



2005 TEXAS KIDS COUNT SPECIAL REPORT

HOUSTON KIDS COUNT

**A SNAPSHOT OF CHILDREN LIVING IN
HOUSTON AND HARRIS COUNTY**



Texas KIDS COUNT gratefully acknowledges the financial and organizational support of the **Annie E. Casey Foundation**.

We also would like to thank the following organizations for their support of the Houston KIDS COUNT conference:

Neighborhood Centers, Inc.

Simmons Foundation, Inc.

Trini and O.C. Mendenhall Foundation

The Trull Foundation

The United Way of Texas Gulf Coast



The Center for Public Policy Priorities (CPPP) is pleased to present the *Houston KIDS COUNT* data book, a special city/county report produced by the Texas KIDS COUNT project.

Texas KIDS COUNT provides the latest and most accurate county-by-county data available on key indicators of child well-being. Similarly, the *Houston KIDS COUNT* data book examines the status of children in Houston and Harris County and identifies trends in their general welfare. These data provide a portrait of Harris County's children that can be used when developing sound and effective local policy.

For additional information regarding Harris County's status in comparison to other Texas counties, please look for the Fall 2005 release of our annual data book, *The State of Texas Children*, and an update of the corresponding website at www.cppp.org.

Thank you for your interest and support. We hope you find this special report, as well as our upcoming 2005 state data book and website, an indispensable resource for your work.



F. Scott McCown
Executive Director, CPPP



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Director, Texas KIDS COUNT

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FAMILIES

MORE THAN HALF A MILLION FAMILIES WITH CHILDREN LIVE IN HARRIS COUNTY.

Source: 2003 American Community Survey, U.S. Census Bureau

HEALTHY CHILDREN COME FROM HEALTHY FAMILIES

A report on the status of children would be remiss without an examination of the family. Families are critical for healthy child development. Family characteristics such as parental mental health, shared parent-child activity, parental monitoring, and parental warmth and supportiveness are associated with positive child outcomes.¹ However, children in families without adequate financial resources often go without basic human needs such as housing, food, and medical care. Such deprivation negatively affects children's academic, social, and emotional well-being, as well as their long-term interpersonal and economic outcomes.

FAMILY STRUCTURE

While the financial and time constraints of many single parents can place children at a disadvantage, children raised in single-parent families can and do succeed. Although children from single-parent homes may have greater social, behavioral, and academic difficulties, it is important to note that the absolute differences are small.²

ONE IN FOUR TEXAS CHILDREN LIVES IN A SINGLE-PARENT HOME COMPARED TO ONE IN THREE HOUSTON CHILDREN

	Texas	Houston ³
<i>Single-Parent Families</i>	26%	33%
<i>Married-Couple Families</i>	74%	67%

Source: 2003 American Community Survey, U.S. Census Bureau

\$ INSECURITY

MORE THAN HALF A MILLION HARRIS COUNTY RESIDENTS LIVE BELOW THE OFFICIAL POVERTY LEVEL. OF THOSE, 2 OUT OF 5 ARE CHILDREN.

Source: 2003 American Community Survey, U.S. Census Bureau

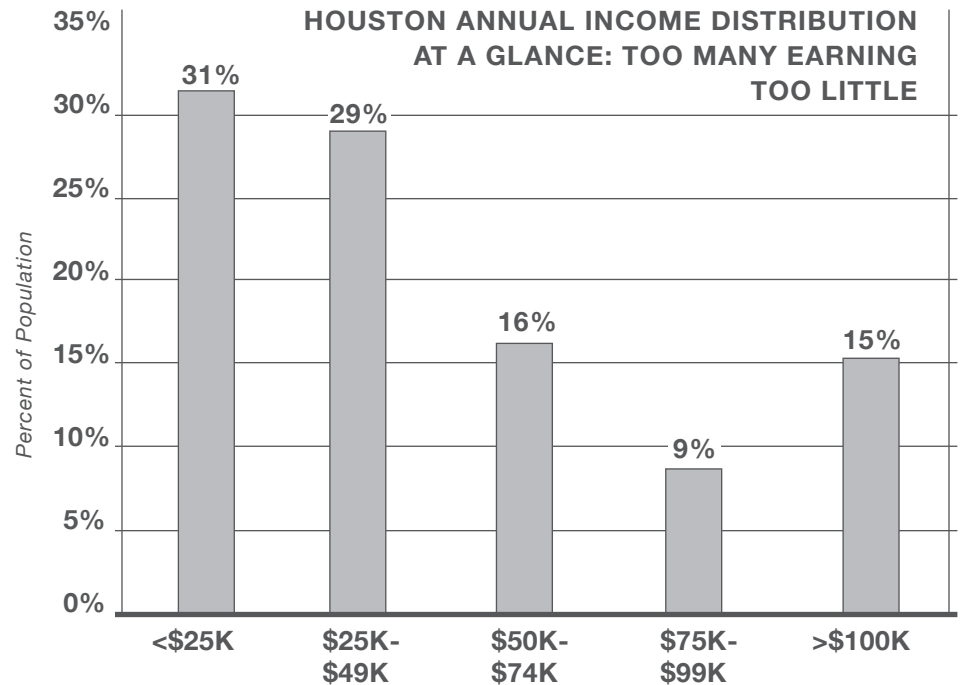
POVERTY

The technical meaning of poverty is a specific low-income level for various family sizes that is established annually by the federal government. Families with incomes below the federal poverty line (FPL) are considered officially poor.⁴

PEOPLE IN POVERTY (M=Millions)

	U.S.	Texas	Harris County
All Ages	35.8M (13%)	3.5M (16%)	540,808 (15%)
Children (0-17)	12.1M (17%)	1.4M (23%)	222,393 (22%)

Source: 2003 American Community Survey, U.S. Census Bureau



FAMILIES THAT EARN BETWEEN 100% AND 200% OF THE FEDERAL POVERTY LEVEL ARE CONSIDERED “WORKING POOR.”

Source: Tough Choices, Center for Public Policy Priorities

WORKING POOR FAMILIES

Many children live in families that earn too much for public assistance, but too little to make ends meet. Houston families are no different. The economic insecurity of low-income working families leads many policymakers, researchers, and advocates to question the validity of the current poverty measure. The Family Security Index uses a market-based approach to estimate what it really costs to have a safe and healthy life in each of Texas’ 27 metropolitan areas.⁵

FAMILIES ARE STRUGGLING TO MEET BASIC NEEDS

According to the Texas Family Security Index,⁶ two parents with one child in Houston would need to earn almost \$40,000 just to meet their basic needs (such as decent housing, food, and transportation to work).

**ONE IN THREE HOUSTON FAMILIES
(MORE THAN 275,000)
EARNS LESS THAN \$25,000 A YEAR,
compared to:
1 in 4 Harris County Families
1 in 4 Texas Families
1 in 5 U.S. Families**

	Single-Parent One Child	Single-Parent Two Children	Two Parents One Child	Two Parents Two Children
<i>Necessary Annual Income (\$)</i> ⁷	33,180	36,956	39,994	44,389
<i>Poverty Guidelines (\$)</i>	12,830	16,090	16,090	19,350
<i>Poverty Guidelines (%)</i>	259%	230%	249%	229%

Sources: 2005 Poverty Guidelines, U.S. Department of Health and Human Services, and Family Security Index, Center for Public Policy Priorities

BUILDING ASSETS IS CRITICAL TO ACHIEVING ECONOMIC SECURITY, YET 40% OF FAMILIES WITH CHILDREN IN HARRIS COUNTY DO NOT OWN THEIR OWN HOME.

Source: 2003 American Community Survey, U.S. Census Bureau

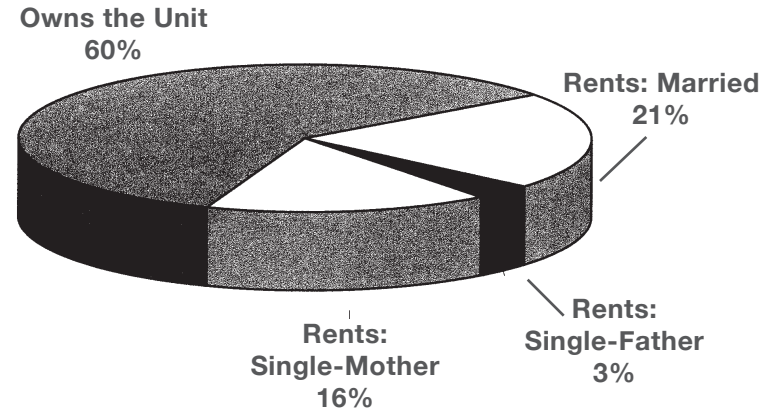
IMPROVING THE LIVES OF AT-RISK KIDS MEANS IMPROVING THEIR PARENTS' CHANCES FOR ECONOMIC SUCCESS.

At least one-third of all American families own virtually no assets, such as a home or a car. Without savings or assets, low-income families are unable to protect themselves from financial crises such as a family emergency, serious illness, or sudden unemployment. This traps many low-income Texans in a cycle of poverty, often leading to reliance on government assistance. For these families, the promise of a better future for their children is continually out of reach.⁸

HOME OWNERSHIP

For most working families, housing is the largest monthly expense, taking priority over all other basic needs. In Houston, more than half of low-income families spend over 1/3 of their income on rent⁹—averaging \$746 a month for two parents with one child.¹⁰ For these families, paying the monthly bills is a delicate balancing act with little room for error. In order to cover the cost of rent, many low-income families must sacrifice other necessities, such as medication, electricity, or food.¹¹

FAMILY HOME OWNERSHIP IN HARRIS COUNTY



Source: 2003 American Community Survey, U.S. Census Bureau

SUPPORT

IN 2004, 72,000 FEWER CHILDREN IN HARRIS COUNTY RECEIVED TANF THAN IN 1993.

Source: Texas Health and Human Services Commission

p.7 ECONOMIC SUPPORT

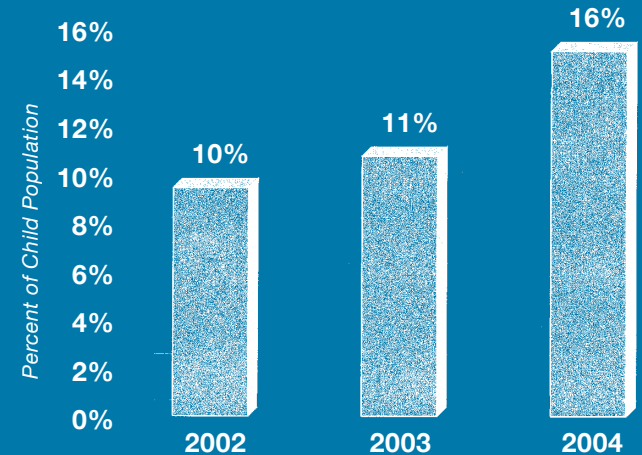
THOUSANDS DROPPED FROM CASH ASSISTANCE

Children in families who face significant economic hardship may be eligible for the Temporary Assistance for Needy Families (TANF) program. TANF provides time-limited cash aid, job services, and child care to extremely poor families with children to help the parents move into the workforce. A family of three must earn no more than \$2,300 per year to receive an average TANF benefit of \$193 per month.¹² Due to various policy changes since the mid-1990s, only 1 in 7 poor children (32,770) in Harris County received TANF benefits in Fiscal Year 2004.

FOOD STAMP USE ON THE RISE

The Food Stamp Program is a federally funded program that helps low-income families purchase nutritious food. In Harris County, the number of children receiving food stamps has increased by 60% in the past two years. This growth in food stamp enrollment can be attributed to an increase in the number of poor children, improvements in program access, and successful public awareness efforts.

MORE HARRIS COUNTY CHILDREN RECEIVING FOOD STAMPS



One in six children (nearly 165,000) in Harris County receives food stamps.

A family of three must earn \$1,306/month or less to be eligible for food stamps.

Source: Texas Health and Human Services Commission

POPULATION

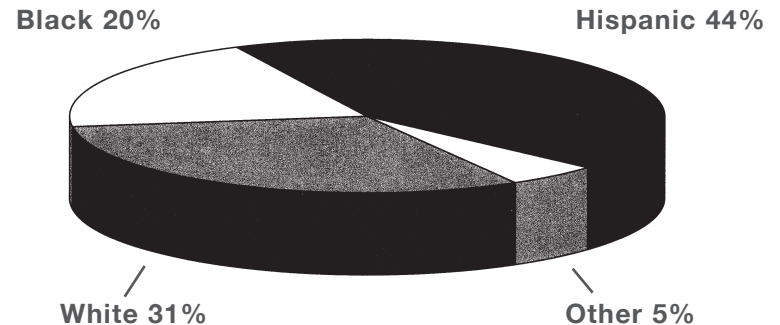
BY 2040, 90% OF TEXAS POPULATION GROWTH WILL OCCUR AMONG NON-WHITE, PRIMARILY HISPANIC, PERSONS.¹³

Source: Texas State Data Center and the Office of the State Demographer

CHILD POPULATION

The state's future economic and social potential is linked to the experiences of today's ethnically diverse child population. Over time, Texas has become increasingly diverse. According to the Texas State Demographer, 62% of Harris County residents aged 65 or older are white and 15% are Hispanic. But the demographics shift for the younger generation: 28% of children less than 5 years of age are white and 48% are Hispanic.

**HARRIS COUNTY CHILD POPULATION
AGES 0-17 = 1,019,138**



p.8 CHILD POPULATION

Source: Texas State Data Center and the Office of the State Demographer, 2003 population estimate

INFANT HEALTH

TEXAS HAS THE SECOND HIGHEST LIVE BIRTH RATE IN THE NATION (17.1 PER 1,000 WOMEN¹⁴), SECOND ONLY TO UTAH.

Source: Centers for Disease Control, 2002 National Birth Statistics

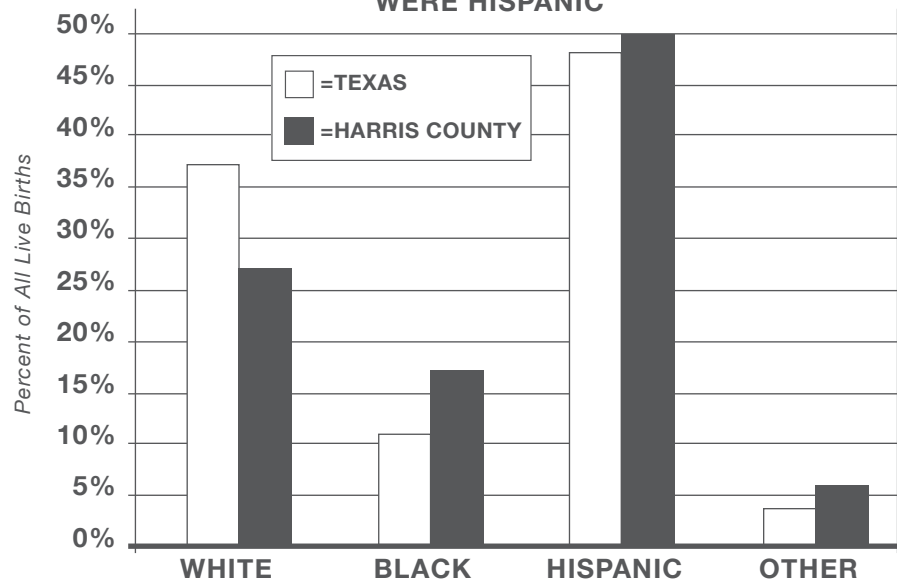
BIRTHS IN HARRIS COUNTY

The differences in births among racial/ethnic groups reflect the overall increase in the demographic diversity of Texas.

IN 2003, OVER 5,000 INFANTS (8% OF ALL LIVE BIRTHS) IN HARRIS COUNTY WERE CLASSIFIED AS LOW BIRTHWEIGHT.

Infants born at low birthweight (*less than 5.5 pounds*) have a higher risk of death and may experience developmental delays throughout childhood.¹⁵ Several probable causes of low birthweight include an increase in multiple births, the mother's age (older or very young), smoking or the use of alcohol or other drugs during pregnancy, and inadequate nutrition or weight gain by the mother.¹⁶

HALF OF ALL 2003 HARRIS COUNTY BIRTHS WERE HISPANIC



Source: Texas Department of State Health Services

IN 2003, 435 HARRIS COUNTY INFANTS DIED BEFORE THEIR FIRST BIRTHDAY.

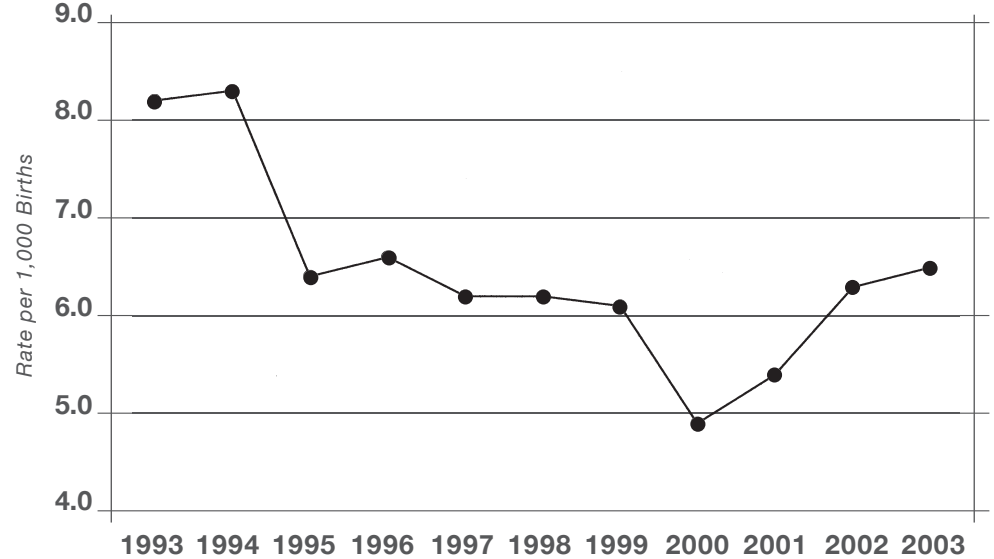
Source: Texas Department of State Health Services

INFANT MORTALITY

The first year of life is a precarious time for most children. Poverty elevates the risks of infant mortality—infants born into poor families are 50% more likely to die than infants born into families above the poverty line.¹⁷

Consistent with patterns in Texas and the U.S., Harris County's infant mortality rate declined by over 40% from its peak rate in 1994 (8.3 deaths per 1,000 births) to its lowest rate in 2000 (4.9 deaths). However, infant mortality rates have begun to rise in the new millennium.

AFTER CONSISTENT DECLINE, HARRIS COUNTY INFANT MORTALITY RATES ON THE RISE



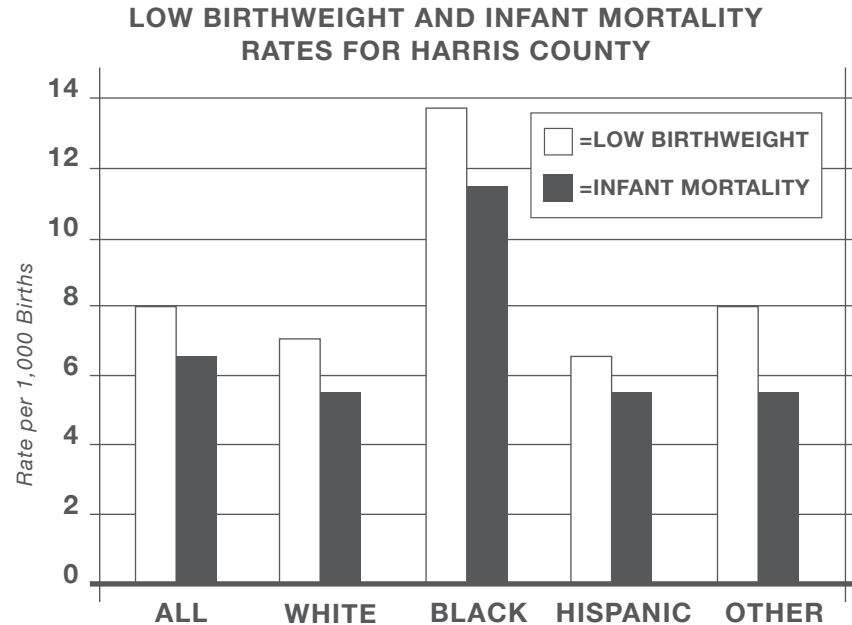
Source: Texas Department of State Health Services

APPROXIMATELY 2/3 OF THE INFANT MORTALITY GAP BETWEEN WHITES AND BLACKS IS ACCOUNTED FOR BY VERY LOW BIRTHWEIGHT.

Source: Centers for Disease Control, 2002 report on Racial and Ethnic Disparities in Infant Mortality Rates

Although half of all Harris County babies born in 2003 were Hispanic, the infant mortality rate for black infants is more than double the rate for any other racial/ethnic group. While poverty is related to both low birthweight and infant mortality, it alone does not explain the differences between racial and ethnic groups. Despite the fact that Hispanics have higher poverty and lower education rates, Hispanic infants have higher birthweights and their infant mortality rates resemble those of whites.

In contrast, black infants seem to fare far worse, regardless of their family's financial status. The infant mortality rate for black infants born to college-educated parents is higher than for infants born to similarly educated white parents. Access to health insurance, medical care, and factors such as segregation, unemployment, illiteracy, genetic heritage, and cultural supports have also been identified as important contributors to differences in low birthweight and infant mortality rates between racial and ethnic groups.¹⁸



Source: Texas Department of State Health Services, 2003 Data

1 IN 4 CHILDREN BORN IN TEXAS AND HARRIS COUNTY RECEIVES LITTLE OR NO PRENATAL CARE.

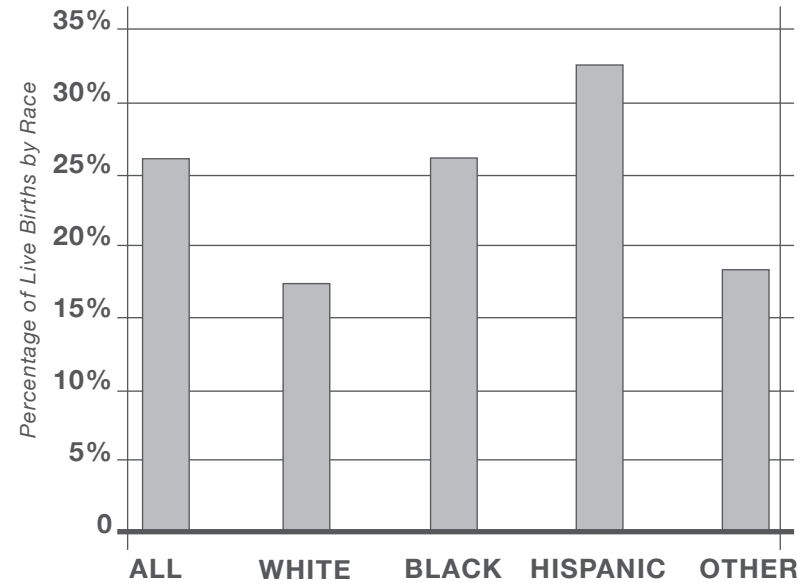
Source: Texas Department of State Health Services, 2003 Birth Data

PRENATAL CARE

Attention to the health status of infants must begin during pregnancy. Early and consistent prenatal care and education allow women and their health care providers to identify and treat potential problems. Extensive research has shown the link between early and frequent prenatal care and positive health outcomes for both babies and the mothers. Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy.

Although lack of insurance is considered one of the primary barriers to prenatal care, recent research has indicated that other social and logistical barriers may be equally to blame, such as whether the pregnancy was unwanted or unplanned, whether the woman had a regular health care provider prior to becoming pregnant, and whether she had less than a high school education.¹⁹

HARRIS COUNTY INFANTS BORN WITH LITTLE OR NO PRENATAL CARE²⁰



Source: Texas Department of State Health Services, 2003 Birth Data

HEALTH CARE

21% OF ALL TEXAS CHILDREN DO NOT HAVE HEALTH INSURANCE, COMPARED TO 11% NATIONWIDE.

Source: Texas State Comptroller's Office, 2003 U.S. Census data

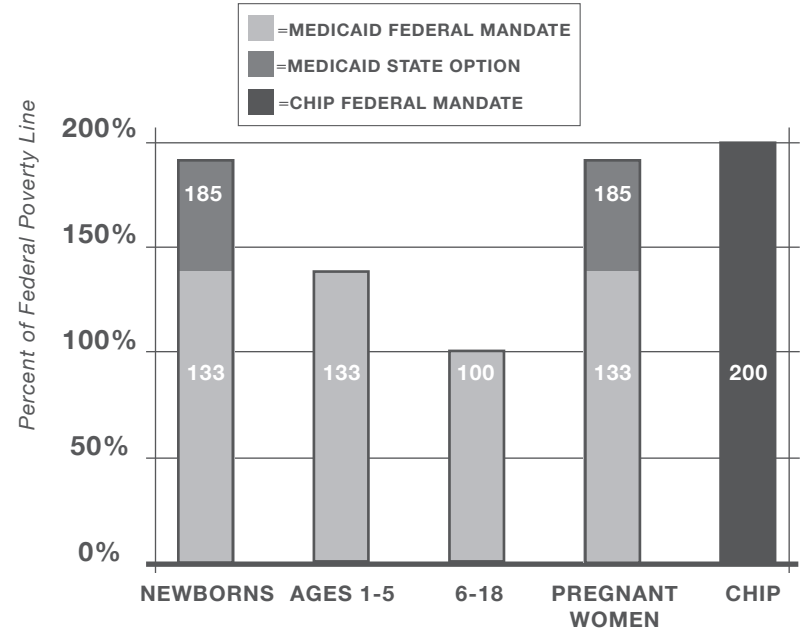
HEALTH CARE

Texas' children have the lowest rates of health insurance in the nation. This is often because their parents' jobs do not offer coverage or the out-of-pocket costs and insurance premiums are prohibitively high. While public programs for children in low-income families, such as Medicaid and the Children's Health Insurance Program (CHIP), have helped to expand health care access, recent cuts to CHIP have reversed some of these gains.

MEDICAID

Medicaid is a federal-state health care program for low-income elderly and disabled people, children, and pregnant women. Federal law sets the minimum income requirement that states must cover under the Medicaid program. Currently the minimum coverage is 133% of the federal poverty line for newborns to 5-year-olds and 100% for children ages 6 to 18. Texas can choose to cover more children by raising the income cutoff level. However, Texas exceeds the federal minimum only for newborns and pregnant women, covering these groups up to 185% of the federal poverty level.

INCOME CAPS FOR TEXAS MEDICAID AND CHIP, 2005



Source: Texas Health Care Primer, Center for Public Policy Priorities (data adjusted for 2005 criteria)

1 IN 3 CHILDREN IN HARRIS COUNTY RECEIVES MEDICAID BENEFITS—A 30% INCREASE SINCE AUGUST 2002, DUE IN PART TO STREAMLINED CHILD ENROLLMENT PROCEDURES.²¹

Source: Texas Health and Human Services Commission, April 2005 Monthly Enrollment Data

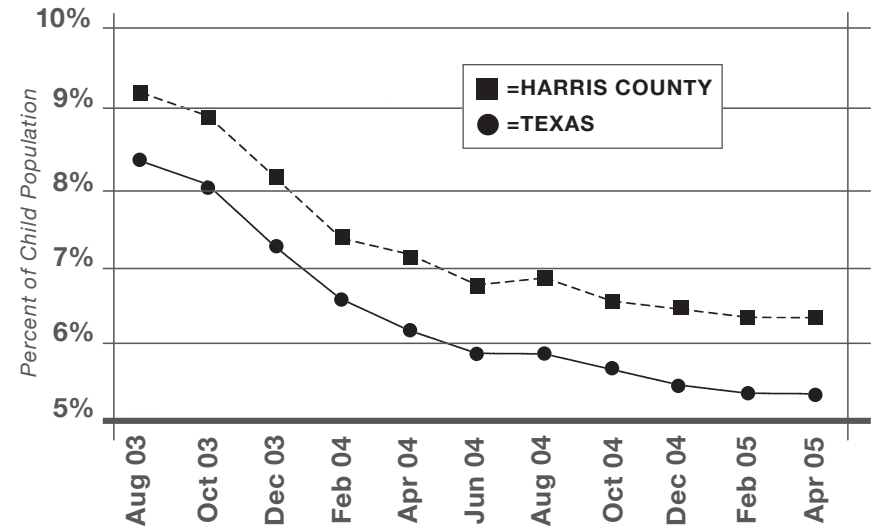
The eligibility requirements for children ages 1 to 18 meet the minimum.²² As of April 2005, the Texas Health and Human Services Commission reported that over 304,000 Harris County children were enrolled in Medicaid.

CHILDREN'S HEALTH INSURANCE PROGRAM

Texas CHIP coverage begins where children's Medicaid coverage ends, covering children whose parents earn up to 200% of the federal poverty level. In September 2003, the state began implementing cuts to CHIP. These cuts affected the program's benefits, eligibility, and operation. Lower-income families have been disproportionately affected by these changes—a substantial majority of children cut from CHIP live in families with incomes below 150% of the federal poverty level.²³

Some children dropped from CHIP obtained coverage through Medicaid, but most lost health coverage altogether.²⁴ Because these children don't have insurance, emergency rooms are often the first and last option for medical care—raising the overall cost for families and communities.

AS OF APRIL 2005, 29,220 HARRIS COUNTY CHILDREN HAD BEEN DROPPED FROM CHIP—A 31% DECREASE SINCE CUTS BEGAN



Source: Texas Health and Human Services Commission

ADUSE

1,889 HARRIS COUNTY CHILDREN LIVE IN FAMILY VIOLENCE SHELTERS.

Source: Texas Health and Human Services Commission, FY 2004 data

p.15 CHILD ABUSE/NEGLECT

PROTECTING HARRIS COUNTY'S CHILDREN

Every two minutes, a child is reported abused or neglected in Texas.²⁵ Of those children confirmed to be abused or neglected, 57% are under seven years old. The types of people who abuse or neglect children are most likely to be between 26 and 35 years old, married, white, and/or female. Over 77% of children abusers are a parent of the victim.²⁶

Abuse and neglect can lead to both short and long-term effects on children. These effects include adverse health consequences, poor school performance, and antisocial, aggressive, and self-destructive behaviors.

Ensuring positive developmental outcomes for abused children requires addressing the factors that lead to abuse, such as poverty, substance abuse, and exposure to domestic violence.

PROTECTING HARRIS COUNTY'S CHILDREN IN 2004

Over **One Million Children** Live In Harris County



Nearly **222,400 Children** Lived in Poverty in 2003



29,288 Children Were Alleged to be Victims of Abuse or Neglect²⁷



5,953 Children Were Confirmed Victims



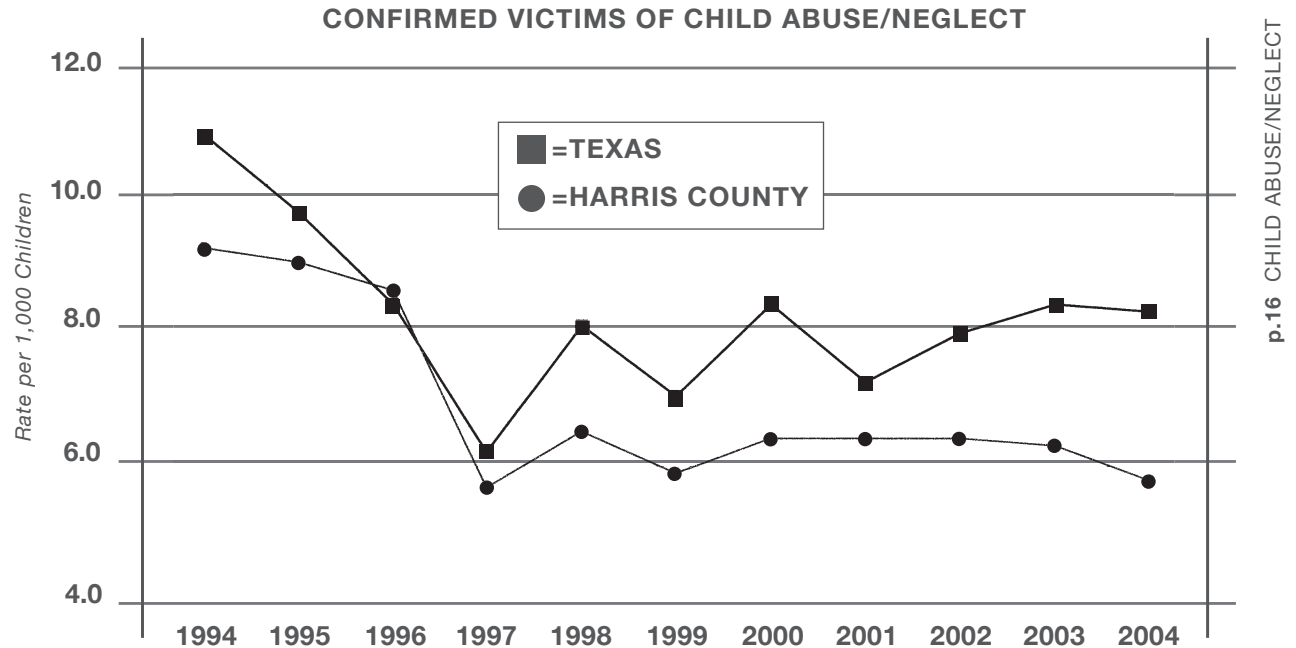
1,234 Children Were Removed From Their Homes (1/10th of 1% of the Child Population)

Source: Texas Department of Family and Protective Services, FY 2004

IN 2004, 37 HARRIS COUNTY CHILDREN DIED DUE TO ABUSE AND NEGLECT— 6 WHILE IN FOSTER CARE.

Source: Texas Department of Family and Protective Services

In Texas, the rate of confirmed child abuse and neglect victims has dropped 36% since 1994. This does not necessarily mean that child abuse and neglect has decreased, just that confirmation rates have fallen. Even still, 5,953 children were confirmed to be victims of abuse and neglect in Harris County during Fiscal Year 2004.



Source: Texas Department of Family and Protective Services

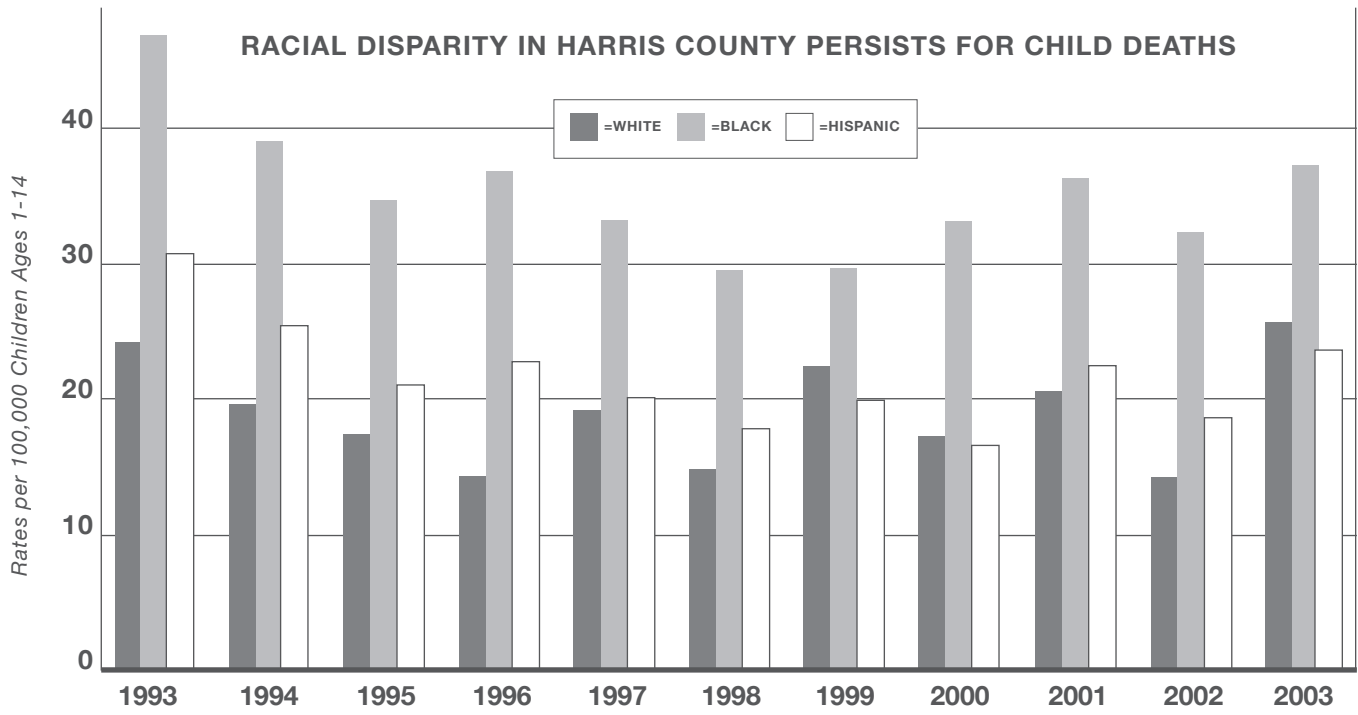
CHILD DEATH

BLACK CHILDREN IN HARRIS COUNTY ARE MORE LIKELY TO DIE DUE TO ACCIDENTS AND HOMICIDE THAN THEIR PEERS.

Source: Texas Department of State Health Services

p.17 CHILD/TEEN DEATH

The child death rate in Harris County declined steadily throughout the 1990s, reaching its lowest point in 1998 at 21.1 deaths per 100,000 children. Since that time, the child death rate has climbed to 28.3, surpassing the overall child death rate for Texas (24.4). In Harris County, the rate of death for black children has been consistently higher than for their white or Hispanic peers.



Source: Texas Department of State Health Services, 2003 data

CHILDREN IN POVERTY ARE AT A GREATER RISK FOR INJURY OR DEATH AT EVERY AGE AND FOR EVERY CAUSE. HARRIS COUNTY CHILDREN ARE NO EXCEPTION.

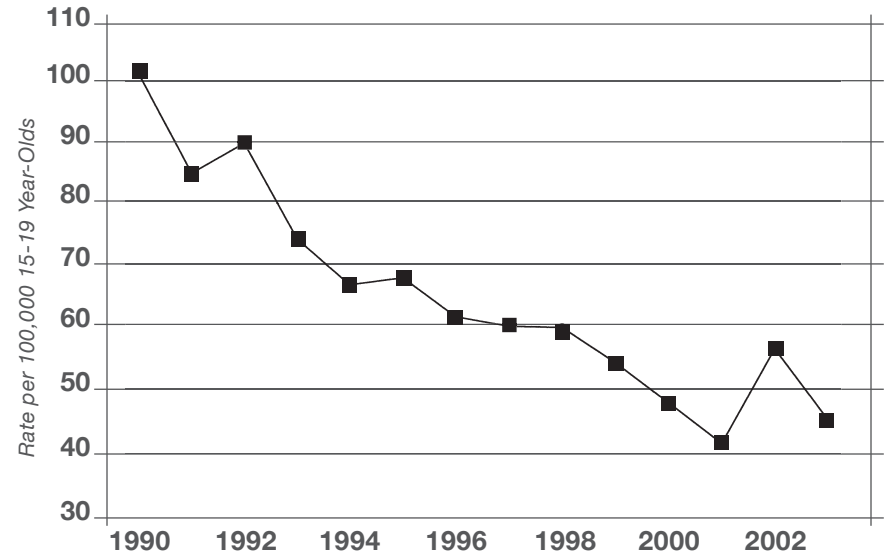
Source: Annie E. Casey Foundation, 2004 KIDS COUNT Data Book

The causes of child death also differ by race/ethnicity. In Harris County, black children are most likely to die of accidents and homicide at any age, while Hispanic children have higher rates of death due to accidents at younger ages. Hispanic children also have comparatively higher rates of cancer, while white children are more likely to die of other diseases.²⁸

TEEN VIOLENT DEATHS

Teens are twice as likely to die of homicide in Harris County than in all of Texas.²⁹ As children move into their teenage years, they encounter many new risks that may have fatal consequences. Teen deaths by accident, homicide, and suicide account for the majority of deaths among 15 to 19-year-olds.

TEEN VIOLENT DEATHS DECLINE DRAMATICALLY IN HARRIS COUNTY



Source: Texas Department of State Health Services

EDUCATION

IN 2004, 86% OF HOUSTON ISD SCHOOLS WERE RATED "ACADEMICALLY ACCEPTABLE" OR BETTER.

Source: Texas Education Agency

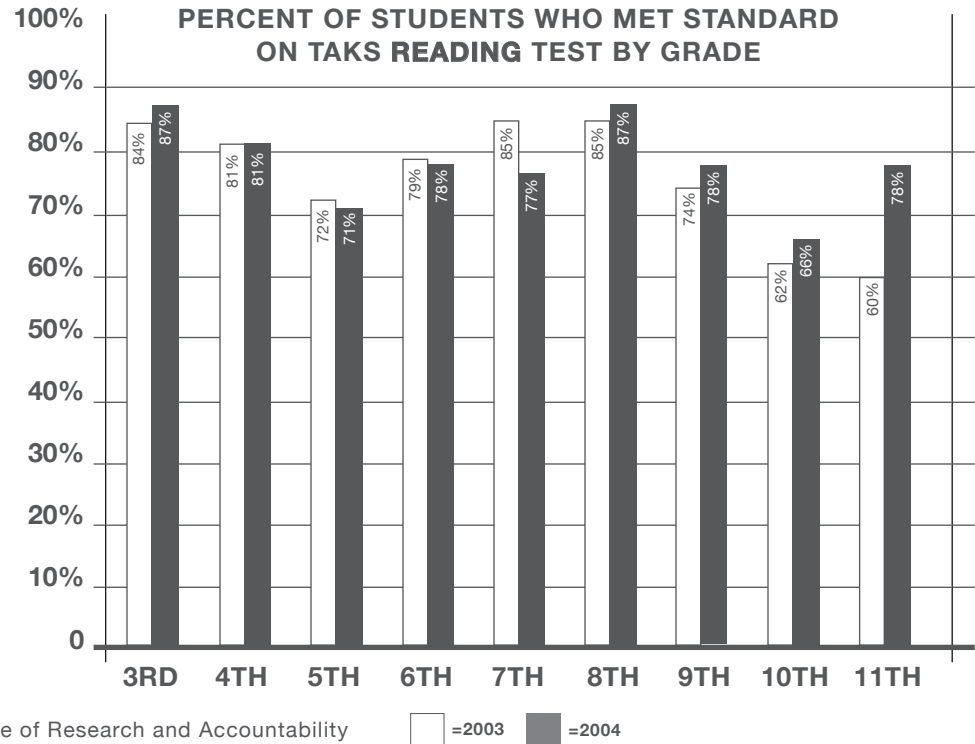
p.19 EDUCATION

TEXAS ASSESSMENT OF KNOWLEDGE AND SKILLS (TAKS) TESTS

The TAKS tests are designed to measure student understanding and classroom implementation of the state curriculum.

THOUGH THE STANDARDS WERE TOUGHER IN 2004, BOTH THE NUMBER AND PERCENTAGE OF HISD STUDENTS MEETING TAKS READING STANDARDS WERE HIGHER THAN IN 2003

	Number Tested	Number Met Standard	Percentage Met Standard
2003	112,005	86,758	77%
2004	113,916	89,412	78%



Source: Houston Independent School District, Office of Research and Accountability

10% OF HOUSTON ISD STUDENTS ARE IN SPECIAL EDUCATION PROGRAMS, SLIGHTLY BELOW THE STATE AVERAGE OF 12%.

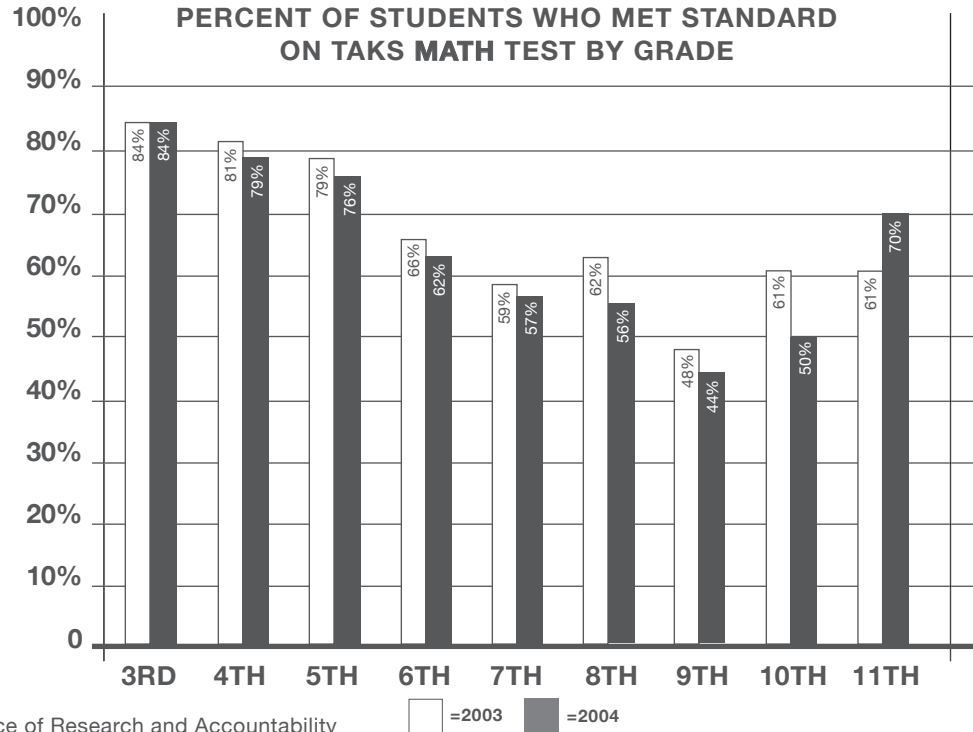
Source: Texas Education Agency

The TAKS tests are administered each spring to students in the 3rd through 11th grades. Students in the 3rd and 5th grade are required to pass the reading (and mathematics for 5th) tests before they can be promoted to the next grade. Students in 11th grade are required to pass the exit-level TAKS tests before they can graduate from high school.

STUDENTS DID NOT FARE AS WELL ON THE 2004 TAKS MATH TEST. ACROSS GRADES, FEWER STUDENTS MET THE TOUGHER STANDARD IN 2004.

	Number Tested	Number Met Standard	Percentage Met Standard
2003	114,096	78,005	68%
2004	114,397	74,612	65%

Source: Houston Independent School District, Office of Research and Accountability



HOUSTON ISD STUDENTS ARE TWICE AS LIKELY TO DROP OUT AS THEIR HARRIS COUNTY PEERS, AND THREE TIMES AS LIKELY AS TEXAS STUDENTS OVERALL.

Source: Texas Education Agency

15% OF HISD STUDENTS IN THE CLASS OF 2003 DROPPED OUT

State dropout reporting requirements allow school officials to leave out large groups of students who have not received a diploma, such as students enrolled in a GED preparation course, students who meet all graduation requirements but don't pass the TAKS test, and students age 16 or older in a Job Corps program. Even when these students are not included, nearly 1 out of every 6 HISD students in the class of 2003 dropped out before graduating. Leaving certain students out lowers the reported dropout rate, but does not account for the many young people who do not receive a high school diploma.

Certain groups are more likely to drop out than others. Compared to white HISD students in the class of 2003, Hispanics were 3.5 times as likely to drop out before graduating, black students were 3 times as likely, and economically disadvantaged students were 2 times as likely. In general, children in urban areas are at a greater risk of dropping out than their suburban or rural peers. Of the 50 largest U.S. cities, Houston has the 5th highest dropout rate and the 5th highest rate of children living with a household head who is a high school dropout (42%).³⁰

HOUSTON ISD SERVING SPECIAL POPULATIONS

With 211,499 students, Houston Independent School District is the largest school district in the state.

75% of children enrolled in Houston ISD are eligible to receive free or reduced cost lunch.

Nearly 30% of Houston ISD students are enrolled in bilingual/ESL programs—a rate almost twice that of all Texas schools.

Source: Texas Education Agency

TEENS AT RISK

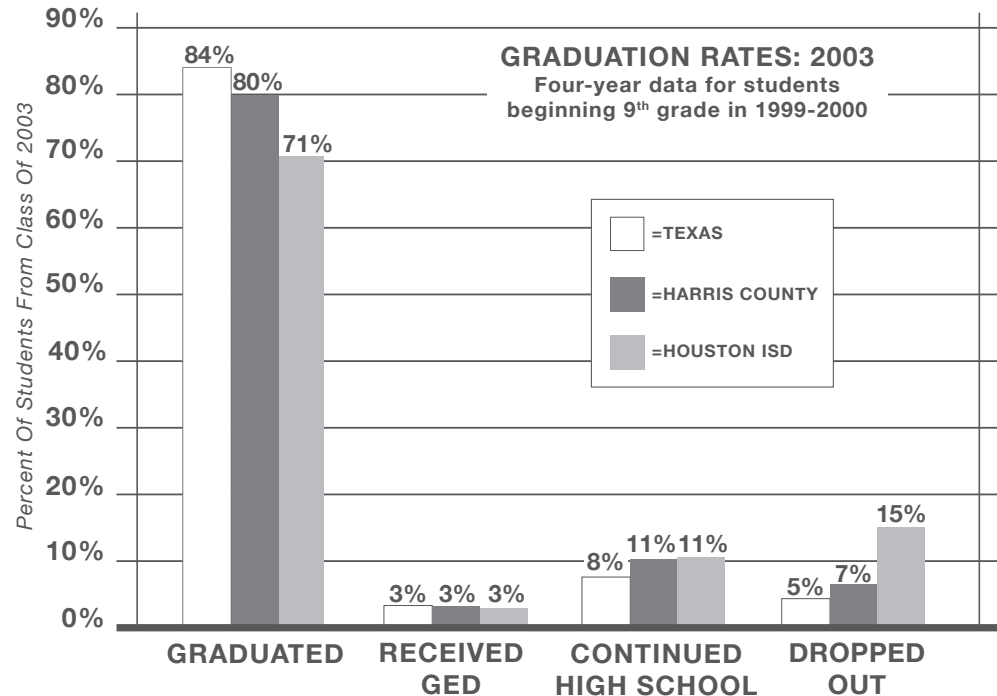
OVER 17,000 16 to 19-YEAR-OLDS IN HARRIS COUNTY DO NOT ATTEND SCHOOL OR WORK.

Source: 2003 American Community Survey, U.S. Census Bureau

Dropping out of high school severely restricts students' opportunities for further education, employment, and income. Teens who drop out are more likely to live in poverty and three times as likely to be unemployed, underemployed, or working for very low wages.³¹ A recent Census Bureau report indicates that the average income for a person without a high school diploma is 30% lower than for a person with a high school degree.³²

DISCONNECTED TEENS

Many teens struggle to transition to adulthood. The situation is particularly challenging for teens who are neither in school nor working. Without the necessary skills, supports, experience, or education, they face mounting social and economic hardships, including difficulty finding and keeping a job later in life.



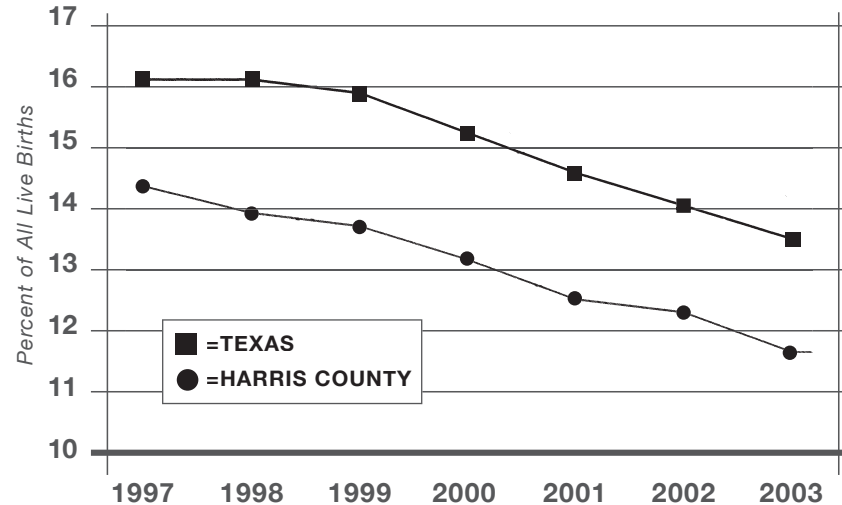
Source: Texas Education Agency

TEEN PREGNANCY

Teen mothers and their children face diminished opportunities. Although the teen birth rate has declined in Harris County over the last several years, there were still nearly 8,000 teen births in 2003. Teen pregnancies place mothers and their children at higher risk for social and developmental difficulties.

p.23 TEENS AT RISK

TEEN BIRTH RATE LOWER IN HARRIS COUNTY THAN THE REST OF TEXAS...AND DROPPING



Source: Texas Department of State Health Services

TEEN MOTHERS ARE MORE LIKELY TO:

Drop out of school

•

Remain unmarried

•

Live in poverty

•

Rely on public assistance

CHILDREN OF TEEN MOTHERS ARE:

Twice as likely to drop out of high school

•

Twice as likely to have a child in their teens

•

Over 3 times as likely to live in poverty

•

1.5 times as likely to be “disconnected”
in their teens and 20s

Sources: National Campaign to Prevent Teen Pregnancy;³³
Annie E. Casey Foundation, 2004 City and
Rural KIDS COUNT data book

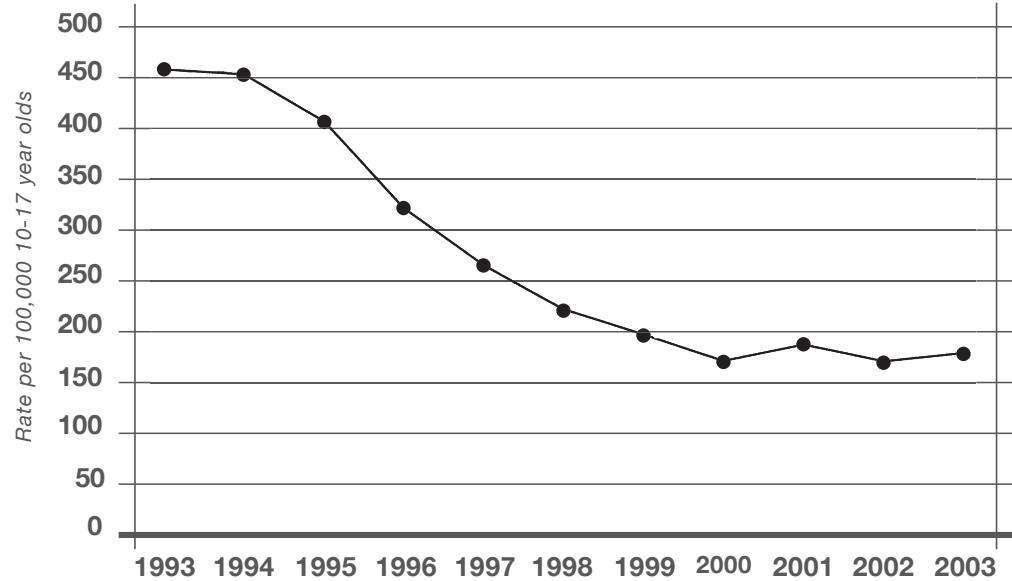
OVER 800 TEENS WERE ARRESTED FOR VIOLENT CRIMES IN 2003.

Source: Texas Department of Public Safety

JUVENILE VIOLENT CRIME

Juvenile violent crime is defined as the number and rate of arrests for children age 10-17 for the offenses of murder, manslaughter, forcible rape, robbery, and aggravated assault. Incarcerated teens have a significant risk of long-term criminal involvement and failure. In order to break the cycle, these teens need appropriate treatment, connections, and support systems.³⁴

HARRIS COUNTY JUVENILE VIOLENT CRIME ARRESTS DOWN FROM MID-1990s



Source: Texas Department of Public Safety

ENDNOTES

¹Child Trends (2002). *Family strengths often overlooked, but real*. Washington, DC: Author.

²Child Trends (2002). *Charting parenthood: A statistical portrait of fathers and mothers in America*. Washington, DC: Author.

³For the purposes of this report, “Houston” will refer to the city of Houston, unless otherwise specified.

⁴For a more detailed discussion of poverty and its impact on individuals, families, and society, see Texas Poverty 101, Center for Public Policy Priorities, www.cppp.org.

⁵Center for Public Policy Priorities (2001) *Making it: What it really takes to live in Texas*. Austin, TX: Author.

⁶ibid

⁷Data from the Family Security Index adjusted for national inflation to 2005 rates. Family Security Index online at www.cppp.org/fsi.

⁸Center for Public Policy Priorities. Family asset building project: Making economic success a reality for low-income families in Texas. Online at www.cppp.org.

⁹Sources: 2003 American Community Survey, U.S. Census Bureau; and Center for Public Policy Priorities (2001). *Making it: What it really takes to live in Texas*. Austin, TX: Author.

¹⁰Data from the Center for Public Policy Priorities’ Family Security Index adjusted for national inflation to 2005 rates.

¹¹Center for Public Policy Priorities (2005). *Tough choices: Making it work when work doesn’t pay*. Austin, TX: Author.

¹²Center for Public Policy Priorities (2005). *What’s happening with TANF caseloads: Strict rules force thousands of kids off the rolls*. Austin, TX: Author.

¹³Murdock, S. et al. (2002). *A summary of the Texas challenge in the twenty-first century: Implications of population change for the future of Texas*. College Station, TX: Texas A & M University, The Center for Demographic and Socioeconomic Research and Education.

¹⁴The live birth rate is for women 15-44 years old.

¹⁵Annie E. Casey Foundation (2004). *KIDS COUNT data book*. Baltimore, MD: Author.

¹⁶U.S. Department of Health and Human Services (2002). *Trends in the well-being of America’s children and youth*. Washington: Author.

¹⁷Annie E. Casey Foundation (2004) *KIDS COUNT data book*. Baltimore, MD: Author.

¹⁸Centers for Disease Control (2002). *Racial and ethnic disparities in infant mortality rates—60 largest U.S. cities, 1995-1998*. Retrieved on June 1, 2005 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5115a4.htm>.

¹⁹The abstract for the Braveman, Marchi, Egerter, et al. report from the June 2000 edition of *Obstetrics and Gynecology* journal can be found on the Agency for Healthcare Research and Quality website at <http://www.ahrq.gov/research/aug00/0800ra13.htm>.

²⁰The Texas Department of Health (TDH) measures adequacy of prenatal care using the Kessner Index, which incorporates three items recorded on birth certificates—the length of gestation, timing of the first prenatal care visit, and number of visits. Although this index is a good measure of quantity of prenatal care, it does not provide information on the quality of prenatal care a woman receives.

²¹Dunkelberg, A., & O'Malley, M. (2004). *Children's Medicaid and SCHIP in Texas: Tracking the impact of budget cuts*. Washington: Henry J. Kaiser Family Foundation.

²²Center for Public Policy Priorities and the Methodist Healthcare Ministries (2004). *The Texas health care primer*. Austin, TX: Authors.

²³Texas State Comptroller's Office (2005). *The Uninsured: A Hidden burden on Texas employers and communities*. Austin, TX: Author.

²⁴ibid

²⁵This calculation is based on the number of alleged victims of child abuse or neglect in fiscal year 2004, as reported by the Texas Department of Family Services.

²⁶Texas Department of Family and Protective Services (2004). *2004 data book*. Austin, TX: Author. Retrieved on June 5, 2005 at http://www.dfps.state.tx.us/about/data_books_and_annual_reports/default.asp.

²⁷The number of alleged victims of child abuse or neglect is from completed investigations only.

²⁸Texas Department of State Health Services, 2003 Death Rates.

²⁹ibid

³⁰Annie E. Casey Foundation (2004). *City and rural KIDS COUNT data book*. Baltimore, MD: Author.

³¹Annie E. Casey Foundation (2004). *KIDS COUNT data book*. Baltimore, MD: Author.

³²U.S. Census Bureau (2005). *College degree nearly doubles annual earnings, Census Bureau reports*. Retrieved on May 25, 2005 from <http://www.census.gov/Press-Release/www/releases/archives/education/004214.html>.

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Since 1993, **Texas KIDS COUNT** has provided citizens, policy makers, and organizations with sound and reliable data on key benchmarks of child well-being as a way to enrich local and state discussions and ensure better futures for all children.

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Center *for* Public Policy Priorities

The Center for Public Policy Priorities is a nonpartisan, nonprofit 501(c)(3) think tank committed to improving public policies and private practices to better the economic and social conditions of low- and moderate-income Texans. The center pursues this mission through independent research, policy analysis and development, public education, advocacy, and technical assistance.