



January 2026

# More Than 1 Million Texas Children Are Uninsured:

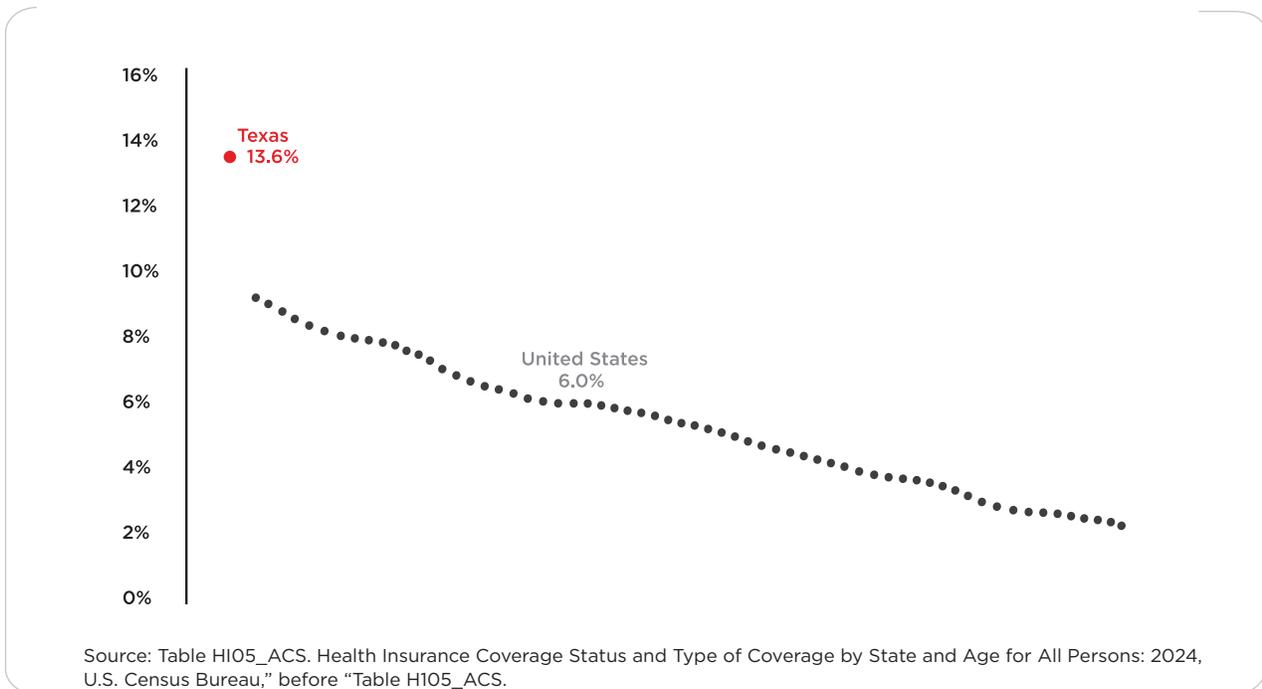
Texas is America's  
Worst State at  
Protecting Children's  
Health Coverage\*

# Executive Summary

For nearly 20 years, Texas has done a terrible job of helping its children obtain health insurance.

- In 2024 (the most recent year for which data is available), Texas was America's worst state at protecting children's health coverage. 1.1 million Texas children, or nearly 14% of all the state's children, were uninsured — a far higher percentage than any other state. (Figure 1).
- Texas has a longstanding record of extreme failure on children's health coverage. 2024 marked the 19th consecutive year of Texas having the nation's highest percentage of children without health care.
- The gap between Texas and the rest of America is enormous. Nationally, just 6% of American children are uninsured. Being born in Texas thus more than doubles the likelihood of a child growing up without health care.
- Conservatism is no excuse for Texas's appalling track record. Other conservative states do a much better job protecting their children. In Louisiana and Alabama, for example, just 4% of children are uninsured — less than one-third the proportion of Texas children who lack health insurance.
- Children of every race and ethnicity are uninsured in Texas, but the burden falls most heavily on Hispanic families. Almost 750,000 Latino children have no health coverage, representing **two-thirds of the state's uninsured children.**<sup>2</sup>
- In every region of Texas, the percentage of uninsured children is significantly higher than in the rest of America, and children from Hispanic families suffer particularly grave harm. But the state's **failure to protect Hispanic families cuts most deeply in the Rio Grande Valley.** In all, 15% of the Valley's children are uninsured — and **almost all of the Valley's uninsured children (97%) are Latino.**

**Figure 1. Percentage of children without health insurance in Texas, compared to other states and the U.S. as a whole (2024)**



<sup>1</sup>A previous version of this report was authored by Gabriela Benitez and Rocio Perez, who respectively formerly served as Senior Health Policy Analyst and Health Policy Analyst at UnidosUS.

<sup>2</sup>In this report, we use Medicaid's definition of children as age 18 and younger.

<sup>3</sup>The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this report to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish and other Hispanic descent; they may be of any race.



- Without insurance, many children experience serious harm that damages their long-term health and ability to thrive. Because of the resulting public sector costs, each \$1 spent on children’s health coverage generates \$4 in taxpayer savings, according to leading health economists.
- The vast majority of Texas’s uninsured children can be covered, if the state does a better job with enrollment and retention. More than 8 in 10 uninsured children in the state qualify for but are not enrolled in Medicaid, the Children’s Health Insurance Program (CHIP) or federal Premium Tax Credits that help families buy their own insurance.

With Texas continuing to amass huge budget surpluses, it is time for the state’s leaders to take bold and effective action that offers all Texas children the health care they need to grow up healthy and strong.

## Texas’s children are experiencing America’s worst health insurance crisis

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**A higher proportion of children lack health insurance in Texas than in any other state.** In 2024 (the most recent year for which data is available), [1.1 million children in Texas](#) lacked health coverage, accounting for nearly 14% of all Texas children (13.6%) — a higher percentage than in any other state (Figure 1, Table 1).

**The gap between Texas and the rest of America is enormous:**

- Nationwide, just 6% of children were uninsured in 2024.\* Accordingly, children were more than twice as likely to be uninsured in Texas than in the rest of the country.
- The percentage of uninsured children in Texas was 46% higher than in Arizona, the state with the country’s second-highest rate of uninsured children. In Arizona, 9.3% of children were uninsured in 2024 (Table 1).

**Conservative governance is no excuse for leaving more than a million Texas children without health care.** Other states across the nation that govern as conservatively as Texas have done a much better job protecting their children. In Louisiana and Alabama, for example, just 4% of children lack health coverage — less than one-third the proportion of Texas children who are uninsured (Table 1).

\*ACS Table H105 2024.

Table 1. Percentage of children without health insurance, by state (2024)

Rank	State	Percentage of children without health insurance	Rank	State	Percentage of children without health insurance
1	Texas	13.6%	27	Nebraska	5.3%
2	Arizona	9.3%	28	Virginia	5.2%
3	Wyoming	9.0%	29	Kentucky	5.0%
4	Alaska	8.8%	30	New Jersey	4.7%
5	Florida	8.5%	31	Maryland	4.6%
6	Oklahoma	8.5%	32	Maine	4.5%
7	Idaho	8.1%	33	Alabama	4.3%
8	Nevada	8.0%	34	Wisconsin	4.2%
9	South Dakota	8.0%	35	Louisiana	4.1%
10	Georgia	7.9%	36	Washington	3.9%
11	Arkansas	7.7%	37	Iowa	3.8%
12	Montana	7.7%	38	Minnesota	3.7%
13	Kansas	7.0%	39	Rhode Island	3.7%
14	North Dakota	6.7%	40	Illinois	3.6%
15	Missouri	6.6%	41	Michigan	3.5%
16	Utah	6.6%	42	California	3.1%
17	Tennessee	6.5%	43	Hawaii	2.9%
18	Indiana	6.1%	44	West Virginia	2.8%
19	New Mexico	6.1%	45	District of Columbia	2.7%
20	Colorado	6.0%	46	New York	2.7%
21	South Carolina	5.9%	47	Oregon	2.7%
22	Delaware	5.8%	48	Connecticut	2.6%
23	Mississippi	5.8%	49	Vermont	2.6%
24	Ohio	5.6%	50	New Hampshire	2.3%
25	North Carolina	5.5%	51	Massachusetts	2.1%
26	Pennsylvania	5.4%			

Source: U.S. Census Bureau, ACS Table HI05 2024.



For nearly 20 years, children have been more likely to be uninsured in Texas than in any other state in America.

Texas's grave failure to cover its children is longstanding. Each year from 2006 to 2024 — a 19-year stretch — a higher percentage of children were uninsured in Texas than in any other state in America (Table 2).

**Table 1. Percentage of children without health insurance, by state (2024)**

Year	Percentage of children uninsured in Texas	Percentage of children uninsured in America	Texas's rank among states in the percentage of children without health insurance
2006	21.2%	11.6%	1
2007	21.5%	10.9%	1
2008	17.3%	9.7%	1
2009	16.9%	9.0%	1
2010	15.4%	8.5%	1
2011	14.1%	7.9%	1
2012	13.0%	7.5%	1
2013	13.2%	7.5%	1
2014	11.8%	6.3%	1
2015	9.9%	5.1%	1
2016	9.8%	4.7%	1
2017	10.7%	5.0%	1
2018	11.1%	5.2%	1
2019	12.9%	5.7%	1
2020	11.6%	5.5%	1
2021	11.8%	5.4%	1
2022	10.9%	5.1%	1
2023	11.9%	5.4%	1
2024	13.6%	6.0%	1

Source: UnidosUS analysis of (a) 2020 data from the American Community Survey (ACS), and 2006-2007 data from the March Current Population Survey, accessed via Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler and Michael Westberry. Minneapolis, MN: IPUMS, 2024, [www.ipums.org](http://www.ipums.org) (IPUMS); and (b) U.S. Census Bureau, Table HIC-5 ACS, 2008-2024.

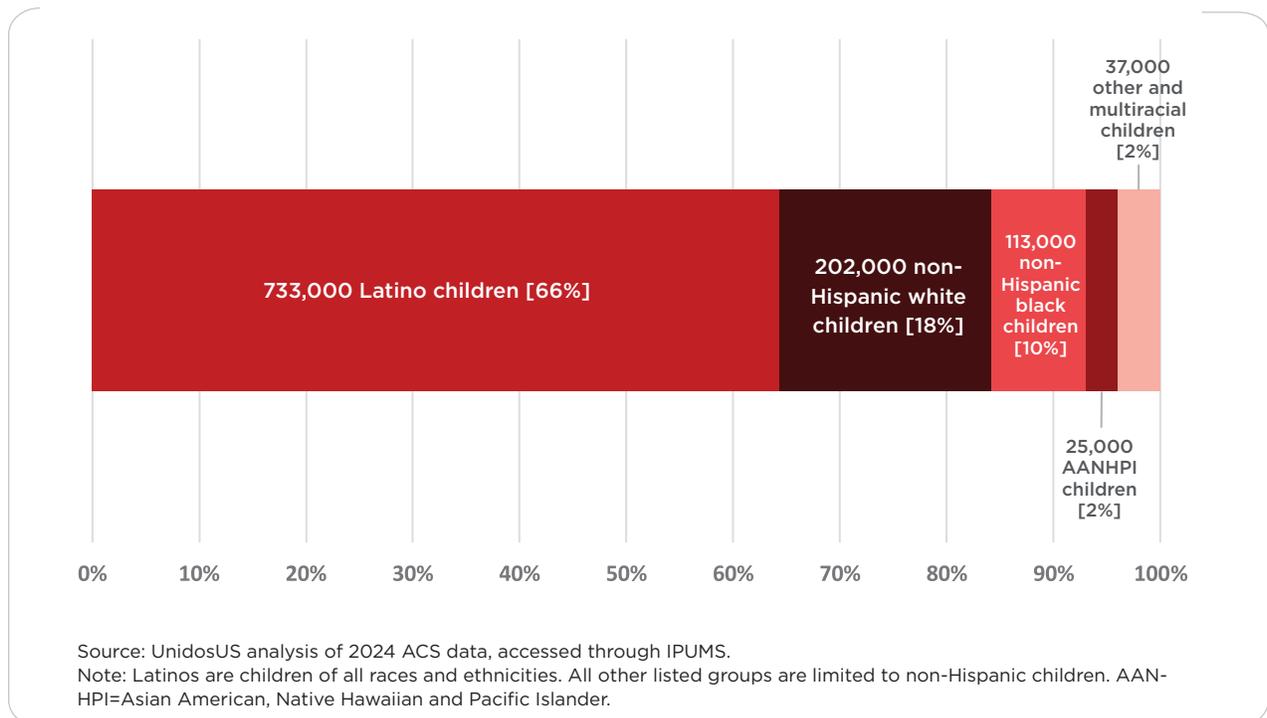


## Two-thirds of the state's uninsured children are Latino.

**Texas children from all backgrounds are uninsured.** Of the children who lacked health coverage in 2024, 202,000 were non-Hispanic whites, 113,000 were African Americans and 24,000 were Asian Americans, Native Hawaiians and Pacific Islanders (Figure 2).

**But this problem disproportionately affects Hispanic families.** Almost 750,000 Latino children in Texas had no health coverage in 2024, representing two-thirds (66%) of the state's uninsured children (Figure 2).

Figure 2. Uninsured children in Texas, by race and ethnicity (2024)



## Children — especially in Hispanic families — face a health insurance crisis in every part of Texas.

**A shockingly high percentage of children are uninsured in every region of Texas.** The West Texas, Panhandle and Rio Grande Valley regions have the state's highest proportions of uninsured children, with 15% to 16% of their children lacking coverage. The regions with the smallest health insurance gaps are Golden Triangle and Central Texas, where 10% and 8% of children, respectively, are uninsured (Table 3).

In each Texas region, children are far more likely to be uninsured than in the rest of the nation, where 6% of children are uninsured. Even in Central Texas, the Texas region where children are most likely to have health care coverage, the percentage of uninsured children is higher than in 39 other states (Table 1).<sup>3</sup>

**Table 3. Uninsured children in Texas by region (2024)**

Rank	Region	All children	Uninsured children	Percentage of children who are uninsured
1	West Texas	409,970	63,568	16%
2	Panhandle	151,032	22,796	15%
3	Rio Grande Valley	440,370	64,332	15%
4	North Texas	2,237,744	325,791	15%
5	Southeast Texas	2,218,851	318,600	14%
6	East Texas	215,884	29,396	14%
7	South Texas	129,602	16,687	13%
8	San Antonio	636,417	71,742	11%
9	Austin	565,996	56,464	10%
10	Golden Triangle	87,274	8,542	10%
11	Central Texas	201,902	15,558	8%

Source: UnidosUS analysis of 2024 county-level estimates published by U.S. Census Bureau for 2024, Table S2701.

Note: For a list of the counties that are included in each of the above regions, see Appendix A.

<sup>3</sup>This comparison to other states takes into account that, rounded to the nearest 0.1%, 7.7% of children in Central Texas were uninsured in 2024.



Throughout the state, Texas’s health insurance crisis disproportionately affects children from Hispanic families:

- In almost every region (8 out of 9) where available data permits estimation of race and ethnicity, more than half of all uninsured children are Latino (Table 4).
- In the Rio Grande Valley — a region with a particularly high percentage (15%) of uninsured children (Table 3) — almost all uninsured children (97%) are Latino (Table 4). **Put simply, the Rio Grande Valley is where Hispanic families are most harmed by Texas’s failure to provide its children with health insurance.**

Table 4. Uninsured children in Texas by region, race and ethnicity (2024)

Distribution by Children’s Race and Ethnicity					
Region	Latino	non-Hispanic white	African American	Other	Total
Rio Grande Valley	97%	3%	<1%	<1%	100%
West Texas	83%	11%	3%	3%	100%
San Antonio	74%	13%	10%	4%	100%
Southeast Texas	70%	12%	12%	6%	100%
Golden Triangle	69%	19%	7%	5%	100%
Austin	64%	21%	5%	10%	100%
North Texas	58%	17%	16%	8%	100%
Central Texas	53%	32%	11%	4%	100%
Panhandle	42%	47%	9%	1%	100%
Not Identifiable	58%	33%	6%	4%	100%
<b>Total</b>	<b>66%</b>	<b>18%</b>	<b>10%</b>	<b>6%</b>	<b>100%</b>

Source: UnidosUS analysis of 2024 ACS data, accessed through IPUMS.

Note: Estimates for East Texas and South Texas are not included here because a significant proportion of those regions’ uninsured children lived in counties with sample sizes too small to yield reliable estimates of the racial and ethnic distribution of uninsured children. The row labeled, “not identifiable,” includes uninsured children in such small counties, in all regions, as well as survey respondents whose county of residence could not be identified in the ACS data accessed through IPUMS. Latinos are Hispanic children of all races. All other racial and ethnic categories are limited to non-Hispanics. Totals may not sum because of rounding.

Without health insurance, children often experience negative effects that harm their futures and have far-reaching economic consequences for the state.

**A lack of healthcare coverage can lead to a range of health problems.** Uninsured children are less likely to receive recommended [preventive services](#), like vaccinations and annual wellness visits. This lack of adequate care increases their risk for preventable diseases. It also postpones identifying and addressing developmental delays and other health challenges that can have long-term consequences. Without [routine health care](#), uninsured children are more likely to develop chronic conditions that go unnoticed or untreated. Uninsured children also face a significantly [greater risk](#) of dying while hospitalized compared to children with insurance.

Uninsured children are [less likely](#) to be treated for mental health conditions that, left unattended, can lead to chronic mental health issues in adulthood, substance abuse problems, lower educational attainment and reduced capacity for gainful employment and self-support. As [summarized](#) by scholars from Vanderbilt, Columbia and the University of Michigan, “The health benefits of child insurance coverage have been shown to persist into adulthood, including lower rates of hospitalization, chronic conditions and obesity.”

**Uninsured children are more likely to rely on hospital emergency rooms as their primary source of care, which causes serious problems for both the affected families and the broader community.** Uninsured children are [five times](#) more likely to rely on emergency rooms as their regular source of care compared to children with Medicaid or employer-based coverage. That bleak reality can put severe [pressure](#) on households when high out-of-pocket costs for emergency care generate medical debt. To cover some of the resulting uncompensated costs, hospitals raise prices for privately insured patients, imposing costs on the [business community](#) and people who buy their own health insurance.

**Lack of regular health care access for uninsured children obstructs learning, reduces academic achievement and ultimately results in a less skilled workforce.** Children cannot learn well when their lack of health insurance prevents them from obtaining hearing aids needed to hear their teacher or glasses required to see the board; and untreated illness and pain can affect children’s ability to learn. Research finds that when children have health insurance, they are significantly more likely to advance grade levels; rates of high school graduation and college completion increase; and later earnings increase, along with increased tax payments and [fewer claims of disability transfer payments](#). Conversely, huge health insurance gaps among children translate into a workforce that is less skilled, reducing productivity and negatively impacting the state’s economy. Uninsured children who grow up with untreated health issues may have reduced income as a result, increasing their need for public assistance and reducing tax payments over their lifetime. By contrast, [healthy children](#) are more likely to become healthy adults who contribute fully to the workforce.

**Taxpayers benefit, along with children and their families, when children have health coverage.** Leading health economists from Princeton and Northwestern University [found](#) that, because of future cost savings from reduced hospitalization and emergency care use and increased taxes paid when healthier children reach adulthood, **the government saves \$4 for each dollar spent on children’s health coverage.** When benefits to the children themselves are added, each dollar spent generates at least \$12.66 — a remarkable return on investment.



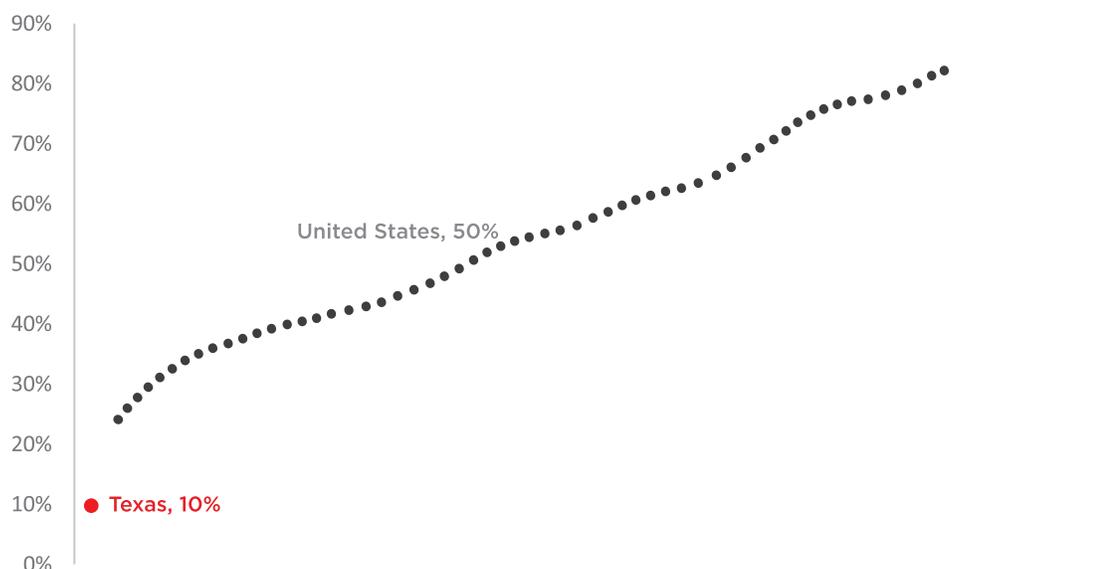
## Texas’s leaders must take bold, effective action to solve the crisis in children’s health insurance.

The vast majority of Texas’s uninsured children qualify for — but are not enrolled in — Medicaid, CHIP or federal Premium Tax Credits that help families buy their own insurance. Based on [research](#) conducted by the nonpartisan analysts at Texas 2036, 48% of Texas’s uninsured children are eligible for Medicaid or CHIP and between 31% and 45% qualify for Premium Tax Credits. Accordingly, between 79% and 93% of uninsured Texas children already qualify for health care programs. This overarching problem of Texas children lacking health care ought to be fixable.

As an urgent, short-term priority, Texas should eliminate needless bureaucracy and streamline the enrollment and renewal process. Several steps are crucial:

- **Express Lane Eligibility (ELE).** — ELE — sometimes termed “parental notification” — is a state option that qualifies children for Medicaid and CHIP based on determinations already made by other government programs, such as the Supplemental Nutrition Assistance Program (SNAP). ELE cuts administrative waste by eliminating the need for health programs to replicate verification already conducted by other agencies. In Texas, approximately 170,000 uninsured children participated in SNAP in 2023,\* suggesting the enormous potential power of ELE to reach uninsured children.
- **Ex parte renewal.** Medicaid programs are legally required to maximize the number of children who are renewed based on data available to the state, without requiring families to complete paperwork. Such renewals are often termed “ex parte.” Nationally, 50% of all Medicaid beneficiaries whose eligibility is being redetermined are renewed on an ex parte basis, based on the three most recent months for which data is available (July, August and September 2025). But in Texas, just 10% of people being redetermined are renewed ex parte — by far the lowest percentage of any state (Figure 3). If Texas increases its rate to the level achieved by Louisiana or Georgia, then more than five times as many Texas beneficiaries going through redetermination — 54% or 55% rather than 10% — would be renewed based on data matches, without any need to complete paperwork. It does not seem unreasonable to ask that the Texas Medicaid program achieve the performance level accomplished by Louisiana and Georgia.

Figure 3. Percentage of Medicaid beneficiaries renewed based on data matches (without paperwork), by state (July through September 2025)



Source: [Centers for Medicare & Medicaid Services](#), November 17, 2025; November 28, 2025; December 23, 2025.

Note: Figure reflects the average rate of ex parte renewal, in each state and nationally, in July, August, and September 2025.

\*UnidosUS analysis of 2023 ACS data, accessed through IPUMS.

- **Investment in Medicaid and CHIP eligibility infrastructure.** Limited staffing, low salaries, outdated information technology and problematic web pages create bureaucratic barriers that make it hard for families to obtain and renew health coverage. **Texas's leaders should take advantage of federal matching funds to significantly upgrade the human and technological systems that determine whether overburdened and under-resourced families face significant obstacles to obtaining health care for their children. Texas's leaders should make the Medicaid program's eligibility system good enough that they would trust it with their own families' health care.**

**Another urgent priority involves public-private partnerships to give families hands-on help.** Many Texas families find health programs difficult to understand and navigate. To help them obtain coverage for their children, the state should support several public-private partnerships to connect families with expert sources of hands-on assistance:

- **Trusted community-based agencies.** Local organizations, rooted in their communities, can play a vital role in helping families complete the necessary forms for their children to enroll and renew coverage. Building on the existing Community Partner Program, Texas could help these organizations do more by providing federally matched funding as well as by offering robust online portals that let approved community organizations complete forms, upload documents and troubleshoot applications and renewals on behalf of families who have authorized them to perform this role.
- **Assisters and navigators** that help families obtain Premium Tax Credits could also receive federally matched Medicaid funding to help families obtain and renew Medicaid and CHIP coverage when the latter programs better fit the family's situation.
- **Medicaid Managed Care Organizations (MCOs)** have helped their members renew eligibility under federal waivers granted during the "unwinding" of Medicaid continuous coverage requirements. Texas officials should work with their federal counterparts to make sure these efforts can continue, accompanied by safeguards that prevent MCOs from "cherry picking" healthy members for renewal and that bar marketing to people who are not MCO members.
- **Outstationed eligibility workers** are employees of social services agencies that operate inside community health centers, public hospitals and other community health care providers. Their costs are paid by host agencies and the federal government, rather than the state. As urged by [Texas 2036](#), a legislative waiver to the current cap on state agency employment could let the state expand this important initiative, helping reach hundreds of thousands of eligible but uninsured children.

**Expanding Medicaid to cover low-income adults would jump-start children's increased enrollment.** Much [evidence](#) documents that, when parents are insured, their children are significantly more likely to enroll in coverage. Texas's decision not to cover uninsured, low-income adults denies health care to 650,000 adults, [40% of whom have children](#) who live at home, and nearly 60% of whom are Latino.

The state's leaders could explore the federal government's openness to a Medicaid waiver that would cover adults with incomes at or below the Federal Poverty Level (FPL), enabling the state to benefit from significant federal funding at reduced cost to the state, without moving out of private coverage adults whose income falls between 100% and 138% of FPL. Wisconsin already provides similar coverage. In whichever way Texas chooses to approach expansion, covering these uninsured parents would lead many of their children to enroll in health care programs.

**To identify other longer-term remedies, the Texas Legislature, on a bipartisan basis, and the Governor should appoint a Blue-Ribbon commission** to investigate the causes of Texas's failures with children's health insurance and to recommend solutions. The commission should be tasked with conducting a thorough analysis of the problem working with a wide range of stakeholders, including healthcare providers, educators, community leaders and families with children. The commission should examine, among other topics, the potential impact on children's coverage of creating a state-based Marketplace and the features required for such a Marketplace to ensure that as many children as possible enroll in health coverage for which they qualify.

**Texas has the financial resources needed to cover its children.** In recent years, Texas has experienced budget surpluses that could have been used to address the lack of children's health care coverage. However, the government opted to invest in infrastructure and immediate [tax relief measures](#) that mainly benefited high-income households with properties that were relatively high in value.

Texas currently has a budget surplus of nearly [\\$24 billion dollars](#), along with a “rainy day fund” of \$28 billion. **Clearly**, Texas has resources that could be allocated to help uninsured children enroll in health programs for which they are already eligible.

Many uninsured children who qualify for Medicaid, CHIP or Premium Tax Credits come from working-class and middle-income families who face barriers to understanding and navigating the enrollment process or who are simply unaware that their children qualify for coverage. By expanding targeted outreach campaigns, cutting red tape and bureaucracy to simplify enrollment and renewal and helping overburdened and under-resourced families get skilled, hands-on assistance, Texas officials can help uninsured children — disproportionately from Hispanic families — gain health coverage for which they qualify.

## Conclusion

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Texas has spent far too long as the country’s worst state in providing its children with health coverage. There is no valid excuse for Texas to lag far behind Louisiana, Alabama and Mississippi in protecting children’s access to health care.

Texas children deserve a better chance of avoiding long-term health problems, reducing emergency care costs and ultimately thriving in life. Leaders who care about Hispanic communities should prioritize solving this problem, which takes an especially deep toll on Latino children, particularly in the Rio Grande Valley.

Texas has the resources needed to cover its children. With budget surpluses continuing at high levels, Texas is well-positioned to significantly increase the number of children who have health coverage, improving their ability to thrive and contribute to the state’s future economic vitality. Even in purely fiscal terms, these investments are more than recouped, with taxpayers receiving \$4 in savings for every \$1 spent for children’s health coverage. By investing in children’s health today, Texas can cultivate a generation that is better equipped to meet the challenges of tomorrow.

## About UnidosUS

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UnidosUS is a nonprofit, nonpartisan organization that serves as the nation’s largest Hispanic civil rights and advocacy organization. Since 1968, we have challenged the social, economic and political barriers that affect Latinos through our unique combination of expert research, advocacy, programs and an [Affiliate Network](#) of more than 300 community-based organizations across the United States and Puerto Rico. We believe in an America where economic, political and social progress is a reality for all Latinos and we collaborate across communities to achieve it.

For more information on UnidosUS, visit [www.unidosus.org](http://www.unidosus.org), or follow us on [Facebook](#), [Instagram](#), [LinkedIn](#) and [X](#).

## Appendix A

Children in Texas by county and insurance status (2024)

County	Region	Children	Uninsured children	Percentage of children who are uninsured
Angelina	East Texas	23,183	4,319	19%
Bastrop	Austin	30,568	6,679	22%
Bell	Central Texas	113,252	7,859	7%
Bexar	San Antonio	541,350	62,281	12%
Bowie	East Texas	22,603	1,583	7%
Brazoria	Southeast Texas	109,059	10,470	10%
Brazos	Southeast Texas	58,386	6,180	11%
Cameron	Rio Grande Valley	128,185	18,145	14%
Collin	North Texas	319,592	25,378	8%
Comal	San Antonio	45,159	4,043	9%
Coryell	Central Texas	19,881	1,325	7%
Dallas	North Texas	686,570	132,327	19%
Denton	North Texas	250,012	21,279	9%
Ector	West Texas	52,310	14,335	27%
El Paso	West Texas	234,228	32,899	14%
Ellis	North Texas	64,566	9,382	15%
Fort Bend	Southeast Texas	262,212	16,539	6%
Galveston	Southeast Texas	90,044	13,079	15%
Grayson	North Texas	37,926	6,201	16%
Gregg	East Texas	34,171	3,432	10%
Guadalupe	San Antonio	49,908	5,418	11%

County	Region	Children	Uninsured children	Percentage of children who are uninsured
Harris	Southeast Texas	1,341,753	219,954	16%
Harrison	East Texas	18,714	1,740	9%
Hays	Austin	69,910	7,967	11%
Henderson	East Texas	19,522	1,729	9%
Hidalgo	Rio Grande Valley	290,018	41,936	15%
Hood	North Texas	14,340	325	2%
Hunt	North Texas	31,647	4,526	14%
Jefferson	Golden Triangle	64,907	7,638	12%
Johnson	North Texas	55,620	7,628	14%
Kaufman	North Texas	59,922	11,391	19%
Liberty	Southeast Texas	36,980	6,260	17%
Lubbock	Panhandle	82,033	13,427	16%
McLennan	Central Texas	68,769	6,374	9%
Midland	West Texas	55,569	8,112	15%
Montgomery	Southeast Texas	200,948	31,843	16%
Nacogdoches	East Texas	17,232	2,078	12%
Nueces	Southeast Texas	86,702	9,508	11%
Orange	Golden Triangle	22,367	904	4%
Parker	North Texas	47,042	6,492	14%
Potter	Panhandle	31,915	2,655	8%
Randall	Panhandle	37,084	6,714	18%
Rockwall	North Texas	37,072	2,291	6%

County	Region	Children	Uninsured children	Percentage of children who are uninsured
San Patricio	South Texas	18,868	2,272	12%
Smith	East Texas	64,237	10,570	17%
Starr	Rio Grande Valley	22,167	4,251	19%
Tarrant	North Texas	581,075	89,254	15%
Taylor	West Texas	38,613	4,191	11%
Tom Green	West Texas	29,250	4,031	14%
Travis	Austin	286,836	32,342	11%
Van Zandt	East Texas	16,222	3,945	24%
Victoria	South Texas	23,504	5,141	22%
Walker	Southeast Texas	14,907	1,005	7%
Waller	Southeast Texas	17,860	3,762	21%
Webb	South Texas	87,230	9,274	11%
Wichita	North Texas	31,631	4,088	13%
Williamson	Austin	178,682	9,476	5%
Wise	North Texas	20,729	5,229	25%

Source: 2024 county-level estimates published by U.S. Census Bureau for 2024, Table S2701.

Note: Analysis by UnidosUS assigned each county to its applicable region of the state. Some of the above counties are not included in the regional numbers set out in Table 4, because of small sample sizes in the relevant data points accessible via IPUMS. Those counties are Angelina, Bastrop, Bexar, Bowie, Coryell, Denton, Harrison, Hays, Henderson, Hood, Hunt, Liberty, Nacogdoches, Orange, Rockwall, San Patricio, Starr, Van Zandt, Victoria, Walker, Waller, and Wise.



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