**Estimating Child Supplemental Security Income (SSI) Participation Rate from Public Data**

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**TARGET JOURNALS**

1. Public Health Reports
2. Disability and Health Journal
3. Journal of Disability Policy Studies
4. Journal of Public Health Management and Practice
5. Journal of Developmental & Behavioral Pediatrics

**ABSTRACT**

*Objectives*: To estimate the child participation rate in the Supplementary State Income (SSI) program among those who are eligible by state from 2016 through 2019.

*Methods*: We extracted data from the United States Census Bureau’s American Community Survey, and the National Survey of Children’s Health to estimate the disability prevalence of financially eligible children by SSI program standards. Then, we used aggregated data from the Social Security Administration’s Supplemental Security Record in combination with these estimated disability prevalences among financially eligible children to estimate child SSI participation rates.

*Results*: We estimate the US child SSI participation rate among those who are program eligible to be 38.6%. The top states are Arkansas (53.4%), New York (53.1%), and Louisiana (51.2%), and the bottom states are Wyoming (18.1%), Montana (19.9%), and Utah (20.8%).

*Conclusions*: Child SSI participation rates are below 50% for all but four states. The lives of just over 120,000 program eligible children would be impacted if state-level participation rates could be brought up to the US estimate of 38.6%.

**3-QUESTION SUMMARY BOX**

*What is the current understanding of this subject?*

There is geographic variation in SSI participation rates among all children, and higher rates occur in areas with high prevalences of child disability.

*What does this report add to the literature?*

A baseline of child SSI participation rates estimates among those who are program eligible for all US states.

*What are the implications for public health practice?*

There is significant positive correlation between child SSI participation rates and states with higher percentages of population in urbanized areas, higher percentages of financially eligible children with insurance, and Medicaid awards directly tied to SSI awards. Our framework can be used for future analyses.

**INTRODUCTION**

The Supplemental Security Income (SSI) is a federal income supplement program administered by the Social Security Administration (SSA) intended to financially support aged (65 and up), blind, and disabled people who have limited income and resources.1 Specifically for children, disability eligibility is defined by having a medically determinable physical or mental impairment that can lead to severe functional limitations or death, and financial eligibility is generally characterized by living in a household earning less than about $5,000 per month.2 (This is almost impossible to define succinctly.) As of 2022, The maximum federal benefit rate is $841 per month for an individual.3 By 2018, 23 states opted to supplement these benefits with State Supplementary Payments (SSP), with a maximum benefit amount of about $60 for children.4,5 Just under 8 million people received SSI payment, 85.7% of which qualify through blind/disabled eligibility criteria, in 2020.6 Approximately 1.1 million children (nearly 2%) of all children in the United States (US) receive support from the SSI program, 67.7% of which were male and 68.3% of which came from single parent households, receiving an average federal payment of $669.6 The National Academies of Sciences, Engineering, and Medicine (NASEM) have estimated that child poverty would rise from 13.0 to 14.8% without the SSI program.7

Whether the SSI program has reached its full potential by assisting all children who are potentially eligible for its benefits remains an open question. Only a few specific SSI participation estimates have been published. Not considering financial eligibility, only 22.7% of those with disabilities in the working age population receive SSI.8 Because the disability eligibility criteria for the working age population includes the ability to perform substantial gainful activity in place of impairment that severely limits functional ability and many newly turned 18-year old were ineligible for SSI previously because their parental income was too high, it is difficult to assess how well this 22.7% translates to the child population.2,9 For financially eligible children with attention deficit hyperactivity disorder, the most common mental health diagnosis for SSI determinations and recipients, only 15.2% receive SSI.10 Because developmental disorders make up no more than 20% of diagnoses for child SSI recipients, this 15.2% estimate can only serve as a rough basis for the whole child population.6

The primary purpose of this study is to develop national and state estimates of child SSI participation rate among those who are program eligible. Estimates of child SSI participation could inform federal and state efforts to reach more eligible families, provide a basis on which to monitor effects of those efforts, and provide the foundation for estimating true potential population level impact of federal and state policies if SSI program reach were maximized.

**METHODS**

To understand child SSI participation at the state level, we gathered information on the number of children who received SSI in each state and the number of children who were potentially eligible via both financial and disability criteria. We assumed that families with incomes below 200% of the federal poverty level (FPL) are financially eligible for SSI, which is a proxy for financial eligibility that has been used in previous relevant literature.10,17,18 As of 2013, the family income of 77.9% of child SSI recipients was less than 200% of the FPL.19 Assuming no unearned family income, the income eligibility threshold for SSI has been estimated to be in the range of 177 to 235% of FPL. As for the SSI disability eligibility criteria, children must meet rigorous medical eligibility criteria based on a physician’s assessment to qualify, but it is not well established how well public survey questionnaires on disability align with the person-level questionnaire that SSI departments use.20,21 Given that about 80% of the 165,000 of medical denials for children applying for SSI every year are due to lack of severe enough functional limitations, the definition of disability prevalence is vital.6 The six-question sequence used by US Census Bureau’s American Community Survey (ACS) captures about 63% of the US working-age population that received SSI.22 Although the child and working populations are distinct, it is reasonable to assume that the ACS may provide a lower bound on the true disability prevalence of children who are financially eligible for SSI. A separate public source, the National Survey of Children’s Health (NSCH) includes multiple screener questions on the level of special health care needs for a child. These screener questions on special health care needs ask about functional limitations, similarly to the ACS, but also include questions about use of specialized services and prescription medications to manage chronic conditions.23 Thus, the prevalence of financially eligible children with special health care needs indicated by the NSCH can be used as an upper bound on the true prevalence of children with disability who are financially eligible for SSI.

*Child Disability Prevalence Estimation*

For the ACS disability prevalences, we extract the variables (B18131\_xxx) that correspond to the number of children with and without disability with ratios of less than 0.50, between 0.5 and 0.99, between 1.00 and 1.49, and between 1.50 and 1.99. from the “Age by Ratio of Income to Poverty Level in the Past 12 Months by Disability Status and Type” concept for each state in the 1-year ACS tables between 2016 and 2019.24 Disability prevalence is calculated as the ratio of number of children with disability to total number of children in each income to poverty level category. For the NSCH disability prevalences, we scraped the “More complex health care needs” percentage estimates to the answers of the aggregated survey question: “What is the level of complexity of special health care needs (CSHCN)?” for each state, year, and household income level categories of 0-100% FPL and 100-200% FPL.23 For proper combination with the NSCH data, the ACS data in income to poverty ratios of <0.5 and 0.5-1 are aggregated together and ratios of 1-1.5 and 1.5-2 are aggregated together. Because higher disability prevalences are correlated with lower family income, it is vital to properly account for subgroup disability prevalences in this manner to not underestimate the overall child SSI participation rates.10,26,27

*Child SSI Participation Estimation*

We collect the number of disability SSI recipients aged 18 or younger from the SSA’s Supplemental Security Record from 2016 through 2019.6 The total number of SSI recipients in this age group, who must have been both eligible by both financial and disability criteria, are then divided by the total number of financially and disability eligible children that are estimated from the aforementioned disability prevalence. When reporting summary statistics over the entire study period, we ensure that the numbers in each part of the participation rate fraction are summed across all years first to ensure that any underlying trends in population growth are properly accounted.

We used R version 4.2.2 (R Foundation for Statistical Computing) for all data collection and statistical analysis.

**RESULTS**

Between 2016 and 2019, 1.13 million children with disabilities received SSI on average, and we estimate that this is only 38.6% of children that meet SSI financial and disability criteria in the US (Table 1). Table 1 highlights that Wyoming (18.1%) and Arkansas (53.4%) are at the extreme ends of estimated child SSI participation rates, with Montana (19.9%) and Utah (20.8%) joining Wyoming in the bottom three states and New York (53.1%) and Louisiana (51.2%) in the top three states. Figure 1 shows a heatmap of the statewide variation over the entire study period. Table 1 also denotes the child SSI participation rate by state and year utilizing the disability prevalence implied from each of the two surveys.

The average disability prevalences for financially eligible children according to ACS and NSCH over the study period are 5.7% and 15.4%, respectively, yielding an overall US average of 10.6%. A detailed breakdown of the disability prevalences by year, state, and survey is shown in Supplementary Table S1. There is approximately a constant difference between the two survey estimates, which can be observed in Supplementary Figure S1. Clearly, using one disability prevalence estimate over the other can lead to drastically different child SSI participation rates, with average differences ranging from 19.7% (Wyoming; ACS: 32.3%, NSCH: 12.6%) to 62.0% (Arkansas; ACS: 98.6%, NSCH: 36.6%). The large discrepancies in individual survey participation rates are rooted in the differences between the survey-level child disability prevalences (Supplementary Table S1). For example, across all study years the difference in child disability prevalence for those who were financially eligible in Wyoming was 9.8% (NSCH: 16.1%, ACS: 6.3%) and in Arkansas was 12.5% (NSCH: 19.9%, ACS: 7.4%). Across all states and years, the difference between the two survey estimates was 10.2%, but was approximately constant across all ranges of child disability estimates (Supplementary Figure S1).

**DISCUSSION**

We used several public data sources to generate national and state-level estimates of child SSI participation rate, a previously unidentified metric that informs the level of participation in one of several federal US programs that aim to reduce child poverty.

Several studies have found that the absolute SSI participation rate among all children in the US is a little under 2% and can vary greatly by county, state, and region.6,10,16–18,20 Although this finding is useful for general purposes, it lacks the important context of which children are potentially eligible to receive SSI in the first place. Most pertinent studies resort to estimating a relevant proxy to our metric to study a policy of interest. For example, one study estimated that the US average SSI participation rate among the working-age persons was 2.8% overall and 22.7% for those with disabilities.8 They found that differences in their participation rates can be primarily explained by the geographical variation in disability prevalence as opposed to inconsistencies in SSI program administration.8 Because our metric explicitly accounts for varying disability prevalence, it is difficult for us to make direct comparisons with their study or validate their conclusions in the child subpopulation. Another recent study found that overall child SSI participation rates were highly correlated with economic deprivation.30 Once again, it is difficult to make direct comparisons to their study because our metric already explicitly accounts for varying disability prevalence and family income levels. In a comprehensive report on mental disorders and disabilities in low-income children, data between 2004 and 2013 was used to estimate that participation rates among financially eligible children with mental disorders ranged drastically, from 3% in those with mood disorders to 56% in those with intellectual disabilities, using a similar methodology to ours.10 Although this report looked at more granular subgroups than us, we can validly compare our estimated rates to theirs since they considered financial and disability criteria in their metric, and we found that all of our state-level estimates fell within this 3% to 56% range.

NASEM claims that raising the maximum child SSI payment amount by two-thirds would only reduce child poverty by 0.2%.7 This finding relies on the assumption that current child SSI child participation rate is 66%, a number based on only ACS data (similar to our US estimate of 71.8 % [Table 1]) without contemplating whether the ACS child disability questions truly align with the SSI disability criteria. They further assume that the policy would increase uptake among program-eligible up to 10% in their simulation modeling. Because our base estimate of child SSI participation rate is much lower than theirs, we believe that a higher assumed increase in uptake may be appropriate with the proposed policy of raising maximum payment amounts. This would indicate that their estimate of the overall impact on child poverty may be understated. Either way, we estimate that raising the child SSI participation rates of states below the US average up to the US average would affect the lives of 121,744 children (Supplementary Table S2), which is approximately 10% of the number of children that currently receive SSI payments, with highest impact in the states of Arizona, California, and Indiana. (This paragraph needs some work and may be too bold.)

The output of our work can be also used as input for a variety of subsequent analyses on public policies. In specific, the base state-level estimates can be used as the outcome or treatment variable of interest in a difference-in-difference econometric analysis, similar to what one study on the interaction between public health insurance expansion and SSI applications has done.13 In addition, the output of our distributional analysis can be used as parameter input for cost-effectiveness analyses or policy-simulation analysis, similar to the hypothetical policy simulations performed by NASEM.7

*Limitations*

There are several limitations with our study. First, because the data is not linked to person-level SSA data, we are only able to carry out the analysis at the state level and do not model the process for determining financial and disability eligibility, as has been done before.31,32 However, our framework can still be used to study other population subgroups by race, social capital, etc. The lack of person-level data prevents us from gaining insight into application rejections and the reasoning behind continuing disability reviews that ends benefits, both of which may be informative for developing an accurate participation estimate. Hypothetically, the Census Bureau’s ACS Public Use Microdata Sample or Survey of Income and Program Participation and NSCH screener and topical surveys that contain further geographical, demographic, and health information could be combined to develop a different methodology for generating a participation estimate, but it is not clear how this would be done.

**CONCLUSION**

The child SSI participation rates generated by our methodology serve as a starting point for further research. We have developed baseline rate estimates for each state. Our framework and findings can be extended for further studies on different types of subgroups, similar populations, and the impact of various public health policies.

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**TABLES**

Table 1. Estimated Supplemented Security Income child participation rates by state, year, and survey.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **National Survey of Children’s Health** | | | | | **American Community Survey** | | | | | **Overall**  **Estimate** |
| *2016* | *2017* | *2018* | *2019* | *Average* | *2016* | *2017* | *2018* | *2019* | *Average* |
| **United States** | **26.3** | **26.1** | **25.7** | **27.6** | **26.4** | **72.0** | **72.1** | **71.1** | **72.2** | **71.8** | **38.6** |
| Alabama | 30.2 | 20.2 | 27.4 | 20.6 | 23.9 | 70.6 | 79.8 | 70.7 | 97.4 | 77.9 | 36.6 |
| Alaska | 16.2 | 12.1 | 13.6 | 14.5 | 13.9 | 44.0 | 65.1 | 58.7 | 40.1 | 50.0 | 21.8 |
| Arizona | 15.6 | 23.0 | 18.3 | 11.4 | 16.1 | 48.7 | 53.2 | 45.8 | 46.6 | 48.5 | 24.1 |
| Arkansas | 41.4 | 30.2 | 34.6 | 43.1 | 36.6 | 100.0 | 94.9 | 91.3 | 97.5 | 98.6 | 53.4 |
| California | 21.9 | 25.5 | 22.3 | 47.7 | 26.4 | 66.6 | 74.5 | 71.5 | 75.0 | 71.7 | 38.6 |
| Colorado | 13.6 | 22.3 | 11.3 | 21.0 | 15.7 | 55.8 | 45.5 | 45.8 | 41.8 | 46.8 | 23.5 |
| Connecticut | 23.8 | 18.2 | 23.1 | 23.5 | 21.9 | 72.6 | 61.6 | 61.6 | 57.7 | 62.9 | 32.5 |
| Delaware | 28.7 | 21.8 | 25.1 | 24.3 | 24.8 | 79.9 | 100.0 | 71.8 | 79.6 | 82.8 | 38.1 |
| Florida | 30.3 | 28.0 | 38.9 | 40.3 | 33.5 | 98.5 | 89.8 | 96.2 | 96.7 | 95.2 | 49.5 |
| Georgia | 24.6 | 19.3 | 31.0 | 26.8 | 24.7 | 65.9 | 79.0 | 74.3 | 79.6 | 74.2 | 37.0 |
| Hawaii | 18.3 | 16.6 | 21.5 | 10.7 | 15.9 | 58.0 | 63.7 | 38.1 | 27.1 | 42.5 | 23.1 |
| Idaho | 18.8 | 16.5 | 19.8 | 20.1 | 18.7 | 48.5 | 42.6 | 52.2 | 49.7 | 48.0 | 26.9 |
| Illinois | 26.0 | 27.7 | 20.5 | 25.8 | 24.7 | 77.1 | 79.2 | 68.7 | 70.8 | 73.8 | 37.0 |
| Indiana | 19.1 | 18.2 | 23.6 | 19.6 | 19.9 | 58.9 | 51.4 | 56.4 | 59.4 | 56.3 | 29.4 |
| Iowa | 21.9 | 14.6 | 17.7 | 34.7 | 20.1 | 51.4 | 56.7 | 65.3 | 65.3 | 59.2 | 30.1 |
| Kansas | 18.1 | 18.2 | 18.2 | 17.4 | 18.0 | 57.2 | 62.9 | 49.5 | 49.8 | 54.4 | 27.0 |
| Kentucky | 27.7 | 33.9 | 26.9 | 33.1 | 30.1 | 72.5 | 73.2 | 60.9 | 69.1 | 68.6 | 41.8 |
| Louisiana | 35.9 | 51.3 | 32.0 | 30.2 | 35.9 | 86.4 | 90.2 | 89.3 | 91.3 | 89.2 | 51.2 |
| Maine | 20.3 | 35.1 | 23.1 | 27.2 | 25.3 | 43.3 | 53.4 | 55.3 | 53.0 | 50.7 | 33.8 |
| Maryland | 27.5 | 52.8 | 33.2 | 43.0 | 36.8 | 81.2 | 87.5 | 77.6 | 88.8 | 83.5 | 51.1 |
| Massachusetts | 31.4 | 26.5 | 27.1 | 38.4 | 30.2 | 74.7 | 87.2 | 76.8 | 80.4 | 79.5 | 43.7 |
| Michigan | 28.6 | 24.2 | 20.1 | 25.6 | 24.3 | 60.2 | 64.3 | 62.7 | 64.1 | 62.7 | 35.0 |
| Minnesota | 19.5 | 17.4 | 16.3 | 31.2 | 19.7 | 55.9 | 50.6 | 62.9 | 61.6 | 57.3 | 29.4 |
| Mississippi | 25.8 | 25.8 | 30.9 | 32.4 | 28.3 | 82.7 | 92.7 | 82.1 | 80.7 | 84.4 | 42.4 |
| Missouri | 20.0 | 25.3 | 17.8 | 19.8 | 20.1 | 57.8 | 54.6 | 54.1 | 59.8 | 56.6 | 29.6 |
| Montana | 13.5 | 11.9 | 12.5 | 12.2 | 12.5 | 54.7 | 56.1 | 36.4 | 53.8 | 48.9 | 19.9 |
| Nebraska | 14.2 | 11.8 | 13.6 | 15.6 | 13.7 | 54.7 | 45.8 | 50.0 | 49.9 | 49.9 | 21.5 |
| Nevada | 29.6 | 21.8 | 25.1 | 27.7 | 25.8 | 66.2 | 86.6 | 60.7 | 69.8 | 69.6 | 37.6 |
| New Hampshire | 22.4 | 19.9 | 17.4 | 17.5 | 19.2 | 46.2 | 33.1 | 45.6 | 45.8 | 41.7 | 26.3 |
| New Jersey | 27.4 | 30.0 | 33.3 | 29.8 | 30.0 | 91.6 | 76.0 | 95.5 | 72.1 | 82.7 | 44.0 |
| New Mexico | 20.3 | 24.9 | 20.1 | 18.6 | 20.8 | 68.8 | 61.0 | 50.5 | 50.1 | 56.9 | 30.4 |
| New York | 37.5 | 36.8 | 30.3 | 44.4 | 36.6 | 98.0 | 88.6 | 100.0 | 99.7 | 97.2 | 53.1 |
| North Carolina | 30.2 | 22.2 | 19.9 | 26.4 | 24.2 | 71.7 | 73.9 | 65.2 | 64.2 | 68.7 | 35.8 |
| North Dakota | 13.7 | 29.1 | 18.7 | 11.3 | 16.0 | 41.5 | 60.4 | 56.4 | 53.2 | 52.0 | 24.4 |
| Ohio | 24.8 | 32.9 | 22.4 | 19.2 | 23.9 | 60.0 | 58.2 | 59.0 | 59.7 | 59.2 | 34.1 |
| Oklahoma | 19.6 | 23.1 | 22.5 | 16.3 | 20.0 | 59.5 | 51.9 | 59.8 | 60.8 | 57.7 | 29.7 |
| Oregon | 16.7 | 20.0 | 22.5 | 18.3 | 19.1 | 50.4 | 60.9 | 54.4 | 44.2 | 51.8 | 27.9 |
| Pennsylvania | 40.5 | 36.4 | 32.6 | 24.9 | 32.7 | 82.9 | 83.4 | 77.1 | 77.6 | 80.2 | 46.5 |
| Rhode Island | 26.5 | 51.0 | 35.0 | 31.8 | 34.0 | 59.7 | 71.5 | 87.8 | 73.8 | 71.5 | 46.1 |
| South Carolina | 20.0 | 26.8 | 21.8 | 19.6 | 21.7 | 61.3 | 55.3 | 65.0 | 69.3 | 62.2 | 32.2 |
| South Dakota | 28.9 | 22.4 | 21.0 | 16.7 | 21.6 | 62.1 | 80.3 | 70.4 | 76.8 | 71.6 | 33.2 |
| Tennessee | 17.7 | 28.4 | 17.1 | 22.2 | 20.5 | 60.1 | 46.9 | 51.8 | 52.7 | 52.5 | 29.5 |
| Texas | 33.1 | 24.0 | 35.4 | 26.9 | 29.2 | 79.1 | 82.2 | 76.9 | 77.5 | 78.9 | 42.6 |
| Utah | 11.7 | 26.9 | 12.4 | 12.1 | 14.0 | 37.9 | 33.7 | 50.4 | 43.7 | 40.5 | 20.8 |
| Vermont | 17.6 | 17.3 | 26.2 | 19.6 | 19.6 | 54.0 | 53.8 | 35.3 | 40.7 | 44.6 | 27.2 |
| Virginia | 28.6 | 23.4 | 21.7 | 49.2 | 27.8 | 63.9 | 69.5 | 61.4 | 64.4 | 64.7 | 38.8 |
| Washington | 20.0 | 21.5 | 16.3 | 30.4 | 20.9 | 60.9 | 53.5 | 60.0 | 55.0 | 57.2 | 30.7 |
| West Virginia | 25.7 | 32.8 | 18.5 | 24.2 | 24.4 | 55.7 | 60.5 | 59.2 | 54.2 | 57.3 | 34.2 |
| Wisconsin | 28.7 | 23.0 | 31.2 | 22.5 | 25.9 | 77.4 | 76.1 | 83.3 | 86.9 | 80.6 | 39.2 |
| Wyoming | 15.3 | 11.6 | 12.0 | 12.0 | 12.6 | 26.2 | 29.2 | 44.5 | 34.4 | 32.3 | 18.1 |



**FIGURES**

Figure 1. Estimated child Supplemented Security Income (SSI) participation rates from 2016 through 2019.

**Map

Description automatically generated**

**SUPPLEMENTAL MATERIALS**

Supplementary Table S1. Estimated child disability prevalence (%) for financially eligible children by state, year, and survey.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **National Survey of Children’s Health** | | | | | **American Community Survey** | | | | | **Overall**  **Estimate** |
| *2016* | *2017* | *2018* | *2019* | *Average* | *2016* | *2017* | *2018* | *2019* | *Average* |
| **United States** | **15.4** | **15.6** | **15.7** | **15.1** | **15.4** | **5.6** | **5.7** | **5.7** | **5.8** | **5.7** | **10.6** |
| Alabama | 15.8 | 22.1 | 15.9 | 20.8 | 18.7 | 6.7 | 5.6 | 6.2 | 4.4 | 5.7 | 12.2 |
| Alaska | 12.3 | 16.2 | 15.9 | 14.2 | 14.7 | 4.6 | 3.0 | 3.7 | 5.1 | 4.1 | 9.4 |
| Arizona | 15.2 | 10.5 | 12.9 | 21.1 | 14.9 | 4.9 | 4.5 | 5.1 | 5.2 | 4.9 | 9.9 |
| Arkansas | 17.9 | 24.5 | 20.5 | 16.7 | 19.9 | 6.6 | 7.8 | 7.8 | 7.4 | 7.4 | 13.6 |
| California | 12.8 | 11.4 | 13.0 | 6.4 | 11.1 | 4.2 | 3.9 | 4.1 | 4.1 | 4.1 | 7.6 |
| Colorado | 16.5 | 10.2 | 19.6 | 10.9 | 14.4 | 4.0 | 5.0 | 4.8 | 5.5 | 4.8 | 9.6 |
| Connecticut | 16.0 | 21.1 | 16.6 | 17.0 | 17.7 | 5.3 | 6.2 | 6.2 | 7.0 | 6.2 | 11.9 |
| Delaware | 16.6 | 20.0 | 17.1 | 19.8 | 18.4 | 6.0 | 4.1 | 6.0 | 6.0 | 5.5 | 11.9 |
| Florida | 17.6 | 18.8 | 13.6 | 13.5 | 15.9 | 5.4 | 5.9 | 5.5 | 5.6 | 5.6 | 10.8 |
| Georgia | 15.8 | 20.3 | 12.7 | 14.9 | 16.0 | 5.9 | 5.0 | 5.3 | 5.0 | 5.3 | 10.6 |
| Hawaii | 8.9 | 9.8 | 6.8 | 14.3 | 9.9 | 2.8 | 2.6 | 3.8 | 5.7 | 3.7 | 6.8 |
| Idaho | 14.5 | 16.9 | 13.7 | 13.8 | 14.7 | 5.6 | 6.5 | 5.2 | 5.6 | 5.7 | 10.2 |
| Illinois | 13.2 | 12.5 | 16.9 | 13.8 | 14.1 | 4.4 | 4.4 | 5.0 | 5.0 | 4.7 | 9.4 |
| Indiana | 18.3 | 19.9 | 14.9 | 18.9 | 18.0 | 5.9 | 7.0 | 6.3 | 6.2 | 6.4 | 12.2 |
| Iowa | 14.5 | 22.3 | 18.7 | 9.6 | 16.2 | 6.2 | 5.7 | 5.1 | 5.1 | 5.5 | 10.8 |
| Kansas | 18.3 | 18.0 | 17.9 | 19.5 | 18.4 | 5.8 | 5.2 | 6.6 | 6.8 | 6.1 | 12.3 |
| Kentucky | 19.8 | 17.1 | 20.5 | 17.5 | 18.8 | 7.6 | 7.9 | 9.1 | 8.4 | 8.2 | 13.5 |
| Louisiana | 17.1 | 11.6 | 18.6 | 21.1 | 17.0 | 7.1 | 6.6 | 6.6 | 7.0 | 6.8 | 11.9 |
| Maine | 21.1 | 14.0 | 20.1 | 17.6 | 18.3 | 9.9 | 9.2 | 8.4 | 9.0 | 9.2 | 13.7 |
| Maryland | 18.1 | 9.2 | 15.1 | 11.9 | 13.6 | 6.1 | 5.6 | 6.5 | 5.8 | 6.0 | 9.8 |
| Massachusetts | 19.2 | 22.3 | 21.6 | 16.2 | 19.9 | 8.1 | 6.8 | 7.6 | 7.7 | 7.5 | 13.7 |
| Michigan | 14.7 | 17.5 | 20.5 | 16.6 | 17.3 | 7.0 | 6.6 | 6.6 | 6.6 | 6.7 | 12.0 |
| Minnesota | 17.1 | 19.6 | 20.7 | 11.1 | 17.2 | 6.0 | 6.7 | 5.4 | 5.6 | 5.9 | 11.6 |
| Mississippi | 21.4 | 21.1 | 17.2 | 16.0 | 19.0 | 6.7 | 5.9 | 6.5 | 6.4 | 6.4 | 12.7 |
| Missouri | 17.8 | 15.3 | 20.1 | 18.6 | 17.9 | 6.2 | 6.5 | 6.6 | 6.2 | 6.4 | 12.1 |
| Montana | 19.6 | 23.1 | 19.1 | 22.3 | 21.0 | 4.8 | 4.9 | 6.6 | 5.1 | 5.4 | 13.2 |
| Nebraska | 16.4 | 18.7 | 17.0 | 15.8 | 17.0 | 4.2 | 4.8 | 4.6 | 4.9 | 4.7 | 10.8 |
| Nevada | 11.5 | 15.9 | 13.2 | 12.3 | 13.2 | 5.2 | 4.0 | 5.5 | 4.9 | 4.9 | 9.0 |
| New Hampshire | 17.3 | 19.2 | 20.5 | 22.9 | 19.9 | 8.4 | 11.5 | 7.8 | 8.7 | 9.1 | 14.5 |
| New Jersey | 14.7 | 13.8 | 12.9 | 14.5 | 14.0 | 4.4 | 5.5 | 4.5 | 6.0 | 5.1 | 9.5 |
| New Mexico | 15.6 | 12.9 | 16.0 | 17.2 | 15.4 | 4.6 | 5.3 | 6.4 | 6.4 | 5.6 | 10.5 |
| New York | 14.1 | 14.3 | 17.6 | 12.6 | 14.7 | 5.4 | 5.9 | 5.1 | 5.6 | 5.5 | 10.1 |
| North Carolina | 13.0 | 17.5 | 18.4 | 14.0 | 15.7 | 5.5 | 5.3 | 5.6 | 5.8 | 5.5 | 10.6 |
| North Dakota | 14.5 | 7.4 | 12.1 | 20.4 | 13.6 | 4.8 | 3.6 | 4.0 | 4.3 | 4.2 | 8.9 |
| Ohio | 17.5 | 12.9 | 18.9 | 22.4 | 17.9 | 7.2 | 7.3 | 7.2 | 7.2 | 7.2 | 12.5 |
| Oklahoma | 18.4 | 15.5 | 15.9 | 22.0 | 17.9 | 6.1 | 6.9 | 6.0 | 5.9 | 6.2 | 12.0 |
| Oregon | 19.0 | 16.0 | 14.6 | 20.2 | 17.4 | 6.3 | 5.2 | 6.0 | 8.4 | 6.4 | 11.9 |
| Pennsylvania | 16.1 | 18.4 | 19.9 | 25.4 | 19.9 | 7.9 | 8.0 | 8.4 | 8.2 | 8.1 | 14.0 |
| Rhode Island | 20.3 | 11.8 | 15.6 | 18.6 | 16.7 | 9.0 | 8.4 | 6.2 | 8.0 | 7.9 | 12.3 |
| South Carolina | 19.1 | 13.4 | 16.3 | 18.7 | 16.8 | 6.2 | 6.5 | 5.5 | 5.3 | 5.9 | 11.4 |
| South Dakota | 10.6 | 14.6 | 13.7 | 17.8 | 14.1 | 4.9 | 4.1 | 4.1 | 3.9 | 4.2 | 9.2 |
| Tennessee | 18.8 | 11.9 | 18.7 | 15.8 | 16.4 | 5.5 | 7.2 | 6.2 | 6.6 | 6.4 | 11.4 |
| Texas | 12.3 | 17.0 | 11.2 | 15.2 | 13.9 | 5.1 | 5.0 | 5.2 | 5.3 | 5.1 | 9.5 |
| Utah | 14.4 | 6.5 | 14.2 | 15.5 | 12.6 | 4.4 | 5.2 | 3.5 | 4.3 | 4.4 | 8.5 |
| Vermont | 22.6 | 20.2 | 15.6 | 20.8 | 19.9 | 7.4 | 6.5 | 11.6 | 10.0 | 8.7 | 14.3 |
| Virginia | 13.5 | 16.6 | 17.7 | 8.0 | 14.0 | 6.0 | 5.6 | 6.3 | 6.1 | 6.0 | 10.0 |
| Washington | 15.7 | 14.5 | 19.7 | 110.8 | 15.2 | 5.1 | 5.8 | 5.3 | 6.0 | 5.6 | 10.4 |
| West Virginia | 16.7 | 13.7 | 23.2 | 18.4 | 18.0 | 7.7 | 7.4 | 7.2 | 8.2 | 7.6 | 12.8 |
| Wisconsin | 17.2 | 21.4 | 15.7 | 22.1 | 19.1 | 6.4 | 6.5 | 5.9 | 5.7 | 6.1 | 12.6 |
| Wyoming | 12.9 | 16.0 | 17.5 | 18.2 | 16.1 | 7.6 | 6.4 | 4.7 | 6.3 | 6.3 | 11.2 |

Supplementary Table S2. Number of financially eligible children affected by state by raising the child Supplemented Security Income participation rate up to the United States average of 38.6% and up to 50%, respectively.

|  |  |  |
| --- | --- | --- |
| **State** | **Up to 38.6%** | **Up to 50%** |
| **United States** | **121,744** | **374,178** |
| Alabama | 1,846 | 8,134 |
| Alaska | 914 | 1,533 |
| Arizona | 10,508 | 18,752 |
| Arkansas | 0 | 577 |
| California | 8,403 | 33,965 |
| Colorado | 5,691 | 9,968 |
| Connecticut | 1,613 | 4,593 |
| Delaware | 118 | 1,048 |
| Florida | 0 | 6,310 |
| Georgia | 3,506 | 15,089 |
| Hawaii | 883 | 1,530 |
| Idaho | 2,222 | 4,374 |
| Illinois | 2,192 | 12,752 |
| Indiana | 6,999 | 15,649 |
| Iowa | 2,561 | 5,261 |
| Kansas | 3,712 | 7,363 |
| Kentucky | 214 | 4,898 |
| Louisiana | 0 | 1,310 |
| Maine | 649 | 1,887 |
| Maryland | 0 | 1,386 |
| Massachusetts | 0 | 3,316 |
| Michigan | 3,770 | 15,547 |
| Minnesota | 4,182 | 8,860 |
| Mississippi | 0 | 3,515 |
| Missouri | 6,036 | 13,675 |
| Montana | 2,121 | 3,411 |
| Nebraska | 3,064 | 5,097 |
| Nevada | 478 | 3,259 |
| New Hampshire | 1,042 | 2,001 |
| New Jersey | 0 | 3,316 |
| New Mexico | 2,160 | 5,167 |
| New York | 0 | 1,313 |
| North Carolina | 3,920 | 14,950 |
| North Dakota | 636 | 1,138 |
| Ohio | 6,757 | 20,606 |
| Oklahoma | 4,716 | 10,766 |
| Oregon | 4,035 | 8,323 |
| Pennsylvania | 340 | 6,241 |
| Rhode Island | 54 | 493 |
| South Carolina | 3,659 | 10,139 |
| South Dakota | 404 | 1,205 |
| Tennessee | 6,942 | 15,575 |
| Texas | 1,297 | 23,141 |
| Utah | 4,344 | 7,118 |
| Vermont | 588 | 1,174 |
| Virginia | 1,692 | 6,980 |
| Washington | 4,392 | 10,537 |
| West Virginia | 1,154 | 3,490 |
| Wisconsin | 917 | 5,869 |
| Wyoming | 1,016 | 1,579 |

Supplementary Figure S1. Relationship between the disability prevalences for financially eligible children according to the American Community Survey (ACS) and the National Survey of Children’s Health (NSCH).

Timeline

Description automatically generated