1.2%	0.3%	12.9%
Massachusetts	88.3%	1.5%	0.3%	9.9%
Michigan	87.4%	1.8%	0.3%	10.5%
Minnesota	90.2%	1.8%	0.6%	7.4%
Mississippi	80.4%	1.8%	0.1%	17.7%
Missouri	86.1%	2.1%	0.3%	11.6%
Montana	84.0%	3.2%	0.4%	12.4%
Nebraska	90.0%	2.0%	0.2%	7.9%
Nevada	84.1%	1.6%	0.1%	14.2%
New Hampshire	86.7%	1.8%	0.4%	11.2%
New Jersey	88.7%	0.9%	0.2%	10.2%
New Mexico	81.1%	2.0%	0.2%	16.8%
New York	85.8%	1.0%	0.2%	13.0%
North Carolina	85.8%	1.6%	0.3%	12.3%
North Dakota	90.4%	2.0%	0.1%	7.5%
Ohio	86.9%	1.7%	0.2%	11.2%
Oklahoma	84.7%	2.7%	0.1%	12.5%
Oregon	86.6%	2.0%	0.4%	11.0%
Pennsylvania	87.1%	1.6%	0.3%	11.1%
Rhode Island	88.1%	1.4%	0.3%	10.2%

South Carolina	83.4%	2.1%	0.2%	14.3%
South Dakota	86.7%	1.6%	0.2%	11.5%
Tennessee	82.8%	2.3%	0.4%	14.5%
Texas	85.0%	1.7%	0.2%	13.1%
Utah	88.2%	2.2%	0.2%	9.4%
Vermont	87.6%	2.4%	0.3%	9.7%
Virginia	86.1%	1.6%	0.4%	11.9%
Washington	87.9%	1.8%	0.4%	10.0%
West Virginia	78.9%	3.6%	0.1%	17.4%
Wisconsin	90.3%	1.6%	0.4%	7.7%
Wyoming	87.8%	2.6%	0.5%	9.1%
Total	86.8%	2.0%	0.3%	10.9%

Note: Percentage distribution of children by adoptee status across different states.

*Table 6. Linear Regression of Having Any Health Insurance*

	Any Health Insurance	Public Health Insurance	Private Health Insurance
<b>Child Type</b>			
Domestic Adopted Child	0.0092*** (0.0014)	0.1726*** (0.0030)	-0.1083*** (0.0028)
International Adopted Child	-0.0208*** (0.0041)	-0.0599*** (0.0058)	0.0449*** (0.0052)
Other Child	-0.0257*** (0.0010)	0.1082*** (0.0020)	-0.1370*** (0.0020)
<b>Sex</b>			
Female	-0.0003 (0.0003)	-0.0037*** (0.0006)	0.0018*** (0.0005)
<b>Race</b>			
Non-Hispanic black	0.0052*** (0.0016)	0.0624*** (0.0036)	-0.0533*** (0.0033)
Hispanic	0.0005 (0.0010)	0.0463*** (0.0021)	-0.0435*** (0.0017)
Non-Hispanic Asian	0.0025 (0.0019)	0.0560*** (0.0035)	-0.0544*** (0.0038)
Other race	0.0007 (0.0009)	0.0360*** (0.0019)	-0.0302*** (0.0020)
<b>Income Level</b>			
101-400% FPL	-0.0033*** (0.0008)	-0.2365*** (0.0014)	0.2416*** (0.0014)
>400% FPL	0.0159*** (0.0008)	-0.4912*** (0.0016)	0.4893*** (0.0015)
<b>Education Level</b>			
High school	-0.0256*** (0.0034)	-0.0323*** (0.0050)	0.0084 (0.0051)
Some college	-0.0325*** (0.0065)	-0.0423*** (0.0096)	0.0201** (0.0093)
<b>Head of Household Race</b>			
Non-Hispanic black	0.0030* (0.0015)	0.0283*** (0.0033)	-0.0230*** (0.0031)
Hispanic	-0.0219*** (0.0011)	0.0412*** (0.0023)	-0.0693*** (0.0021)
Non-Hispanic Asian	-0.0057*** (0.0017)	-0.0108*** (0.0033)	0.0080** (0.0033)
Other race	-0.0159***	0.0185***	-0.0294***

	(0.0012)	(0.0025)	(0.0024)
<b>Head of Household Gender</b>			
Female	0.0133*** (0.0005)	0.0454*** (0.0009)	-0.0286*** (0.0008)
<b>Head of Household Education Level</b>			
High school	0.0412*** (0.0013)	-0.0698*** (0.0019)	0.1193*** (0.0016)
Some college	0.0553*** (0.0011)	-0.1393*** (0.0017)	0.2086*** (0.0015)
College and above	0.0642*** (0.0012)	-0.2476*** (0.0019)	0.3121*** (0.0016)
<b>Head of Household Marital Status</b>			
Married spouse, absent	-0.0093*** (0.0019)	-0.0043 (0.0038)	-0.0085** (0.0040)
Separated	0.0081*** (0.0015)	0.0891*** (0.0026)	-0.0836*** (0.0028)
Divorced	0.0114*** (0.0007)	0.0758*** (0.0015)	-0.0554*** (0.0016)
Widowed	0.0058*** (0.0019)	0.0660*** (0.0031)	-0.0654*** (0.0029)
Never married/single	0.0074*** (0.0008)	0.1439*** (0.0015)	-0.1442*** (0.0015)
State fixed effects	Yes	Yes	Yes
Child birth year fixed effects	Yes	Yes	Yes
Head of Household birth year fixed effects	Yes	Yes	Yes
Constant	0.9436*** (0.0123)	0.5611* (0.3314)	0.9020*** (0.0370)
Observations	3,043,525	3,043,525	3,043,525

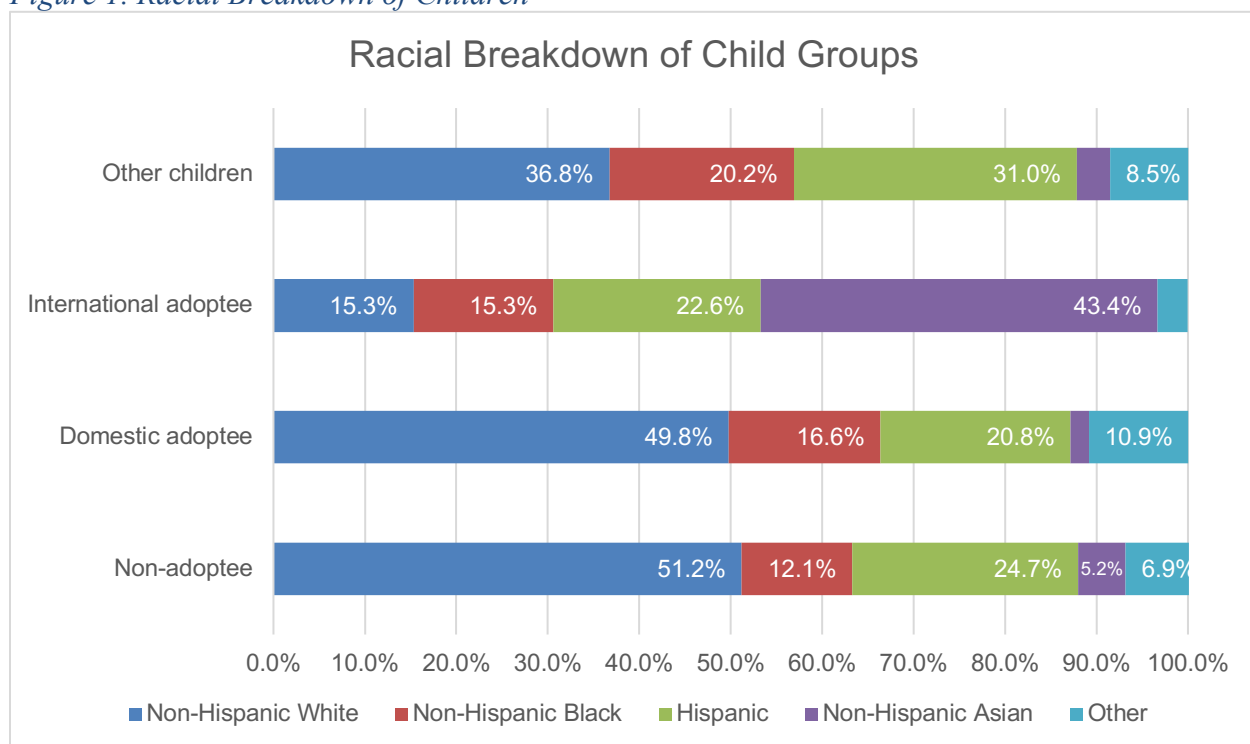
Note: The data are from 2022 5-year ACS. A linear probability model was used to conduct analysis. P-values are assessed by the following method: \*indicates a p-value<0.1; \*\*indicates a p-value<0.05; and \*\*\*indicates a p-value<0.01. Standard errors are in parentheses.

*Table 7. Top 10 states with domestic and international adoptees*

Domestic Adoptee	Weighted Freq	International Adoptee	Weighted Freq
Texas	127,076	California	14,987
California	111,963	Texas	13,525
Florida	68,850	Florida	11,635
Georgia	43,188	New York	9,337
Ohio	42,948	Minnesota	7,617
Pennsylvania	42,864	Illinois	7,029
New York	41,781	Virginia	6,962
Michigan	38,445	Pennsylvania	6,908
North Carolina	37,335	Washington	6,152
Illinois	36,862	Ohio	6,122

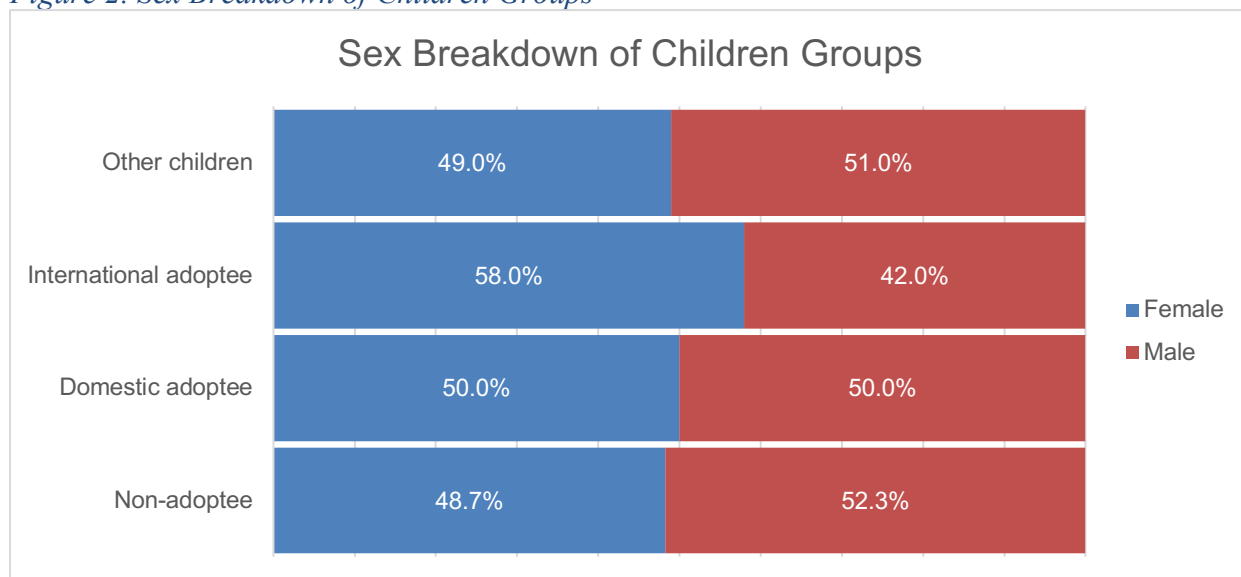
Note: The weighted frequencies of each state with the corresponding number of adoptees.

Figure 1. Racial Breakdown of Children



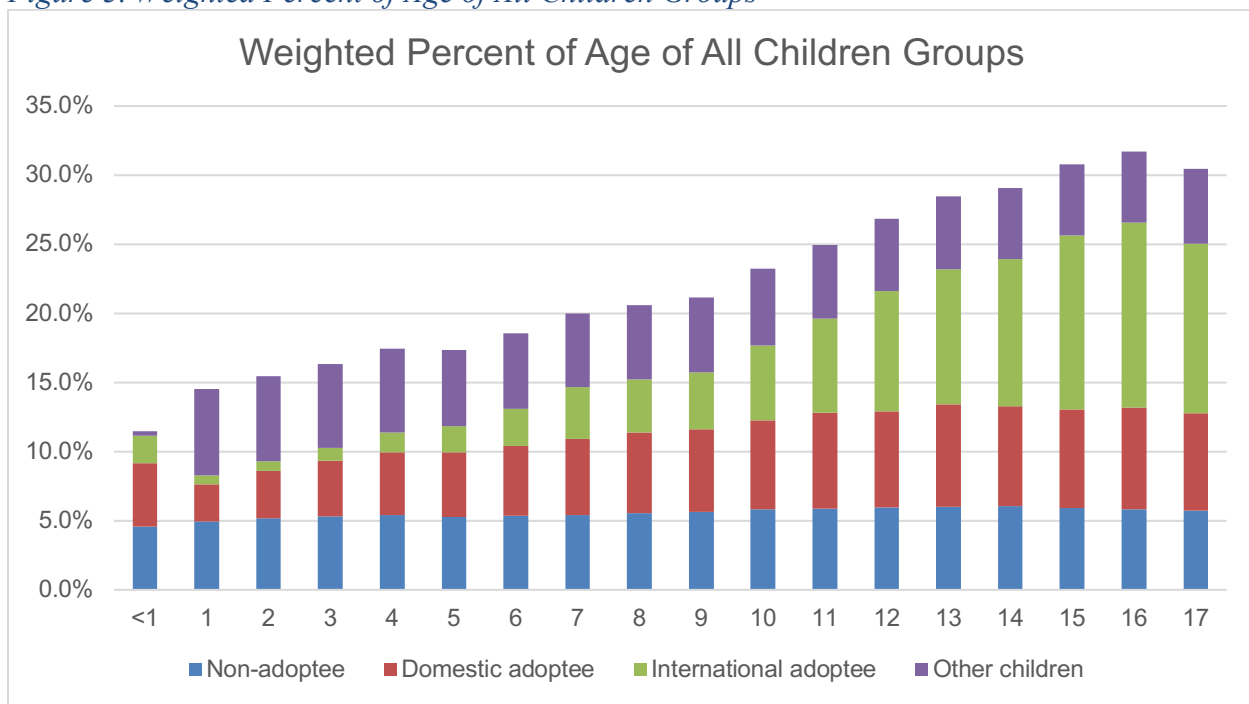
Note: Racial composition of children across all four children groups.

Figure 2. Sex Breakdown of Children Groups



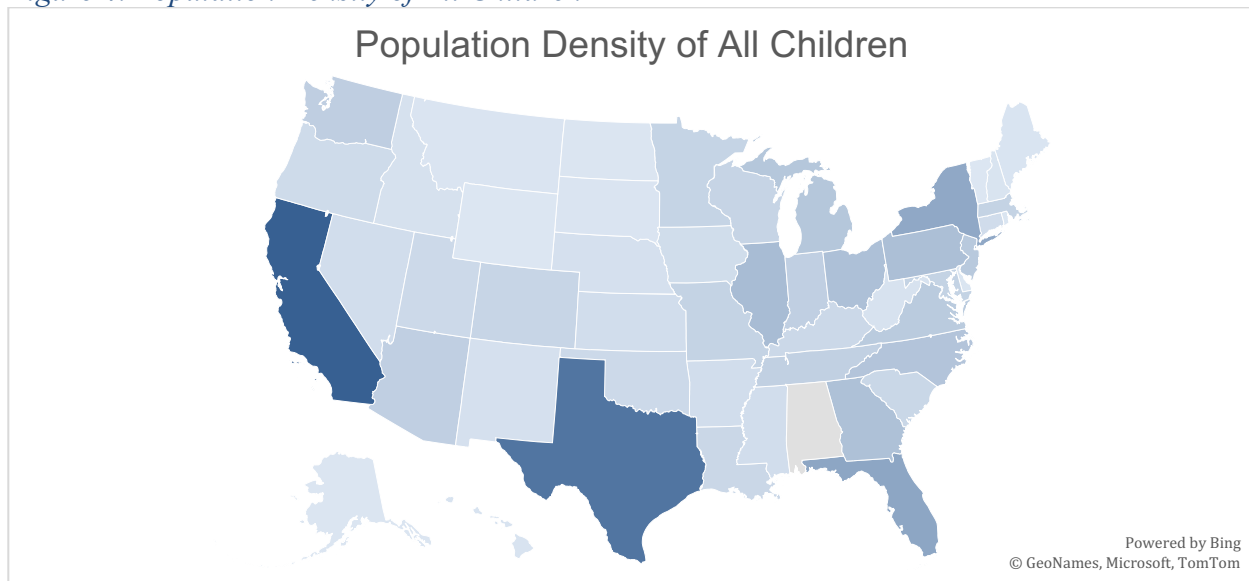
Note: Sex distribution across all four children groups.

Figure 3. Weighted Percent of Age of All Children Groups



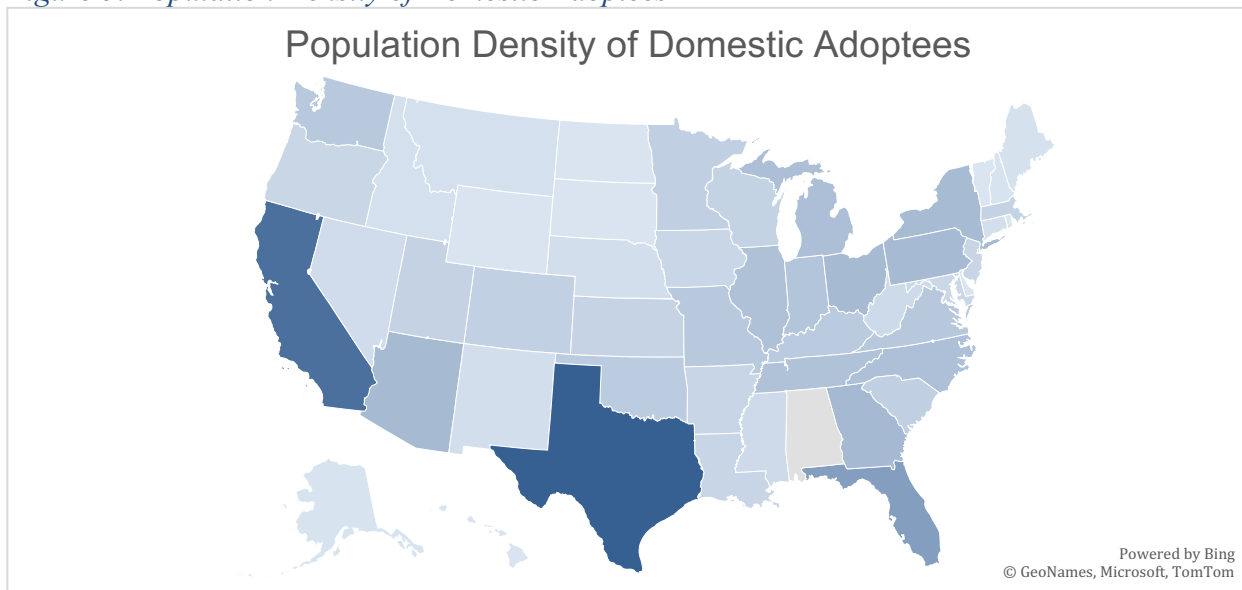
Note: Age distribution of all four children groups from under the age of one to 17 years.

Figure 4. Population Density of All Children



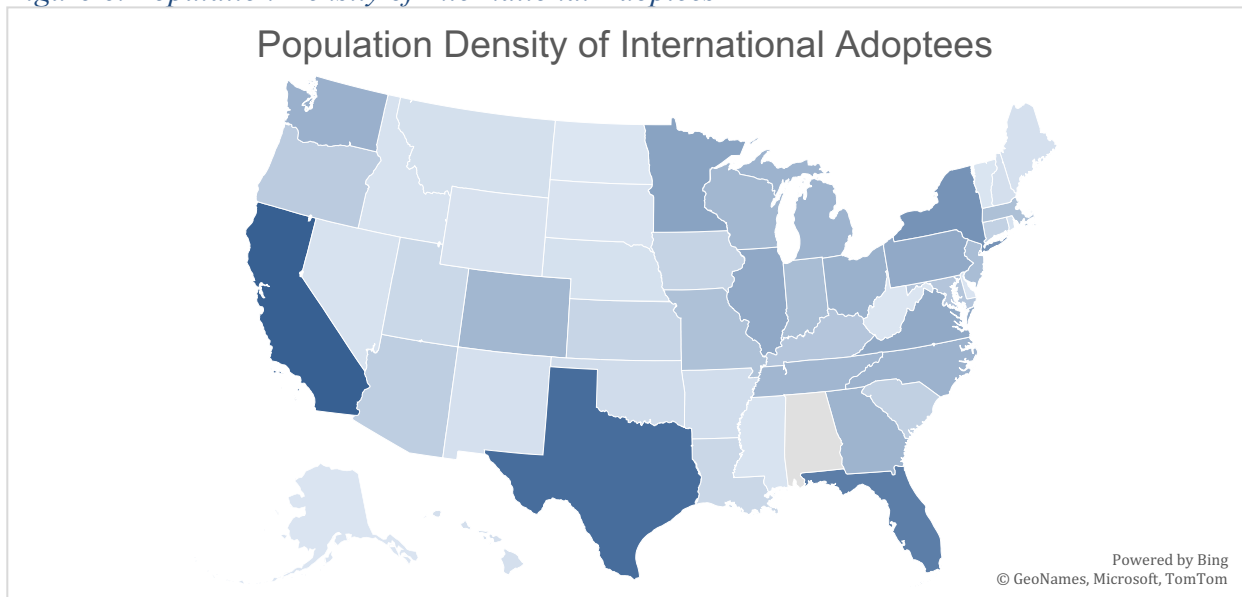
Note: Percentage distribution of children across different states as visualized on a U.S. Map.

Figure 5. Population Density of Domestic Adoptees



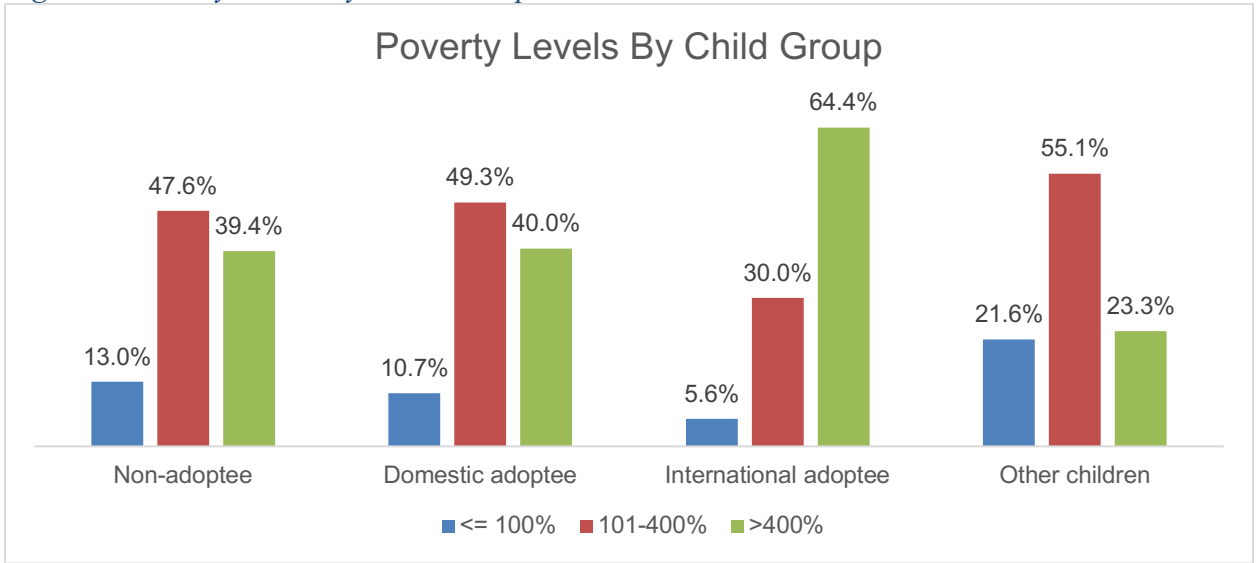
Note Percentage distribution of domestic adoptees across different states as visualized on a U.S. Map.

Figure 6. Population Density of International Adoptees



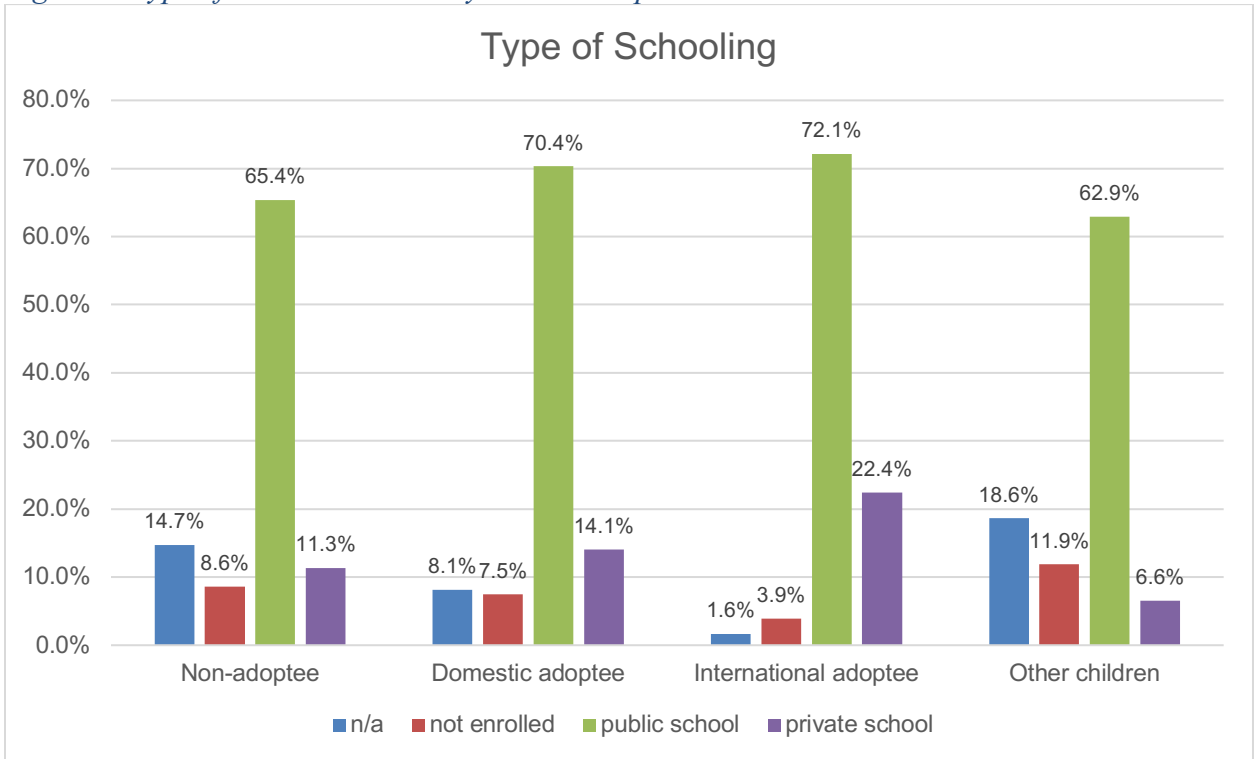
Note: Percentage distribution of international adoptees across different states as visualized on a U.S. Map.

Figure 7. Poverty Levels By Child Group



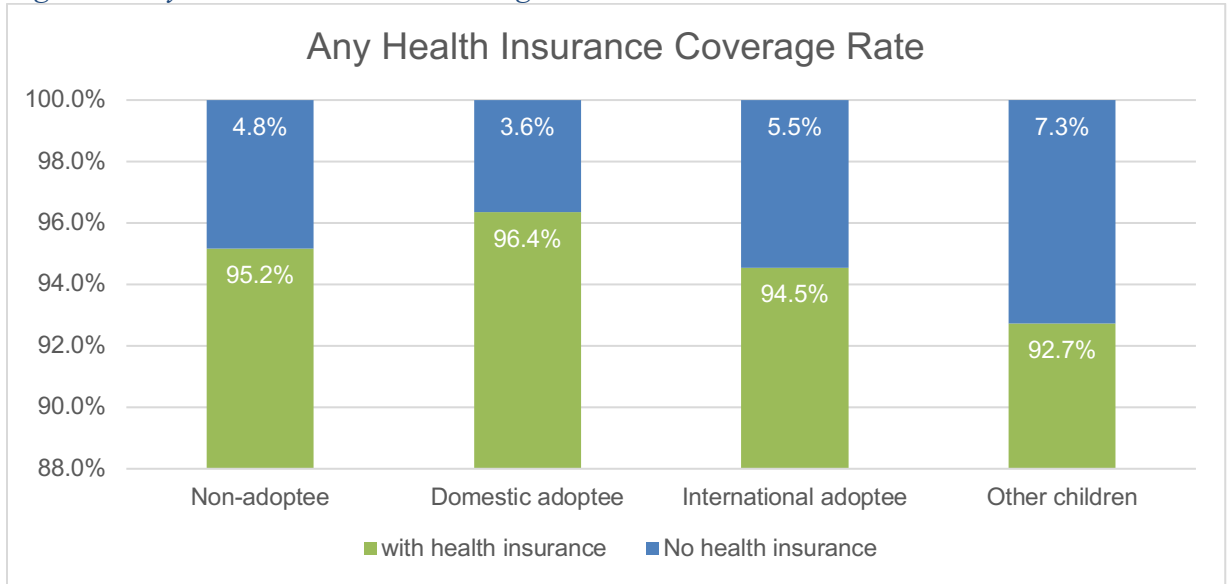
Note: Income level according to FPL threshold by children group.

Figure 8. Type of School Attended by Child Group



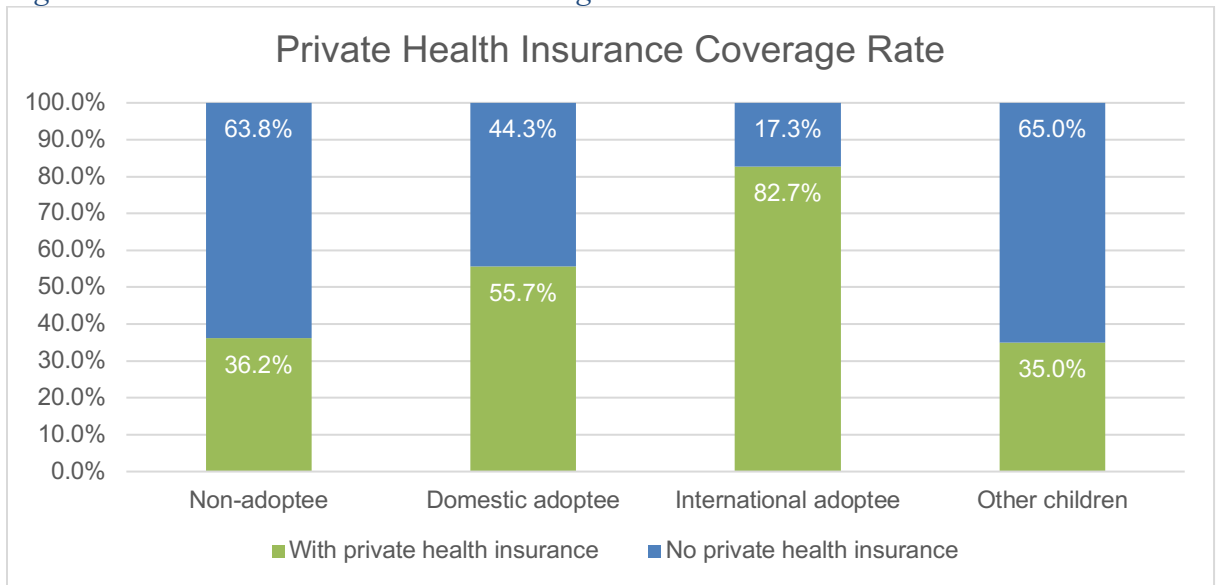
Note: Type of schooling by children group.

Figure 9. Any Health Insurance Coverage Rate



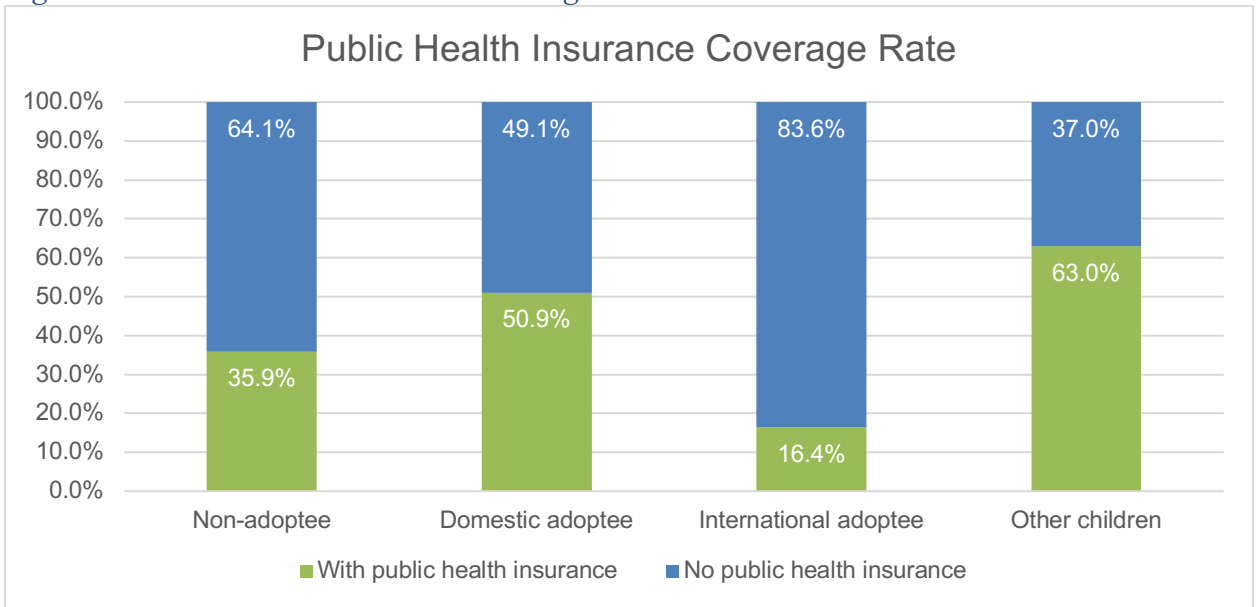
Note: Having any health insurance by children group, and divided into two categories with health insurance and without health insurance.

Figure 10. Private Health Insurance Coverage Rate



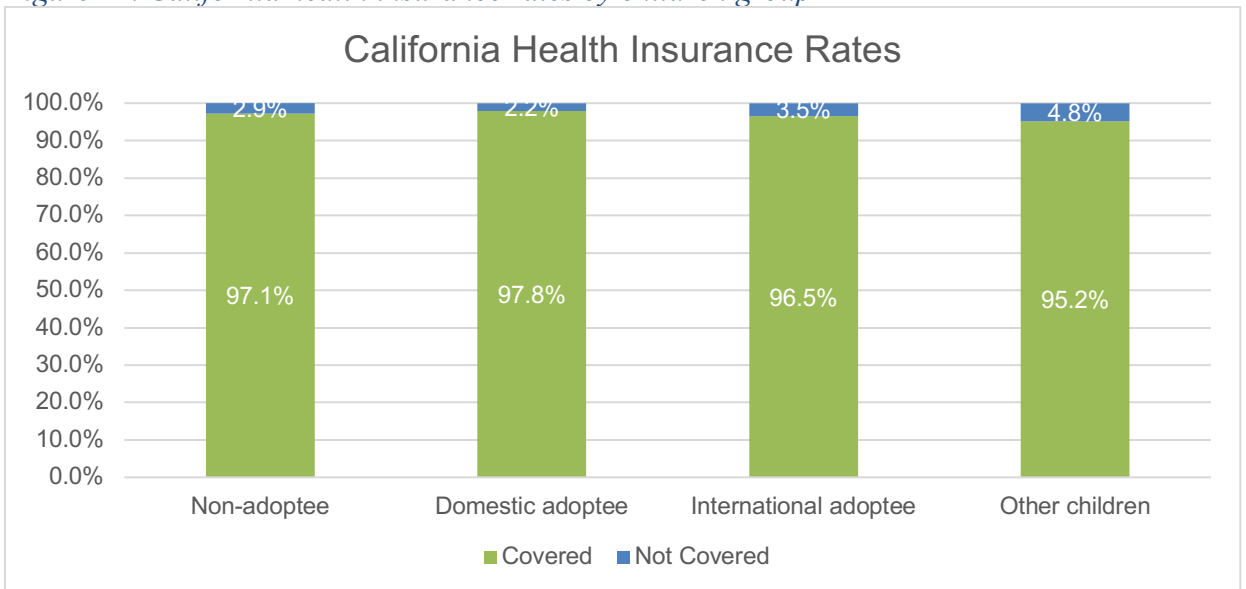
Note: Having private health insurance by children group and divided into two categories with private health insurance and without private health insurance.

Figure 11. Public Health Insurance Coverage Rate



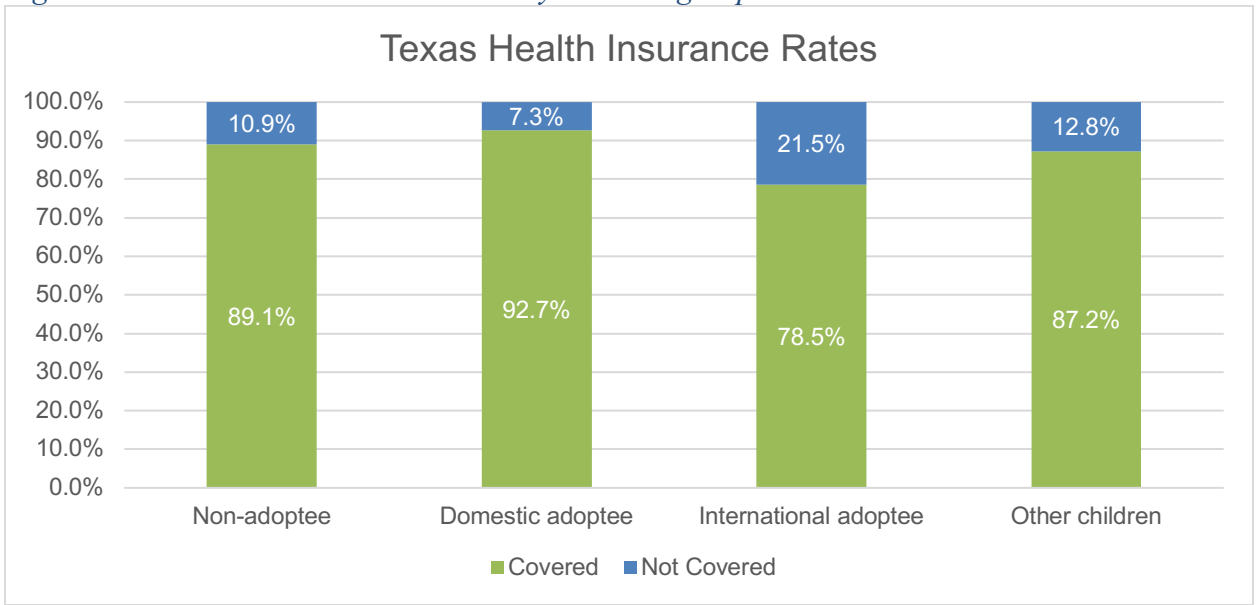
Note: Having public health insurance by children group, and divided into two categories with public health insurance and without public health insurance.

Figure 12. California health insurance rates by children group



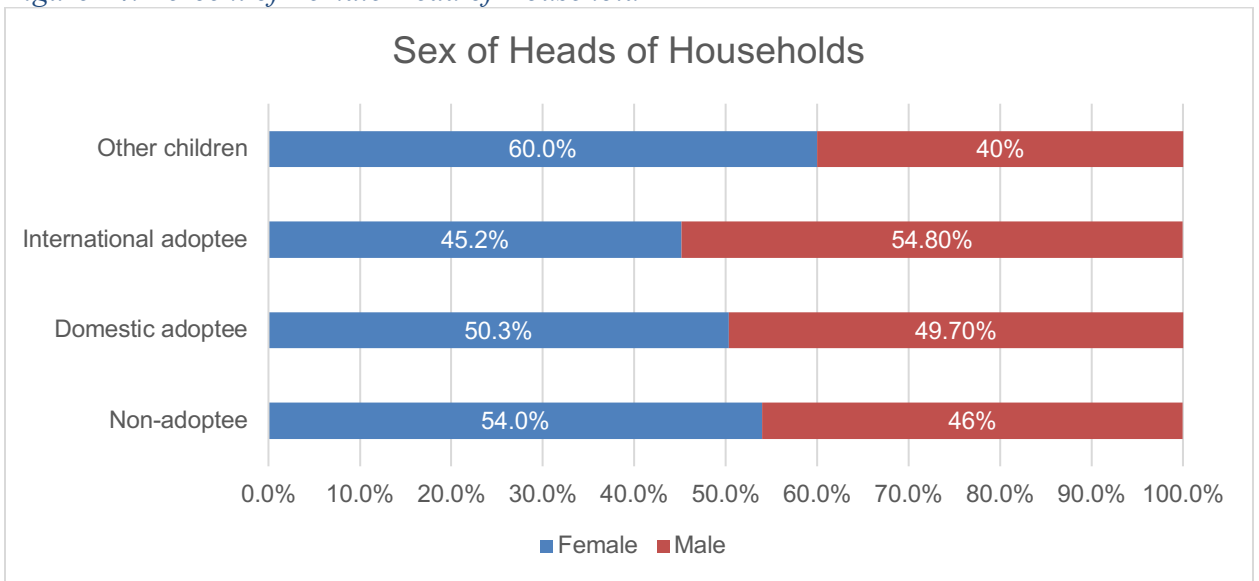
Note: Health insurance coverage of all children groups living in California.

Figure 13. Texas health insurance rates by children group



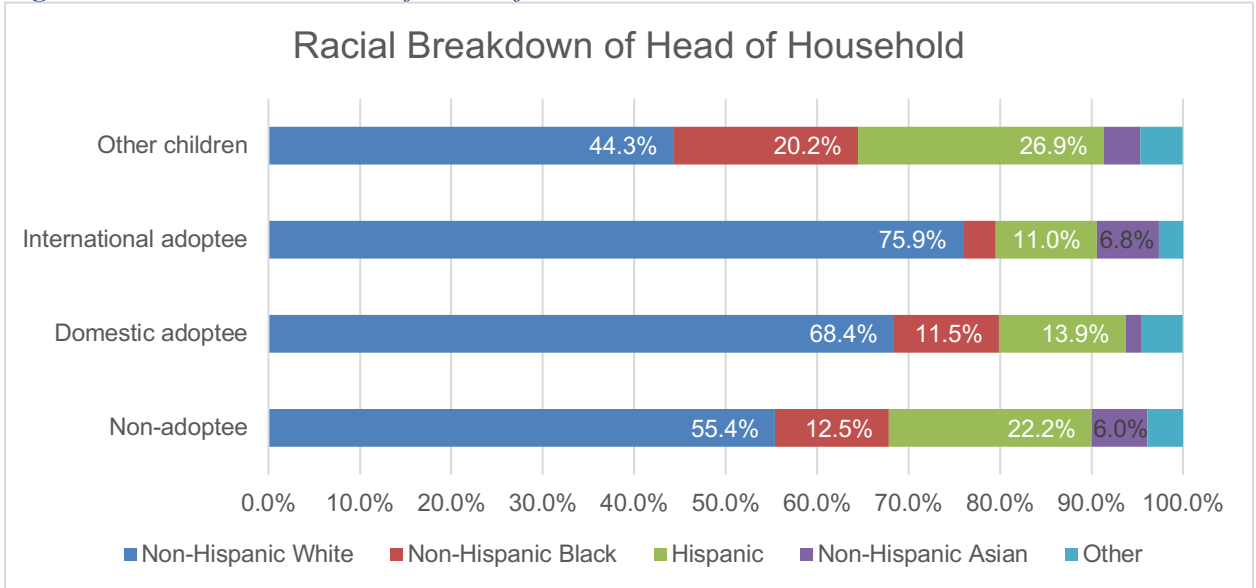
Note: Health insurance coverage of all children groups living in Texas.

Figure 14. Percent of Female Head of Household



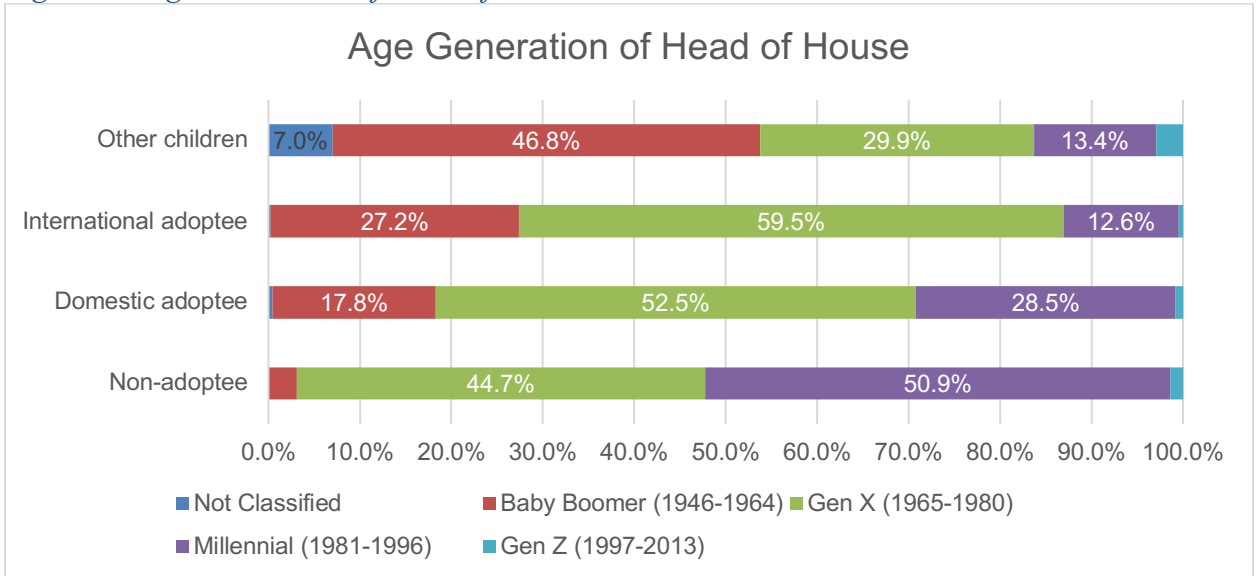
Note: Sex distribution of the heads of households.

Figure 15. Racial Breakdown of Head of Household



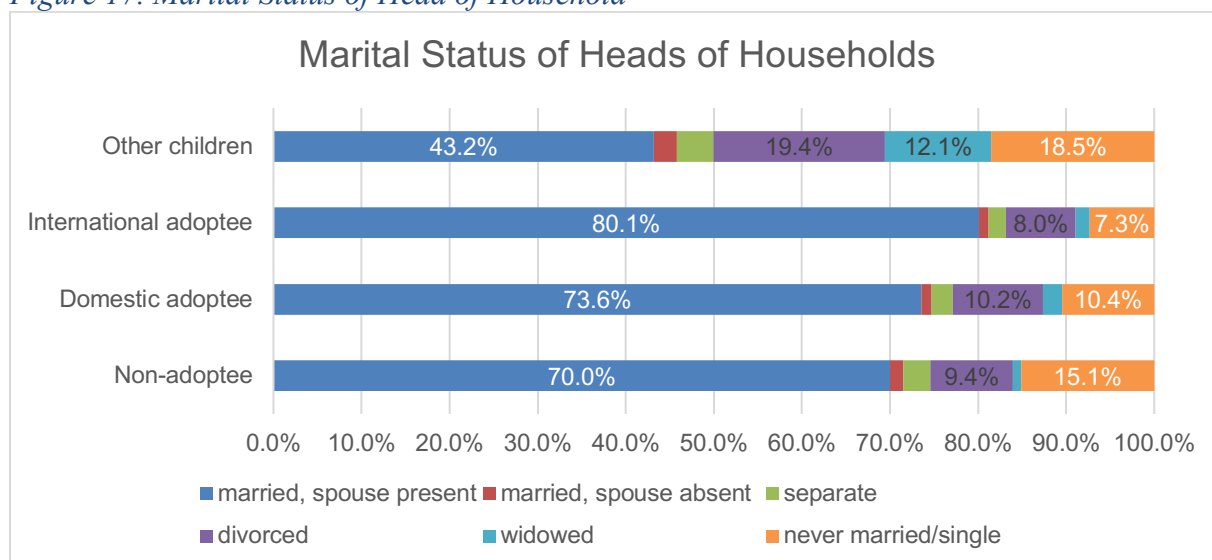
Note: Racial distribution of the heads of households.

Figure 16. Age Generation of Head of Household



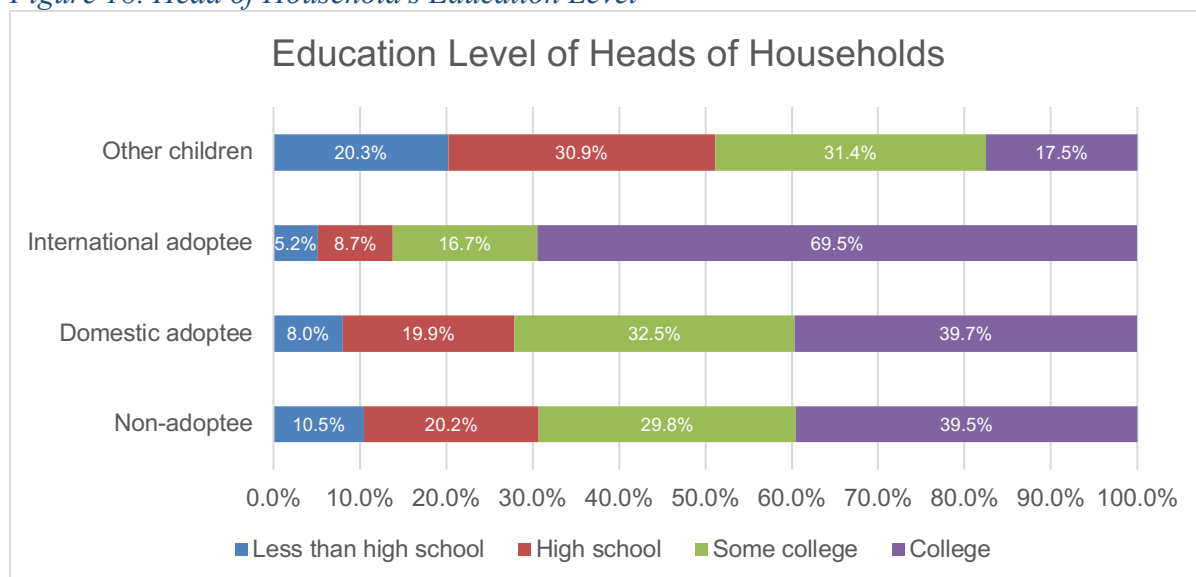
Note: Age generations of the heads of household.

Figure 17. Marital Status of Head of Household



Note: Marital status of the heads of households.

Figure 18. Head of Household's Education Level



Note: Education levels of the heads of household.

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