



THE STATE OF TEXAS CHILDREN

Texas **KIDS COUNT** Annual Data Book

The Importance of Investing in Children

2011



CENTER *for* PUBLIC POLICY PRIORITIES



TEXAS KIDS COUNT

To see your county data online visit us at
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THE STATE OF TEXAS CHILDREN 2011

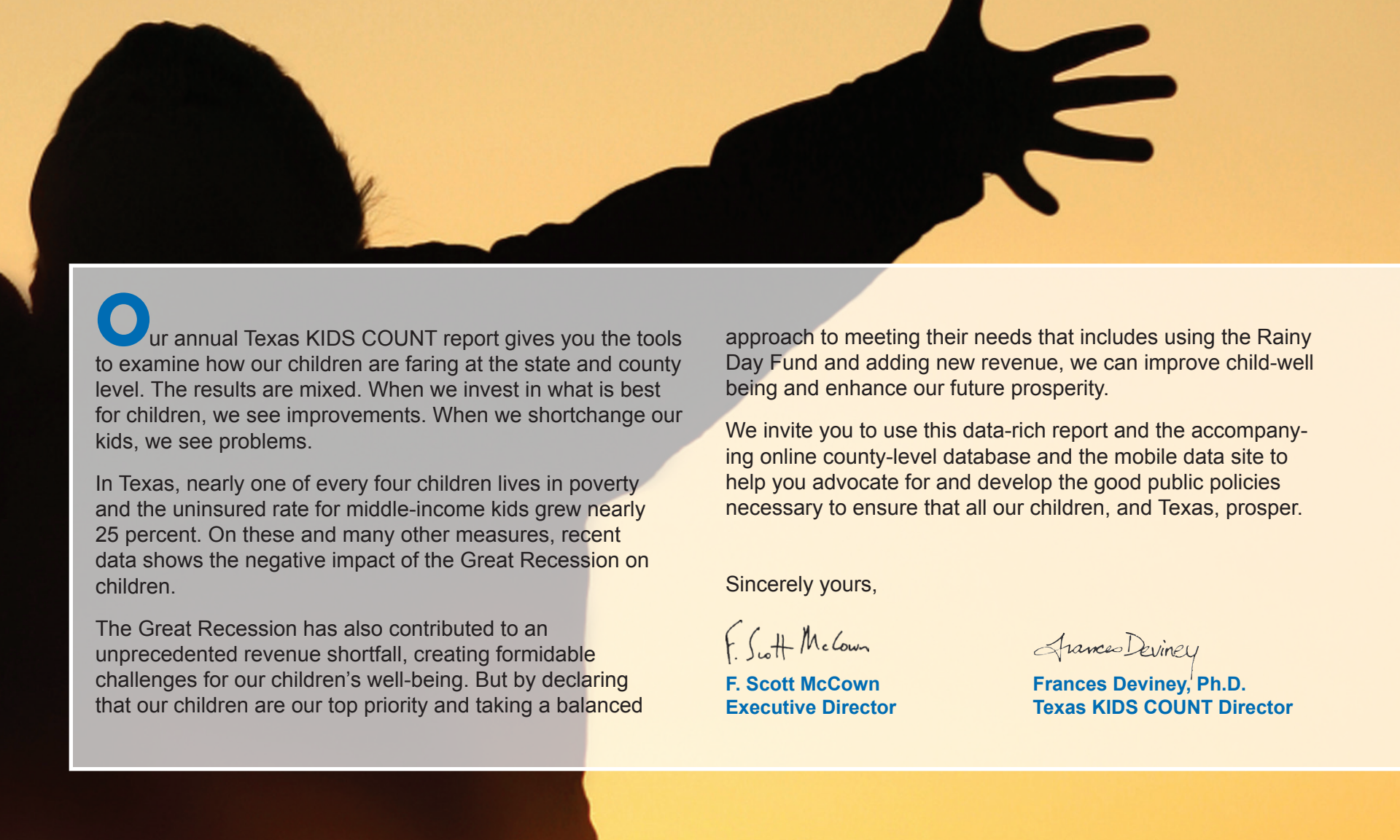
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Our annual Texas KIDS COUNT report gives you the tools to examine how our children are faring at the state and county level. The results are mixed. When we invest in what is best for children, we see improvements. When we shortchange our kids, we see problems.

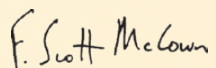
In Texas, nearly one of every four children lives in poverty and the uninsured rate for middle-income kids grew nearly 25 percent. On these and many other measures, recent data shows the negative impact of the Great Recession on children.

The Great Recession has also contributed to an unprecedented revenue shortfall, creating formidable challenges for our children's well-being. But by declaring that our children are our top priority and taking a balanced

approach to meeting their needs that includes using the Rainy Day Fund and adding new revenue, we can improve child-well being and enhance our future prosperity.

We invite you to use this data-rich report and the accompanying online county-level database and the mobile data site to help you advocate for and develop the good public policies necessary to ensure that all our children, and Texas, prosper.

Sincerely yours,



F. Scott McCown
Executive Director



Frances Deviney, Ph.D.
Texas KIDS COUNT Director

SHOW AND TELL:

The Importance of Investing in Children

Financial advisors tell us that planning for our future by investing now is critical. Putting money into a retirement account, buying a house, and furthering your education all lead to greater gains later in life. And for every investment you make, you want the highest return. You want your house to appreciate in value and your retirement account to grow. You want the money and time you put into additional training or degrees to translate into a good job and growing earnings.

Interestingly, the same holds true for our state. Sound public investments always keep an eye on the future. And that future is determined by the opportunities we provide for our children. But what kind of opportunities do they have?

Recently, Texas was ranked as the best state in which to do business.¹ But we were also recently ranked 34th in overall child well-being, 43rd in child poverty, and 48th in teen pregnancy.² What do these numbers say about our priorities?

We all can agree that no child should feel the pangs of hunger. But Texas is tied for last place in food insecurity. That's 1.6 million Texas kids whose families report that they don't know where their next meal is



coming from. We also can agree that no child should go without health care. And yet Texas ranks last in the overall share of children who do have health insurance—a title we have held for 11 years in a row.³

When it comes to Texas' children, it is time to examine our priorities. That means protecting kids' health and safety, shielding them from the long-term effects of harsh economic times,⁴ and helping them become the best they can be. Investing in our children declares that they are our top priority. These investments will generate returns for all of us now and in the future.

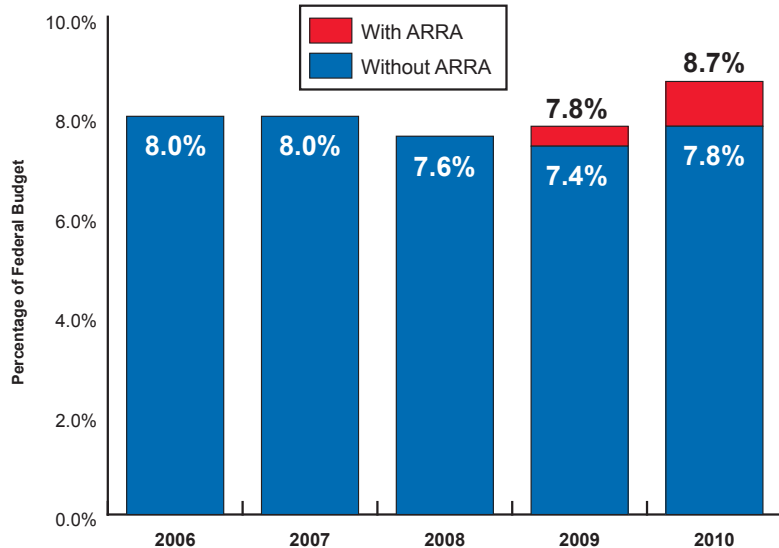
Unfortunately, Texas does not have a track record of planning for the future. For example, Texas budget writers do not typically anticipate population growth or increased costs. Texas faces a serious revenue shortfall due to the Great Recession and poor fiscal choices in our past.^{5,6} Texas has the second highest birth rate in the country (behind only Utah),⁷ and a child population growing at an average rate of 1.6 percent a year over this past decade—that is over five times the national annual growth rate. In addition, Texas had an unprecedented increase of 163,000 children living in poverty from 2008 to 2009 alone.⁸

Simply put, we do not have enough money in our budget to meet our most basic needs. Our sales taxes are down because people have less to spend. Funding for our schools is at risk because property values have declined – which is the largest single source of revenue for local school systems.⁹



Less than One Dime of Every Dollar is Spent on Children in Federal Budget

Children's share of federal budget increases only thanks to Recovery Act



Source: *Children's Budget 2010*, p. 8. Washington, D.C.: First Focus.

With the lowest per-capita spending of any state,¹⁰ and nearly one of every four children living in poverty,¹¹ this is the time to invest in our kids. This is the time for Texans to call on our elected officials to make children our most important priority. This is the time to make sure that our children have the same opportunities we had.

Sustained and balanced investment is the key to healthy child development and Texas' future prosperity. But these kinds of investments require federal, state, community, and family commitments.

However, you cannot expect returns on investments you do not make. We cannot afford for children to grow up hungry, or unhealthy, or uneducated. We must look to our leaders to make bold and creative decisions that are focused on our current needs and plan for a bright future. It is time we start investing in our future.

WHAT IS WASHINGTON SPENDING ON KIDS? LESS THAN ONE DIME OF EVERY DOLLAR.

Although states receive billions of federal dollars each year to support child well-being through health care, education, and nutrition programs, in fact, those dollars only account for a small share of the federal budget. In 2010, only 8.7 percent of the federal budget went to children—an increase from 2008, but basically flat compared to 2006.

But do not be fooled into thinking that the net increase from 2008 to 2010 reflected a fundamental change in priorities in the federal budget. The change is primarily due to short-term increases from the American

Recovery and Reinvestment Act. The Recovery Act added an additional \$50.7 billion to children's programs nationally in 2010, including nearly \$4 billion to Texas.¹² These funds are expected to drop to \$30.6 billion nationally for 2011 as the Recovery Act phases out.¹³ The President has proposed a budget that would increase investment in children as the Recovery Act expires, but (at press time) Congress has yet to give its approval.¹⁴ Without the money from the Recovery Act or increased federal commitments, funding for children's services at the state level would drastically drop.

Because the federal budget currently prioritizes non-child expenses, the responsibility to invest in children falls to state and local communities. This results in wide-ranging levels of investments and outcomes for children across the country and within each state.

HOW MUCH DOES TEXAS INVEST?

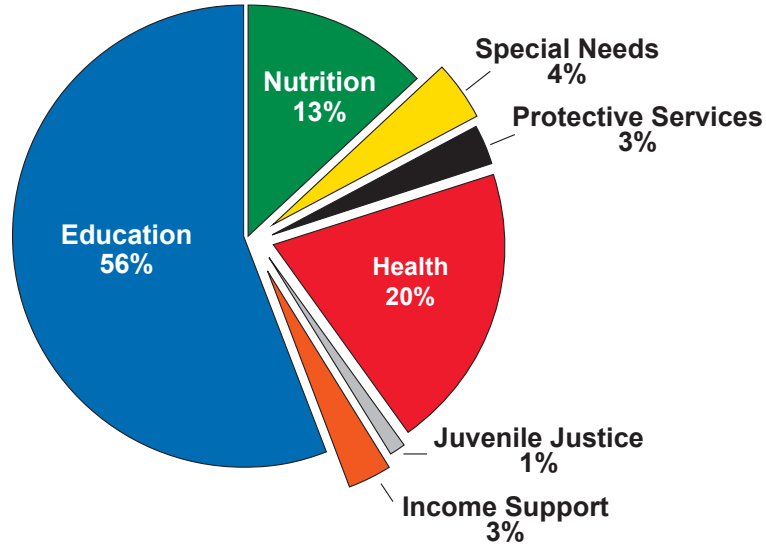
Texas' belt has been tight for decades. Not coincidentally, our children are also performing poorly in many areas when compared to other states. Looking at state-level spending and outcome indicators across the country, states that have higher per-pupil education spending also have significantly higher 4th grade reading scores, lower dropout rates, and lower teen birth rates.¹⁵

Fortunately, the money we do spend is spent in the right places. Of the \$80.5 billion budgeted for children in 2010-2011, over half went to public education, another 20 percent to health programs, and 13 percent to



Texas Targets Child Spending in the Right Areas

Combined State & Federal Funds Spent on Children in 2010-11 = \$80.5 Billion



Source: Deluna Castro, E. (2009). *The Texas Children's Budget*. Center for Public Policy Priorities.

nutrition supports. The remaining 11 percent of the budget went to vital programs, such as child protective services, juvenile justice, and programs for children with special needs.

From 2008-09 to 2010-11, overall spending on Texas children increased in every category other than juvenile justice. However, these gains are primarily due to one-time assistance from the federal Recovery Act. If you remove the federal dollars and just look at the state's investment, Texas' contribution declined by 9 percent.

State Funding for Children's Services Would Have Declined Without Investments from the Federal Recovery Act

	All Funds (billion \$)		Biennial Change	Nonfederal Funds (billion \$)		Biennial Change
	2008-09	2010-11		2008-09	2010-11	
Education	\$44.50	\$44.90	1%	\$41.0	\$35.86	-11%
Health	15.5	16.4	6	5.673	5.971	5
Nutrition	8.6	10.3	20	0.039	0.038	-3
Special Needs	2.4	3.4	42	0.397	0.353	-11
Protective Services	2.2	2.4	9	0.926	1.141	23
Income Support	1.9	2.2	15	0.53	0.532	0.4
Juvenile Justice	0.9	0.8	-10	0.81	0.688	-15
Total	\$76.0	\$80.5	6%	\$48.9	\$44.6	-9%

Source: Deluna Castro, E. (2009). *The Texas Children's Budget*. Center for Public Policy Priorities

Unlike the federal budget, the state invests a much larger share of the budget in children. In Texas' 2010-2011 budget, child investments account for 41 percent of spending. Some are calling for cuts and may look to the remaining 59 percent of the budget that does not go to children for "excessive" spending. But the remaining portion of the budget is, for the most part, reasonably apportioned. The majority of state funds go toward higher education, and health and human services that are primarily focused on the elderly and disabled. Even the "other" category is lean, including areas such as environmental protection, state parks, and the judiciary, all of which also provide benefits to children.¹⁶ In fact, Texas has a very lean budget overall.

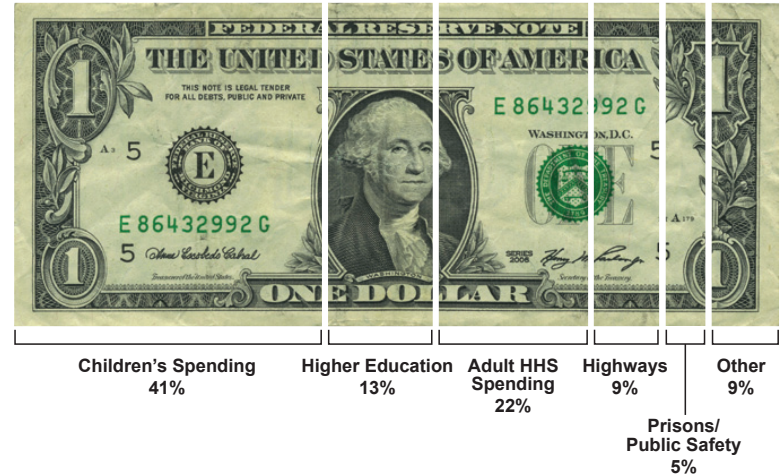
Texas is a low-tax, low-spending state. In fact, Texas is last in overall per-capita spending¹⁷ and 47th in per pupil spending after adjusting for regional cost differences.¹⁸ In other words, although children are getting a comparatively large slice of the Texas pie, compared to kids in other states, they get one of the smallest slices per child in the nation.

SMART STATE INVESTMENTS PAY OFF

Texas is seeing improvements where we have made smart investments. For example, Texas did not meet the federal timeliness standards for processing applications for benefits in the Supplemental Nutrition Assistance Program (formerly known as Food Stamps) for approximately four years. The problem reached its peak in late 2009, with over 40 percent of applications not being processed within 60 days.¹⁹ The Texas Health and Human Services Commissioner allocated

Children Receive a Comparatively Large Portion of Texas' Spending

Most of Texas' Spending Going to Education, Health, and Human Services



Source: Deluna Castro, E. (2009). *The Texas Children's Budget*. Center for Public Policy Priorities.

additional money and people to fix the problem. Today, Texas is doing much better and making significant strides to improving the overall process for applying for critical services.²⁰

Another example is the Women's Health Program. In 2006, the Texas legislature decided to invest in prevention via the Women's Health Program (WHP). The WHP provides health exams, family planning counseling (including abstinence), and contraception to low-income women. The Health and Human Services Commission estimates that there were nearly 6,000 fewer births to WHP participants than expected in 2008, saving over \$21 million of Texas' share in Medicaid expenses for prenatal care, delivery, postpartum care, and the first year of infant care²¹—a wise investment by any standard for the state and Texas' families.

When we invest, we tend to do so wisely by smartly dividing what little money we bring in. Our challenge is not that we spend our money in the wrong place. Our challenge is that we do not make large enough investments to address our current needs or prevent future problems.

For example, in the 2010-2011 state budget, one of every five dollars pays for public education.²² At first glance, you might be left with the mistaken assumption that is enough—in fact, it is not. Texas spends less per pupil than almost any other state (47th).²³ And our children face greater challenges than kids in most other states. We have more poor children, fewer kids with access to health care, and more kids who go hungry—all of which impact a child's ability to learn.²⁴

What has our response to these education challenges been? To cut the primary way we pay for education—local property taxes.²⁵ Cuts are particularly problematic because our current school funding system is based on how much money we have to spend rather than based on the actual cost of educating our children.²⁶ This insufficient strategy leaves communities and families to try to close the gap alone and children worse off.

INVESTMENTS BY COMMUNITIES AND FAMILIES

Inevitably, decreases in federal or state funding for children simply shifts the burden to local communities and families. When local communities are left to fill the void, the level and quality of services differs based on the community's ability to raise the needed revenue. This can be seen in varying rates of local sales taxes, additional revenue measures by hospital districts, and the passage of education bonds to pay for school expenses. When the voters reject these types of revenue measures, communities often go without needed services for their children.

Not only are communities strapped, but families' belts are also tight. Texas has the 5th worst family poverty rate in the U.S.,²⁷ and 370,000 Texas' working families live below the poverty line – the 4th worst rate in the U.S.²⁸

Texas families should be working their way into the middle class, but are instead increasingly falling out of it. Between 2008 and 2009, people living just above poverty (100 percent - 200 percent of the

federal poverty level) declined by 215,000 people, while people living below the poverty line grew by 430,000 people, a 20 percent increase.²⁹ In addition, median household income fell by more than \$1,000 between 2008 and 2009, from \$49,453 to \$48,259.³⁰

When Texas entered the recession in September 2008, one of every four children had no parent with full-time, year-round employment³¹ and the overall unemployment rate stood at 5.1 percent. By September 2010, Texas' overall unemployment rate was 7.9 percent. Nearly one million Texans without work is not just a number³²—these are real people who have to find a way to provide for their families. Supporting children means putting parents back to work so they can take care of their kids.

Low-income children and families are not the only ones feeling the pinch. Tuition deregulation for Texas' state colleges³³ significantly increased the burden on middle-class families. Furthermore, Texas' limited public options and comparatively unregulated private health insurance market leave many children priced out of the market, resulting in increases in the uninsured rate for children from middle and upper-income families.³⁴

Ultimately, parents know what their children need, but it is our responsibility as a community to make sure all parents have the opportunity to do that. Limited investments at the federal, state, and local levels lead to limited opportunities for children and families.

WHAT IS THE COST OF DOING NOTHING?

Texas has a growing number of children, and a disproportionate number of these children are growing up in poverty and performing poorly on key indicators of child well-being. At the federal, state, or local levels, a large share of our investments in our children is focused on alleviating the effects of childhood poverty (e.g., nutrition programs, state subsidized child care for parents receiving workforce training, health care). Although children make up about a quarter of our population, 40 percent of Texans in poverty are children. Texas has the 6th worst child poverty rate in the nation, with 24 percent of Texas children living in poverty.³⁵ Children living in poverty suffer many short and long-term consequences including lower educational success, lower earnings as adults, health problems, and a greater potential to be involved in crime as adults.³⁶

For Texas, the annual cost of child poverty due to decreased revenue and increased expenditures is estimated at \$57.5 billion.³⁷ This is more than twice the amount of Texas' budget deficit for 2012-2013.³⁸ Child poverty leads to reduced productivity and economic output in adulthood, as well as increased costs from health care and higher crime rates.³⁹ Funding programs today that help alleviate the effects of poverty (e.g., Medicaid) and even help families pull themselves out of poverty (e.g., providing child care for parents reentering the workforce) saves money in the future. It makes economic sense, and it is the right thing to do.

Steve Murdock, a former Texas state demographer and current CPPP board member, has warned us that if trends continue, the Texas workforce will be less educated and less skilled in the future. Already burdened state services could become strained to a point never experienced before. According to Murdock, “Growth is a double-edged sword and with challenges come opportunities. The key is to have the opportunities be greater than the challenges.”⁴⁰ Texas has faced many challenges before, and we can face this one now. To do so, we must be responsible and invest in our best source of economic growth: our children.

TEXAS’ FUTURE: WHAT’S THE COST OF CUTS?

The recession and poor state fiscal planning have dramatically reduced revenue and contributed to a revenue shortfall in the 2012-2013 biennium.⁴¹ As a result, the state is looking at cutting funding at a time when Texans are most in need of social services. But cuts are short-sighted and in many cases increase the long-term costs of dealing with health and social problems.

Nonetheless, state leadership is calling for deep cuts. In early proposals, hundreds of millions were marked for the chopping block in essential areas, such as child abuse and neglect prevention and early intervention services, updating school textbooks, doctor reimbursements, vaccinations for students in public clinics, dental services, and children with special health care needs.⁴²

Instead of cutting vital programs and jeopardizing children who are struggling and performing poorly compared to other states, we should re-evaluate our approach. An investment in children is like compound interest, growing from generation to generation.⁴³

POLICY RECOMMENDATIONS

Texas children and families are currently standing at the bottom of a huge hole. A cuts-only approach to writing the state budget is like handing them a shovel when they need a ladder.

A broad-based coalition has come together to urge that we move **TEXASForward™** by taking a balanced approach to balancing the budget for 2012-2013.⁴⁴ First, we must take advantage of all available federal relief money and not leave any dollars on the table that could help Texas children and families. Second, we must use all of the money from our “Rainy Day Fund.” We saved tax money from our oil and natural gas industries to build reserves for exactly this kind of budget emergency, and in terms of our economy, it’s pouring outside. The coalition also urges bold thinking and creative ideas about how to find new sources of revenue. Cuts alone will hurt our children.

TEXASForward™ believes that a truly balanced budget must be guided by the following principles:

A truly balanced budget adequately funds today’s needed public services and prepares Texas for future demands caused by changing

demographics, technology, and economic competition.

A truly balanced budget is supported by taxes that are imposed equitably on families of different income levels and businesses in different sectors.

Revenue to fund a truly balanced budget is generated from sources that will grow along with the growth in need for public services.

Shuffling money among under-funded programs and shifting the cost of public services off the state budget conceal the true need for more state resources.

A truly balanced budget is developed in an open and transparent process.

WHAT IS TEXAS? TEXAS IS WHAT WE MAKE IT.

Texas stands at a turning point, with an unprecedented revenue shortfall and formidable challenges for Texas' child well-being. These recommendations are rooted in the belief that we are responsible for our children and our prosperity. The specific solutions may not be easy to come by, but our priorities should be.

The remaining sections of the State of Texas Children report highlights how our children are doing in family economic security, maternal and infant health, health care, nutrition, child abuse and neglect, and education. We encourage you to use the information found in this

report and our online data resources to make the case that Texas must make children our number one priority.

Kids Count. And they are counting on us to continue working for a **BETTER TEXAS™**.



POPULATION

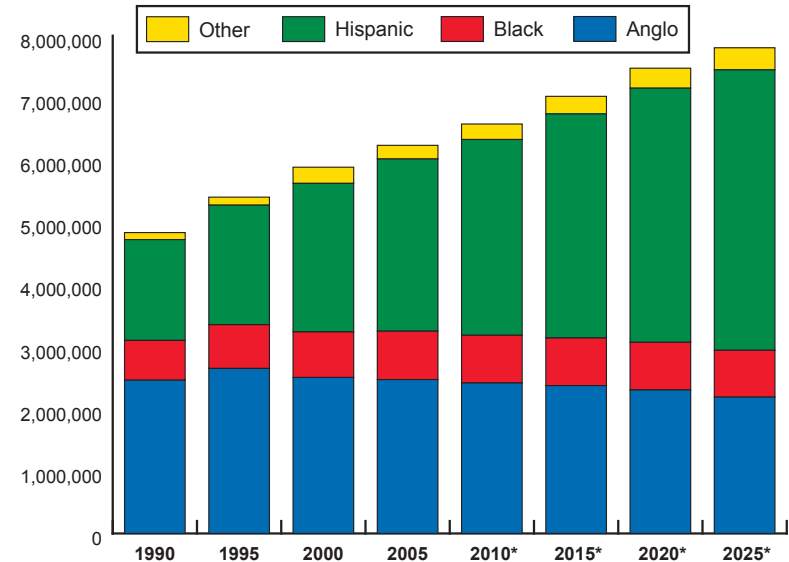
Texas' diversity and growth should be a point of pride and strength today and in the coming decades. However, the rapid growth of our population in size and need has been ignored in past state budgets. Furthermore, non-white children do not fare as well on many measures of child well-being (e.g., poverty, health, educational attainment). Ignoring disparities and our increased needs hurts children by underestimating necessary resources (e.g., money for school books or medical services) and handicaps our ability to maximize our greatest asset: our people.

In 2009, Texas' population reached 24.8 million, an 18.9 percent increase from 2000.⁴⁵ Less than half of this remarkable growth is due to people moving into our state, most of whom are relocating from within the U.S.⁴⁶ The majority of Texas' growth comes from our high birth rate, the second highest in the nation after Utah.⁴⁷

The demographic make-up of Texas' children has dramatically shifted in recent years. In 1990, Hispanics⁴⁸ comprised 34 percent of the child population. Now they represent 47 percent of Texas' 6.6 million children.⁴⁹ The increase in Hispanic children, however, is not driven by a rise in international migration, which has actually fallen slightly in recent years.⁵⁰ In 2009 around 96 percent of Texas' children were

U.S. citizens,⁵¹ which is a slight increase from recent years. The recent increase in the percentage of children with citizenship is due to Texas' high birth rate, a decline in new international migrants, and an increase in new residents from other states.⁵²

Texas Child Population Growth



Source: Population Estimates for 1990-2005, *projections for 2010-2025, using 200-2004 scenario, Texas State Data Center and the Office of the State Demographer.



**The demographic make-up
of Texas' children has
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FAMILY ECONOMIC SECURITY

POVERTY

Poverty is arguably the most important measure of child well-being due to its connection to multiple developmental outcomes.⁵³ Children living in poverty are at a higher risk for cognitive, emotional, educational, and health problems.⁵⁴ Early difficulties are troublesome in their own right, but are especially worrying due to their long-term consequences. Children living in poverty are more likely to drop out of school, have worse health outcomes in adolescence and adulthood, and have worse employment outcomes.⁵⁵

2010 Federal Poverty Guidelines for the 48 Contiguous States

Family Size	Maximum Annual Income*	Maximum Monthly Wage	Maximum Hourly Wage**
2	\$14,570	\$1,214	\$7.00
3	\$18,310	\$1,526	\$8.80
4	\$22,050	\$1,838	\$10.60

*For each additional person, add \$3,740.

** Calculation based on 12 months and 2080 hours worked per year for a single-earner household.

Source: U.S. Department of Health and Human Services

While most people have a basic image of poverty in their mind, many do not realize that poverty has an official definition based on income and family size. The U.S. government developed the federal poverty thresholds and guidelines⁵⁶ as a way to assess deprivation for individuals and families and set income criteria for programs such as the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) and Medicaid.

THE RECESSION IN TEXAS

Many more children have fallen under the poverty line due to the recession and rising unemployment. The rise in poverty increased the need for assistance and put strains on current services. In 2008, when the recession first hit, 22.9 percent of Texas children were living in poverty, the fifth worst rate in the nation. As a result of the economic downturn that began in late 2008 in Texas, and parents losing their jobs, the child poverty rate increased to 24.4 percent in 2009. That is 163,000 more children falling into poverty, or 1.6 million Texas children overall.⁵⁷

Many people assume that Texas was not hit as hard by the recession as other states because our unemployment rate is still below the national average. While our unemployment rate is low compared to the U.S. (8.2 versus 9.8 percent, respectively, in November 2010), it is still

nearly double where it stood in November 2007 (4.4 percent).⁵⁸ In fact, Texas' unemployment rate has been around 8 percent for the last 16 months, which is extremely high given Texas' recent history.

Straining families further are the restrictive eligibility criteria for public support which leave many hard working families at risk of not meeting even basic needs. Nearly one in every three Texas households with children does not have enough assets built up (e.g., savings) to survive at the poverty level if the family loses their income, leaving them teetering on the edge of making ends meet.⁵⁹

Due to our outdated unemployment insurance (UI) eligibility system, many Texans who lost their jobs and are looking for work find they are ineligible for benefits because the system disregards their most recent earnings.⁶⁰ In 2009, over 4,900 people were denied UI because their most recent earnings were not counted.⁶¹ Nearly one in three Texas children has no parent with a full-time, year-round job,⁶² making them particularly vulnerable to the rigidity of our antiquated system.

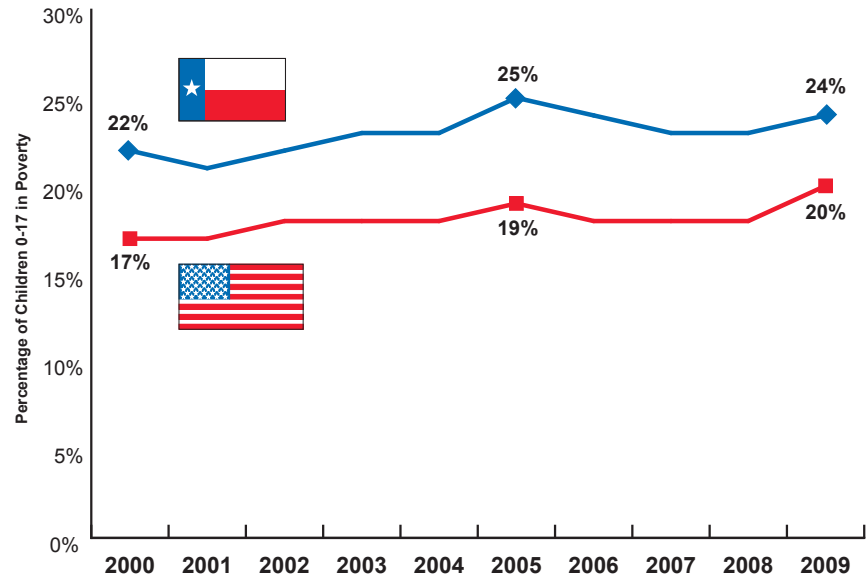
POVERTY AND WORK SUPPORTS

When a household falls into poverty, children are exposed to increased parental distress, inadequate childcare arrangements, and poor nutrition. In past recessions, it took many years for employment and incomes to rebound, and low-income families rebound more slowly than others.⁶³



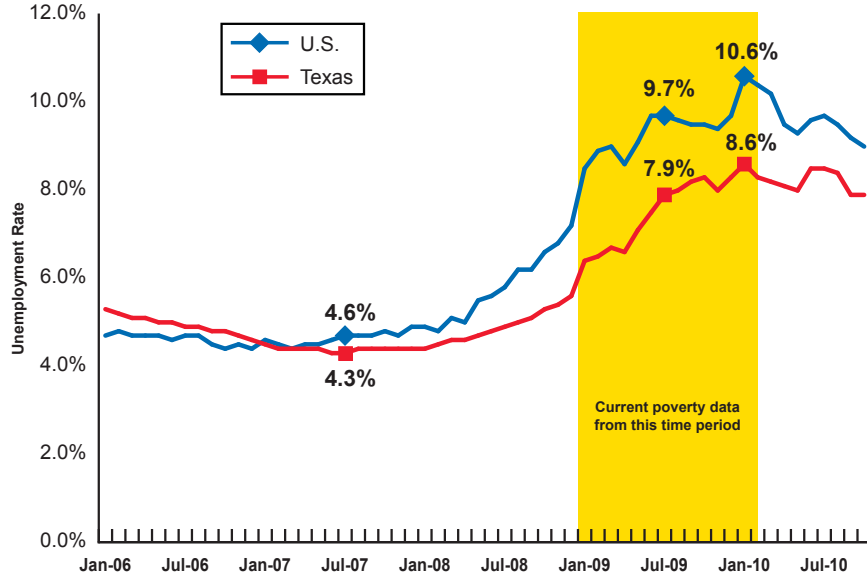
Texas did not prove to be as recession-proof as first thought.

Child Poverty in Texas and U.S. Climb During Recession



Source: KIDS COUNT Data Center, Annie E. Casey Foundation

Texas Unemployment Rose Steadily Throughout 2009; Plateaus in 2010



Source: Monthly Unemployment Rate (%), Not Seasonally Adjusted, Texas Workforce Commission

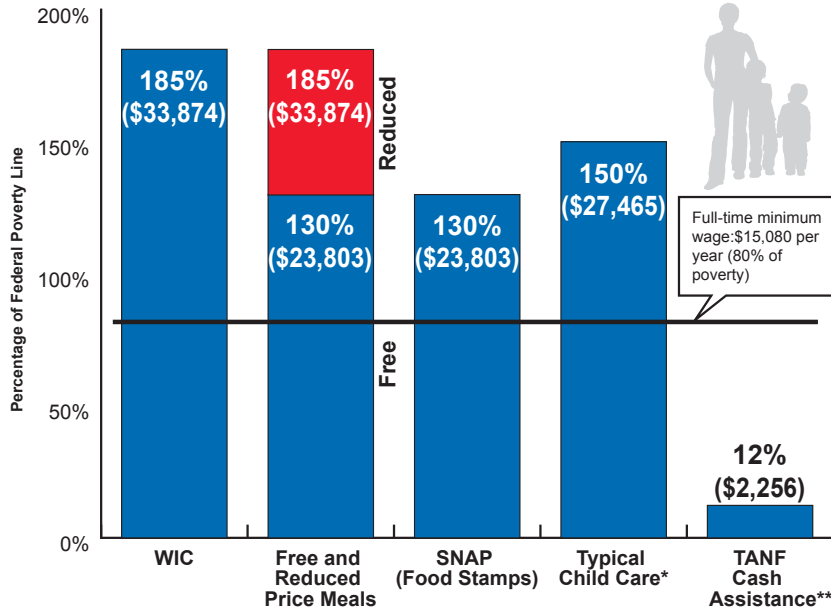
Harsh economic realities are compounded by a public work support system that does not support work (e.g., losing public health coverage for your child because you make \$10 a year over the income limit), a regressive tax policy that hits lower-paid workers hardest, and diminishing employer-sponsored benefits. For example, 72 percent of Texas' working families in poverty have at least one parent without health insurance.⁶⁴

Most federal and state safety net or work support programs base eligibility criteria on the poverty line, including SNAP, Medicaid, Children's Health Insurance (CHIP), child care subsidies, and cash assistance (TANF). Because each program determines its eligibility independently, some by the federal government (e.g., SNAP) and some by the states (e.g., TANF), the income limits vary widely. For example, for children in a family of three to receive TANF, their family must make less than \$2,256 annually, or 12.3 percent of the federal poverty level. On the other end, Texas' highest income cutoff is for CHIP at 200 percent of poverty, which is still low compared to many other states.⁶⁵

Public benefits such as health care or nutrition assistance help families bridge the gaps in difficult economic times and are critical in reducing the effects of a recession.⁶⁶ Cutting these supports will hurt child and family well-being and damage the Texas economy by taking money out of the private economy for critical local businesses such as grocery stores and medical providers.

Texas Eligibility for Family Support Programs, 2010

Dollar Amounts: Annual income levels for a family of three



Sources: U.S. Department of Agriculture; Texas Workforce Commission; Texas HHSC

*Maximum childcare allowances possible by state are at 243% FPL, but the typical district opts for a much lower eligibility limit.

**Income limit show is for applicants. Once on TANF, some families with earnings disregards and other allowances for work-related expenses can have higher incomes yet continue to receive some cash assistance.



Public benefits such as health care or nutrition assistance help families bridge the gaps in difficult economic times.

MATERNAL & INFANT HEALTH

BIRTHS

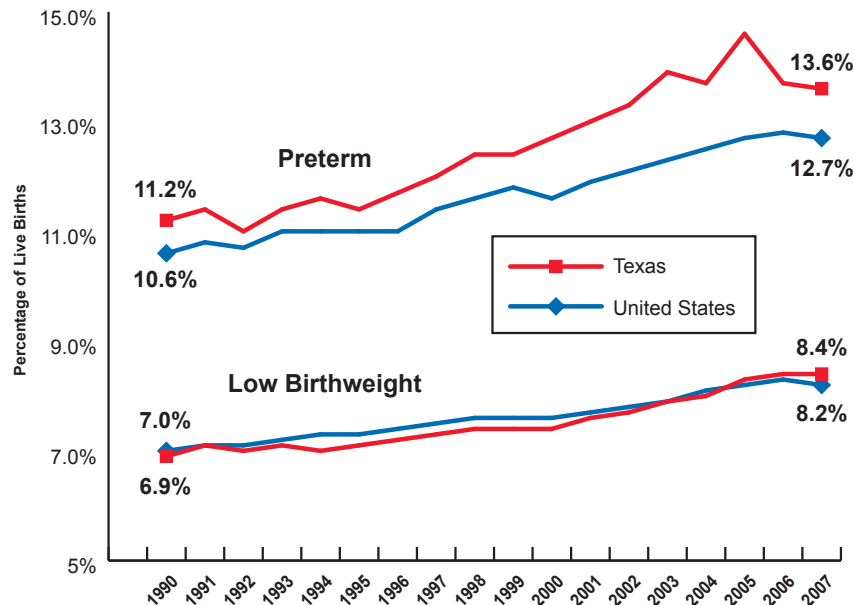
Texas' population is growing rapidly in large part because of our high birth rate, second only to Utah.⁶⁷ More than 407,000 babies were born in Texas in 2007.⁶⁸ Of every 100 babies, 50 were Hispanic, 34 were White, 11 were Black, and 4 were of other races/ethnicities. Births to unmarried mothers continue to increase, up from 38 percent in 2005 to 41 percent of all births in 2007.⁶⁹

PRETERM BIRTHS AND LOW-BIRTHWEIGHT BABIES

Not only have our total number of annual births continued to increase, but so has the proportion of those births with significant complications. Babies who begin life unhealthy often never catch up to their peers. Two of the biggest determinants of poor infant health are being born too early and too small.

Since 1990, the percentage of Texas infants born preterm (before 37 weeks gestation) has climbed steadily. In 2007, one of every seven (or 55,094) babies was born preterm. Although medical advances increased the survival rate for preterm births, survivors are at much greater risk of developmental problems throughout life. Preterm infants are more likely to be low birthweight (less than 5.5 pounds), have underdeveloped lungs and other organs, and are at greater risk for

Texas Following Negative National Trends for Preterm and Low Birthweight Births



Source: KIDS COUNT Data Center, Annie E. Casey Foundation

infection and cerebral palsy.⁷⁰ Given all of these complications, it is no surprise that preterm births are related to one of every three infant deaths in the United States.⁷¹

Preterm births also account for 64 percent of all low-birthweight babies. In 2007, 34,241 babies were born weighing less than 5.5 pounds. Long-term medical and educational problems are more likely for low-birthweight children, such as developmental delays, learning disabilities, health problems, and academic difficulties.⁷² Low-birthweight infants are 15 times more likely to die compared to heavier newborns.⁷³

PRECONCEPTION HEALTH AND PRENATAL CARE

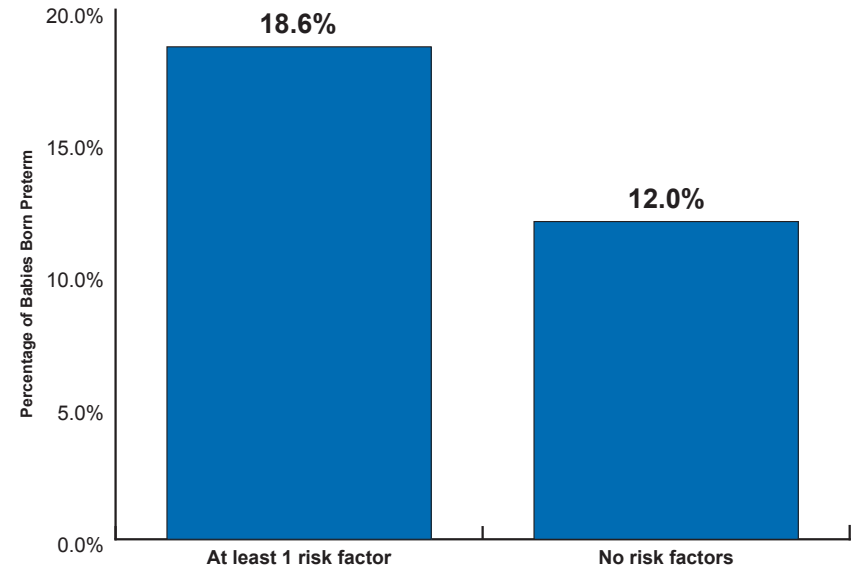
Preventing preterm and low-birthweight births requires a commitment to improving preconception health and prenatal care. Many preterm births are linked to hypertension, diabetes, and bacterial vaginosis.⁷⁴ Detecting these conditions either prior to or early in the pregnancy will give the mother and her doctor the best chance of treating the condition and preventing premature births.

Unfortunately, more than 160,000 babies (40 percent) are born to mothers who received late or no prenatal care. Women with access to prenatal care give birth to healthier infants, deliver prematurely less often, have fewer complications during their pregnancy,⁷⁵ improved maternal health, and are more likely to use pediatric care.⁷⁶ Inadequate prenatal care is associated with increased risk of low birth weight, premature births, neonatal mortality, and infant and maternal mortality.⁷⁷



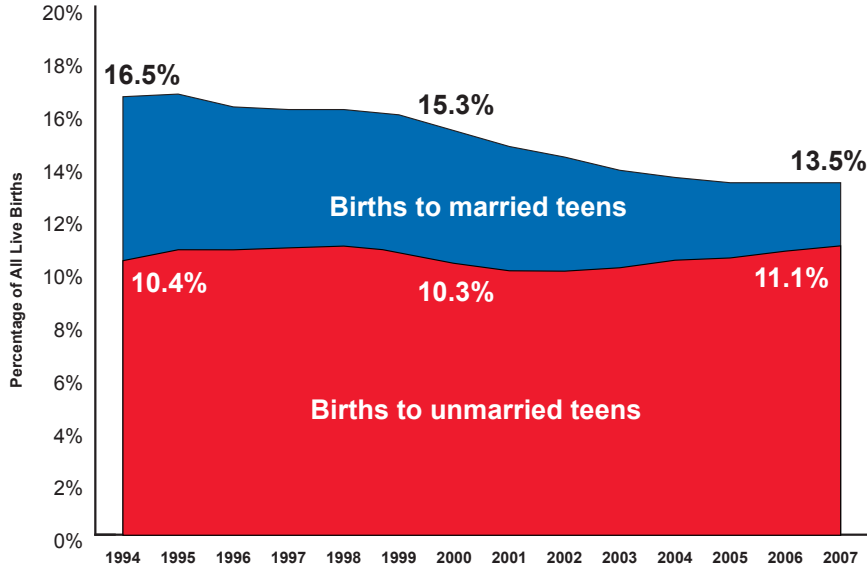
New mothers in Texas reported many barriers to accessing prenatal care during their pregnancies...

Mothers With Risk Factors in Pregnancy Are More Likely to Have a Preterm Birth



Source: CPPP analysis of 2007 birth data, Texas Department of State Health Services

Although Births to Teens Have Declined Overall, Births to Unmarried Teens is at Highest Point in Decades



Source: Births to teens ages 13-19; Texas Department of State Health Services

New mothers in Texas reported many barriers to accessing prenatal care during their pregnancies, including that they lacked enough money (20.4 percent), could not get an appointment (17.4 percent), lacked Medicaid cards (18.9 percent), had no early prenatal insurance (10.4 percent), and lacked transportation (10.3 percent).⁷⁸

For many women, parental care is their first entry into the health care system. There is a growing consensus that poor health prior to conception may be the missing link to explain some of the nation’s infant health problems, such as prematurity and infant mortality. Lack of health insurance options for low-income women who do not work or whose employer does not offer health insurance exacerbates the problem. An important step to improving maternal and infant outcomes is to take a lifelong approach to health care and increase access to health care and education for women of all ages and particularly during child-bearing years.⁷⁹

BIRTHS TO TEENS

When teens have children, the health, educational, and economic outcomes for both mother and child worsen. Teen mothers are more likely to drop out of school and experience poverty. Their babies are more likely to be born at low birth weight, experience health problems and developmental delays, experience abuse or neglect, and perform poorly in school. They also are more likely to get in trouble and become teen parents themselves, perpetuating the cycle of poverty.⁸⁰



Texas can do more to reduce the rate of births to teens.

In 2007, 55,129 babies (13.5 percent of all births) were born to teens ages 13-19, and 8-in-10 of those were to unmarried teens. The decline in births to teens since the early 1990s is due largely to the decline of births to married teens. More surprisingly, while births to married teens have declined, births to single teens have climbed steadily since 2000. One of every nine Texas babies is born to an unmarried teen mom.

Texas can do more to reduce the rate of births to teens. Prevention programs and services should be better supported, widely available, and broadened to include:

- educating parents about how to teach sex education to their children;
- accurate, clear, and consistent information about how to reduce risk-taking behaviors;
- community-based plans of action;
- reproductive health services; and
- a clear and credible vision of a positive future for teens.⁸¹

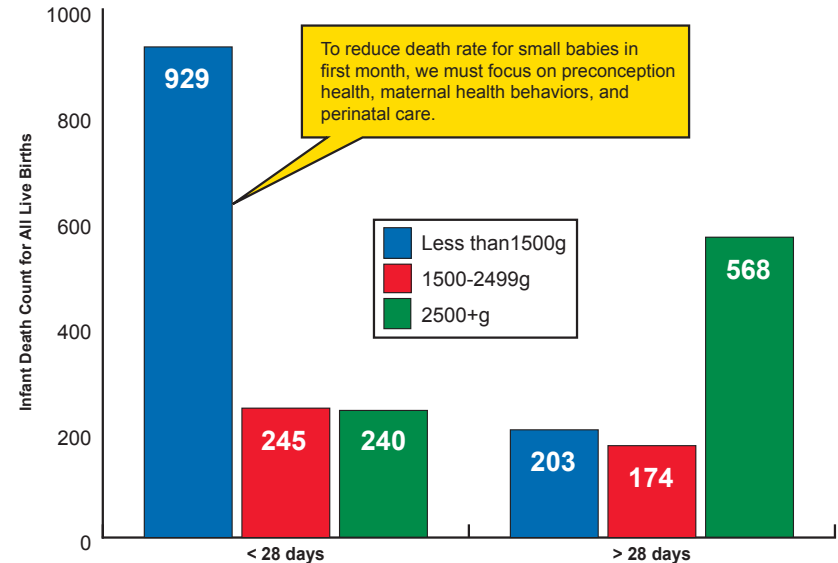
INFANT MORTALITY

Infant mortality rates are a good indicator of overall community health. Nationally, Texas ranks 13th with an infant mortality rate of approximately six deaths per 1,000 live births in 2007 (Washington state is 1st at 4.8 per 1,000).⁸² Although our ranking is better than most other states, there were still 2,605 babies that died before their first birthday.⁸³

More than half of Texas' infant mortalities happen in the first month of

life, with half of those babies weighing less than 3.3 pounds. According to the Perinatal Periods of Risk approach,⁸⁴ reducing the death rate for very low-birthweight infants requires greater attention to maternal health and prematurity. In fact, when looking at causes of death, prenatal problems account for the biggest proportion of infant deaths (43 percent), reinforcing the need for improved access to early prenatal care.

Infant Mortality Most Likely to Occur in First Month of Life



Source: 2007 linked birth and death data; Texas Department of State Health Services

HEALTH CARE QUALITY, COVERAGE AND GAPS

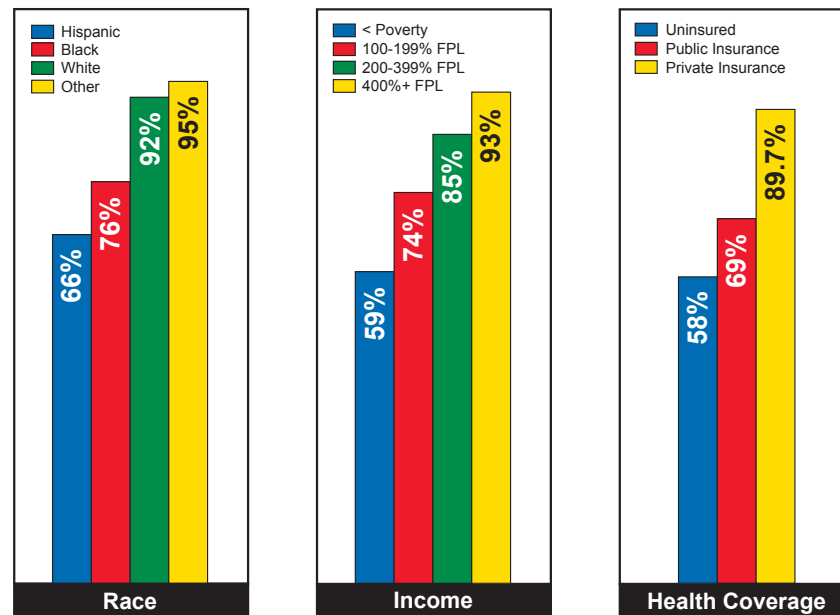
Whether rich or poor, Black or White, every Texas child deserves to be healthy and have access to the care they need. Unfortunately, Texas kids are less healthy on average than U.S. kids overall, and those differences are exacerbated by factors of race/ethnicity and family income. Kids living in poverty are significantly less likely than kids in middle- to upper-income families to be in excellent or very good health. Hispanic and Black children are significantly less likely than White children to be in their best health.⁸⁵

With rising child poverty, an increasing Hispanic population, and the country's highest child uninsured rate for the last 11 years straight (TX = 19 percent; US=11 percent),⁸⁶ these types of health disparities are unacceptable. Disparities lead to poor outcomes in all areas of child well-being and increased health care costs for everyone.

Fortunately, these are problems we can solve. Approximately half of Texas' 1.3 million uninsured children are eligible for Medicaid or the Children's Health Insurance Program.⁸⁷ By dedicating financial and human resources to improving the way we sign kids up for public coverage, our state has already lowered the child uninsured rate between 2008 and 2009. But our problem is not solved. We must

Race, Income, and Type of Insurance Impact Texas Kids' Health Status

Percentage of Kids in Excellent/Very Good Health by Category
Overall: TX = 78%, U.S. = 84%



Source: Children ages 0-17 whose parents report that they are in excellent or very good health, 2007 National Survey of Children's Health, Data Resource Center for Child and Adolescent Health.

maintain continued attention to this problem as our child population that lives in poverty continues to grow.

As of October 2010, one of every three Texas kids (over 2.8 million) received coverage through Texas' public health insurance programs: Medicaid covered 2.3 million, CHIP more than 526,000, and the CHIP Perinatal program covered over 18,000.⁸⁸ Medicaid pays for over half of all Texas births⁸⁹ and is the only source of coverage for children with serious disabilities. These joint federal- and state-funded programs provide health coverage to low-income children and are one of the most important anti-poverty and public health programs we have.

TEXAS KIDS ARE THE BIG WINNERS IN HEALTH REFORM

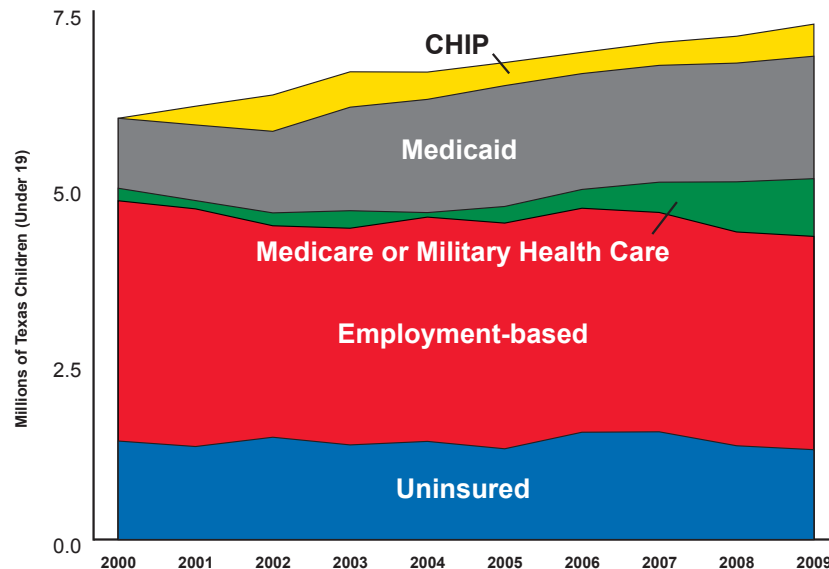
In a state with many health care challenges, national health reform is a game changer for Texas.

Although much of the discussion around health reform has focused on politics, parents are more concerned with their families than with political scorekeeping. Health reform is a major victory because it will reduce the uninsured rate and it will provide new economic security to millions of Texas families.

Children have already begun to celebrate the wins with health reform. The new reforms have ended discrimination against sick children and allowed parents to keep their kids on their insurance until they turn 26.

These changes provide immediate peace of mind and financial protection for millions of families across Texas. As more elements of health reform are rolled out through 2014, children continue to win because reform promotes preventive treatment, prohibits lifetime limits and denying children coverage based on a preexisting condition, will prohibit insurance companies from charging more for kids with health conditions, and strengthens the health insurance families already have.⁹⁰

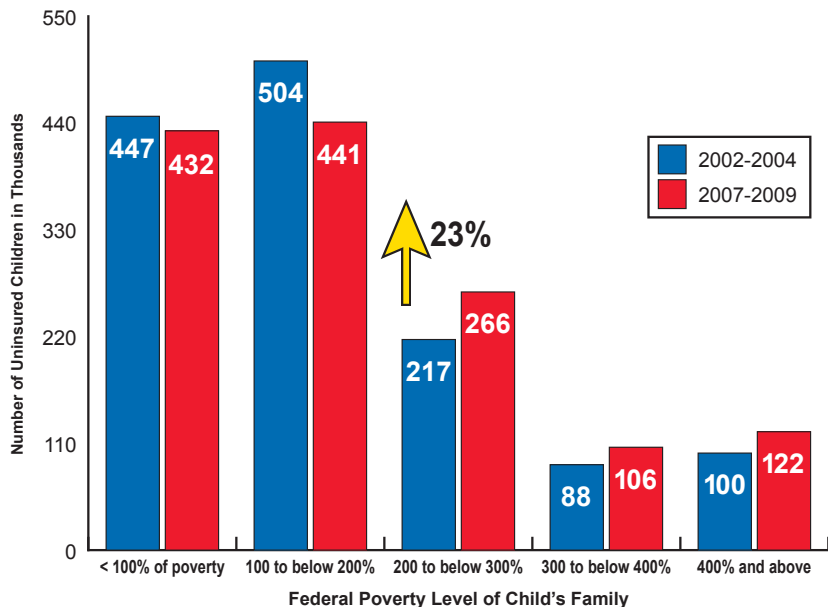
Medicaid and CHIP Critical for Children's Coverage



Source: CPPP Analysis of Census Bureau CPS Table Creator, www.census.gov/hhes/www/cpstc/cps_tbale_creator.html
Texas Health and Human Services Commission, Medicaid and CHIP data.

Uninsured Texas Children

All growth in uninsured among middle- to high-income;
Lower-income groups have access to Medicaid and CHIP



Source: CPPP analysis of 3-year average data, children ages 0-18, Current Population Survey, U.S. Census Bureau

Health reform will also create new affordable options for families to obtain coverage through health insurance exchanges. This is a particularly important provision for low- and moderate-income families. Nearly 500,000 uninsured Texas children live in families making more than 200 percent of the federal poverty level (FPL), an increase of 90,000 since 2003.⁹¹ Because these families make more than Texas' income cutoff for public health insurance (200 percent of FPL), they can only look to job-related or direct-purchase health insurance coverage. Regrettably, coverage in these markets is often unavailable, unaffordable, or limited in what it covers.⁹²

Fewer children receive coverage through their parent's employer, declining from 57 percent in 2000 to just 48 percent in 2009.⁹³ Employers, like families, are struggling to afford insurance for their workers. As of March 2009 (prior to the passage of reform), 68 percent of Texas' small business owners did not provide coverage because it was either too expensive, or because their employees could not afford the premium. This trend is likely to continue as 40 percent of those small employers who do offer coverage report that they are considering discontinuing coverage.⁹⁴

Fewer children receive coverage through their parent's employer...

NUTRITION

Children need access to nutritious food because it affects their current and future health by supporting their physical, social, and mental development.⁹⁵ Unfortunately, Texas has the worst rate of “food insecure” children in the nation. That means that one in four Texas children (over 1.6 million) live in homes in which parents do not know where their next meal is going to come from, or how they are going to afford it.⁹⁶ Due to rising unemployment and poverty, we are likely to see an increase in the rate of food insecure children when recession-era data on children become available.

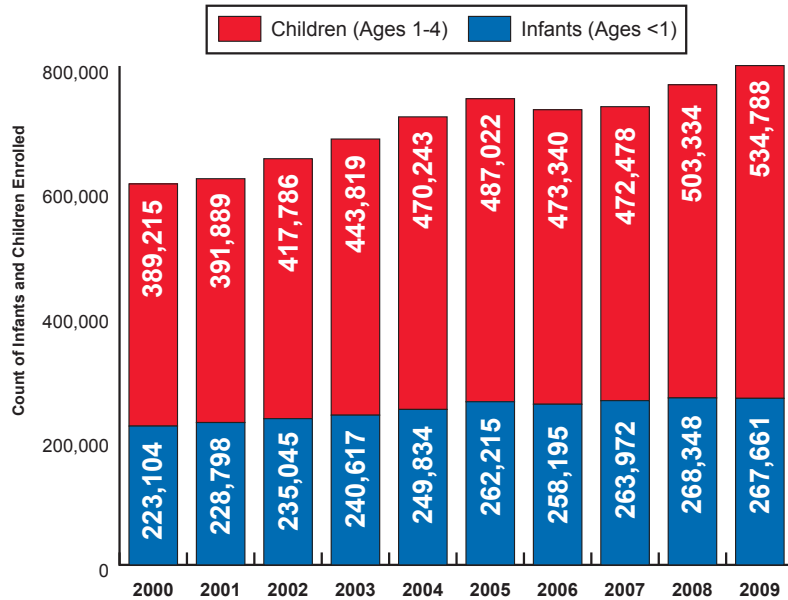
Now more than ever, child nutrition programs are critical for kids and families. The Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), the Supplemental Nutrition Program for Women, Infants and Children, and the National School Meals Program often provide the only nutritious food some children receive each day. These programs have been responsive during the recession, seeing significant increases in enrollment. Still, only an estimated 40 percent of food insecure households participated in SNAP and only 33 percent of children in food-insecure households nationally receive free or reduced-prices lunches.⁹⁷

Congress passed the Healthy, Hunger Free Kids (HHFK) Act in



Now more than ever, child nutrition programs are critical for kids and families.

WIC Participation Growth Reflects Overall Population Growth and Increases from the Recession



Source: Texas Health and Human Services Commission

December 2010 which reauthorized several of the core federal Child Nutrition Programs. Highlights of the bill include expanding the after-school supper program to all 50 states, increasing federal reimbursement rates for school meals, improving access to school meals by reducing administrative barriers for schools and families, promoting breastfeeding with WIC participants, and improving the quality of all food sold on school grounds.⁹⁸

In direct response to the state budget crises across the country, Congress also made clear in the HHFK Act that federal funds for the Child Nutrition Programs must be used only for those programs and protected from state budget cuts, including hiring freezes, work furloughs, and travel restrictions.⁹⁹

WIC - WOMEN, INFANTS, AND CHILDREN

The supplemental nutrition program WIC helps low-income pregnant women, new mothers, infants, and young children eat well and stay healthy. WIC provides nutrition education, nutritious foods, referrals to health and human services, breastfeeding support, and immunizations (at some clinics).¹⁰⁰

More than 802,000 Texas children ages 0-4 (40 percent) received support through WIC. When you look at infants alone, 67 percent received WIC supplements, compared to only 35 percent of children aged 1-4. The program has grown by more than 176,000 kids between 2000 and 2009, with an increase of 66,000 children from 2007 to 2009

When you look at infants alone,
67 percent received WIC supplements...

alone.¹⁰¹ Though these increases sound dramatic, the percentage of kids participating in the total population has only increased by a little more than two percent since 2000 because the 0-4 population also grew during the same period. However, the rate jumps to 79 percent if you look only at how many potentially eligible kids are participating.¹⁰²

SNAP - SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

During the recession, more families needed greater assistance with basic expenses. SNAP (formerly Food Stamps) provided benefits to over 3 million Texans, more than half of which are children (ages 0-17). In January 2011, more than 2 million Texas children received assistance from SNAP, an increase of nearly 700,000 kids since January 2008.¹⁰³ Furthermore, because of added funds from the ARRA, monthly benefits rose 13.6 percent, giving added assistance to families at a time when they needed it most.¹⁰⁴

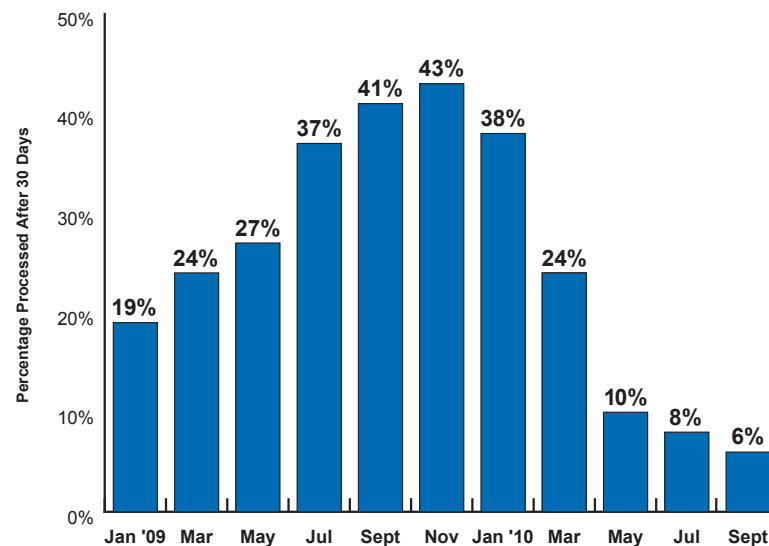
The dramatic rise in applications for SNAP initially overwhelmed the already beleaguered state workers who enroll families in these federal benefits. In November of 2009, 43 percent of SNAP applications were not being processed within the federally mandated 30-day time period, leaving hundreds of thousands of families each month waiting for food assistance.

Texas' new Commissioner of Health and Human Services promised to mobilize the human and financial capital necessary to process claims



During the recession, more families needed greater assistance with basic expenses.

SNAP Applications Process Improves Dramatically with Human and Financial Investment



Source: Texas Health and Human Services Commission

in a timely manner and get the job done right. To accomplish this goal, he asked permission from the Governor and the Legislature to hire more staff. The addition of 850 new workers improved performance dramatically. By September of 2010, staff was able to process nearly all applications within the 30-day window. The improvement in the way we enroll kids in SNAP is a great example of how Texas can accomplish needed reforms when it spells out its priorities and makes the required investment.

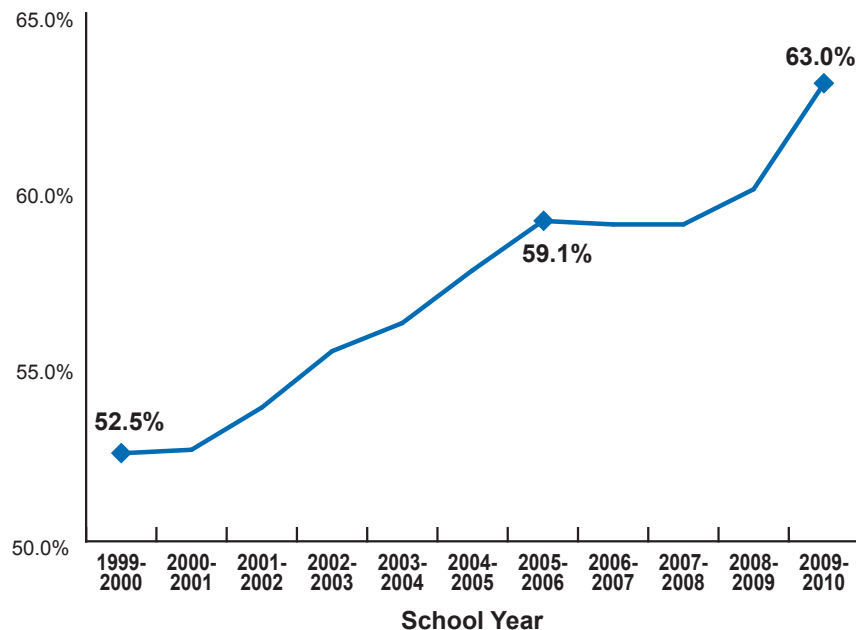
FREE AND REDUCED-PRICE LUNCHES

The National School Lunch Program is the food and nutrition program that serves the most children and the second largest overall food program (after SNAP).¹⁰⁵ To be eligible for free meals, children must be living in families making less than 130 percent of the Federal Poverty Line. Children with family incomes between 130 and 185 percent of the poverty line are eligible for reduced-priced meals, which can cost no more than 40 cents per meal.¹⁰⁶ The Texas Public School Nutrition Policy requires schools to exceed federal standards, such as by requiring schools to serve fresh fruit with every meal and limiting the sale of junk food on campus.¹⁰⁷

More than 2.8 million Texas children participate in the school lunch program, and close to half of them also receive breakfast.¹⁰⁸ More than \$1.3 billion of federal funding is used to support these programs during the school year.¹⁰⁹ Many counties in Texas also run summer nutrition

programs so that kids who depend on school lunches have access to good nutrition when school is closed for the summer.

More Than Two-Thirds of School Kids Receiving Free or Reduced-Price Lunches



Source: Texas Department of Agriculture

CHILD MALTREATMENT

CHILD ABUSE AND NEGLECT

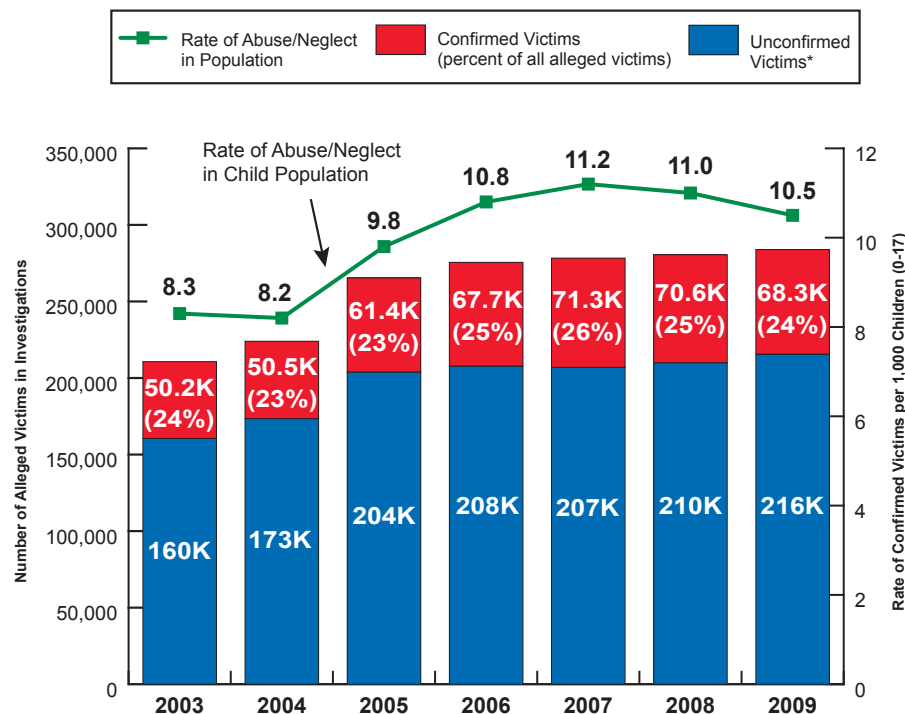
In 2009, the Texas Department of Family and Protective Services (DFPS) confirmed 68,326 Texas children (or 10.5 per 1,000 ages 0-17) as victims of abuse or neglect. Although the rate of confirmed victims is higher than in earlier years, this increase may or may not indicate an increase in actual abuse. Many factors influence total confirmations, including population growth as well as the number of abuse and neglect reports and resulting investigations.

Both reports and investigations increased dramatically in 2005, and then plateaued in the years following, leading to a similar pattern in the confirmation rates.¹¹⁰ The sharp increases in 2005 were likely a response to publicity surrounding several high profile tragedies with children in Child Protective Services.¹¹¹ In addition, the Legislature increased funding for DFPS, which the department used in part to hire more investigators and intake staff. This allowed for more completed investigations while reducing the average caseload for investigators.¹¹²

COSTS OF MALTREATMENT

Both families and society bear the cost of child abuse. The personal costs to children and families are as hard to measure as they are

While Abuse and Neglect Allegations Continue to Climb, Only One in Four Allegations is Typically Confirmed



Source: Texas Department of Family and Protective Services
 *Unconfirmed victims includes children whose abuse/neglect allegations were either ruled out, uncompleted, unable to be determined, or still in progress.

substantial and long-lasting. Researchers estimate the annual financial cost of child abuse and neglect as \$103.8 billion nationally, including direct (e.g., hospitalization) and indirect costs to society (e.g., special education). These costs underscore the critical need for a strong social services system that includes treatment and prevention.¹¹³

Unfortunately, Texas has not prioritized prevention services. In 2010, the Prevention and Early Intervention (PEI) Division budget was \$46 million, only 3 percent of The Department of Family and Protective Services' (DFPS) overall budget. Although Texas already has the lowest rate of prevention coverage (5 per 1,000 vs. 44 per 1,000 for U.S.), prevention services have been targeted for near budgetary extinction as a cost savings measure for 2012-2013.¹¹⁴ Given the long-term costs to families and the state, this proposed cut is penny-wise and pound foolish.

SUBSTITUTE CARE

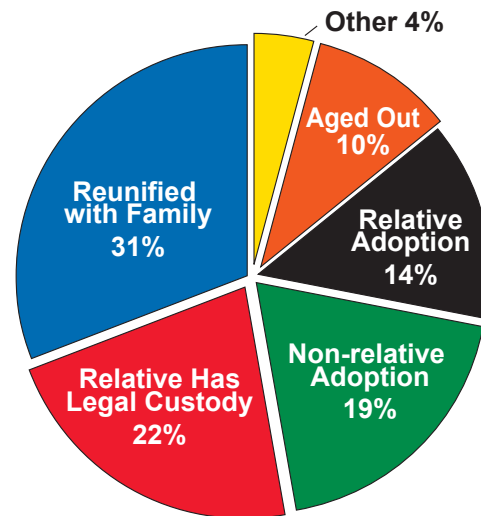
In the vast majority of cases, families involved with DFPS receive services with the child living in the home. In some cases, however, the risk to the child is so grave that DFPS must remove the child from the home and place him or her in substitute care, usually living with a relative or in foster care.¹¹⁵

In 2009, more than 25,000 children lived in foster care at some point during the year, a decline of about 9,000 kids since 2006.¹¹⁶ This decline is due, in part, to recent child protective services system reforms that

focus on providing in-home services to families and, when that is not possible, to placing children with relatives.

Children can leave DFPS legal custody several ways. Legally permanent placements include reunification with family, a relative becoming a legal caregiver, or adoption (relative or non-relative). DFPS tries to avoid children exiting by aging out or an "other" type of exit¹¹⁷ because, in most cases, these children experience significant difficulties transitioning to living on their own.

Of the 14,497 Children Leaving DFPS Custody in 2009, 14 Percent Did Not Have a Permanent Placement



Source: FY2009 exit data from the Texas Department of Family and Protective Services

EARLY CARE & EDUCATION

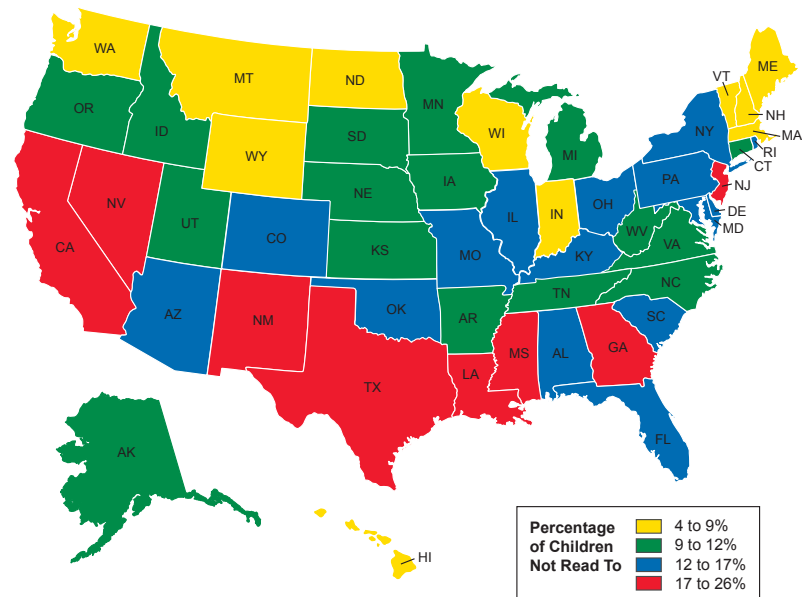
EARLY CHILDHOOD EDUCATION

When children start school behind they tend to stay behind.¹¹⁸

Educated parents are more likely to read to their children daily and create a print- and conversation-rich environment. By the time children from these families enter kindergarten, they can recognize some words, have held a book, and are well on their way towards literacy. By age 4, the average child in a professional family has heard about 20 million more words than the average child in a working-class family and 35 million more words than the average child in a low-income family.¹¹⁹ Given our high child poverty rate, it is not surprising that Texas has the worst rate in the country of preschool children who are not read to regularly.¹²⁰

Nurturing, high-quality early education is a prerequisite to school readiness and success,¹²¹ and can help balance some of the language exposure differences that may occur at home. Children who attend high-quality settings are more cognitively engaged, happier, and display enhanced language competency.¹²² They are held back in school less, are less likely to be placed in special education, are more likely to complete high school, score higher on achievement tests, and attend college.¹²³

One of Every Four Texas Preschoolers Not Read to Regularly—Worst Rate in the Nation



Source: 2007 National Survey of Children's Health as reported in KIDS COUNT Data Center—Data Across States, Annie E. Casey Foundation



For every \$1 invested in high quality early childhood education, we save \$3.50.

According to former State Demographer Steve Murdock, quality early childhood education is one of the most cost effective educational investments.¹²⁴ However, maintaining access to and maintaining or increasing the quality of Texas' three primary child care programs for low-income families—State Subsidized Child Care, Public Prekindergarten, and Head Start—may be in jeopardy as we look to balance the budget. Given that every \$1 invested in high quality early childhood education saves at least \$3.50,¹²⁵ can we afford not to make this sound investment?

SUBSIDIZED CHILD CARE

State Subsidized Child Care (SSCC) supports parents who work, attend school, or engage in job training by providing child care assistance for children ages 0-12. This work support is available to children in low-income families, whose parents are receiving or leaving TANF, or who receive or need protective services.

Eligibility for child care services is determined locally by each of Texas' 28 Local Workforce Development Boards (LWDB), leading to a range of eligibility criteria. The boards establish income eligibility limits (up to 85 percent of the state median income), the parent's share of the cost, and provider reimbursement rates.¹²⁶ Because resources are limited, workforce boards often place stringent restrictions on eligibility criteria, allowing only children from the poorest families to receive subsidies.

The number of children enrolled in subsidized child care fell from 240,093 in 2007 to 219,028 in 2008, an 8.8 percent decline. In 2008, only one of every 21 children (4.7 percent) ages 0-12 received subsidized child care. Because there was a rate freeze in place through 2007, any additional money sent to the boards from the Texas Workforce Commission meant that more kids could be served. In 2008, the Texas Workforce Commission removed the rate freeze and lowered their board targets to meet those of the Legislative Budget Board. Thus, because the money given to the boards did not go up substantially (if at all), providers were paid more per child but fewer kids received the subsidy.¹²⁷

In 2009, federal support through the American Recovery and Reinvestment Act reversed the decline in subsidized child care participation, allowing several Workforce Boards to reduce their waitlists to zero. However, the recovery act money is only temporary. All funds must be used by June 2011. Without additional commitments from the federal government or the state to meet our child care needs, we are likely to see the waitlists swell at a time when low-income parents need the support more than ever.

PREKINDERGARTEN

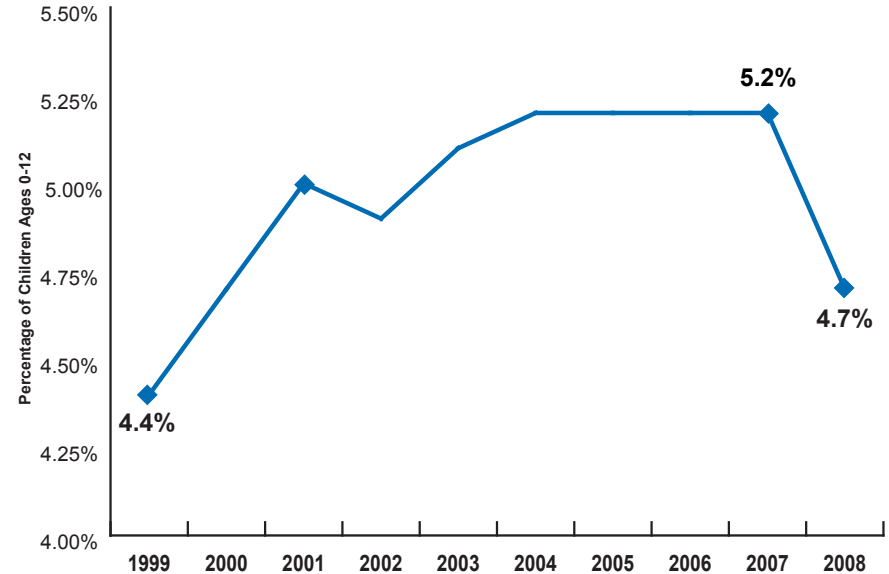
Prekindergarten is a publicly-funded early childhood education program for 3-to-4-year-olds, designed to prepare kids for kindergarten. It is offered to children who are English Language Learners, economically disadvantaged, homeless, currently or formerly in foster care, or have a parent serving in the armed forces.¹²⁸ Under state guidelines, a school district must offer prekindergarten if at least 15 4-year-olds in that district meet one of these criteria.¹²⁹

In the 2009-2010 school year, 28 percent (214,172) of 3-to-4-year-olds participated in Texas' public prekindergarten program, the highest rate in the last two decades. More than half of Texas' 4-year-olds participate—51 percent (192,594) compared to only 8 percent (21,578) of all 3-year-olds. This is not surprising as the programming guidelines primarily target skills for 4-year-olds.¹³⁰ Further, districts are not required to offer prekindergarten for 3-year-olds, even if they offer

it for 4-year-olds.

Prekindergarten can improve outcomes by preparing children for school and increasing their chances of future academic and job success. Quality prekindergarten consists of highly trained teachers and staff, developmentally appropriate curriculum, small class/group size, low

In 2008, State Instituted Much-needed Rate Increase for Providers, But Fewer Kids Received Subsidized Child Care Assistance



Source: CPPP analysis of SSCC data from the Texas Workforce Commission and the State Demographer's Office

Research shows that prekindergarten reduces achievement gaps between social groups...



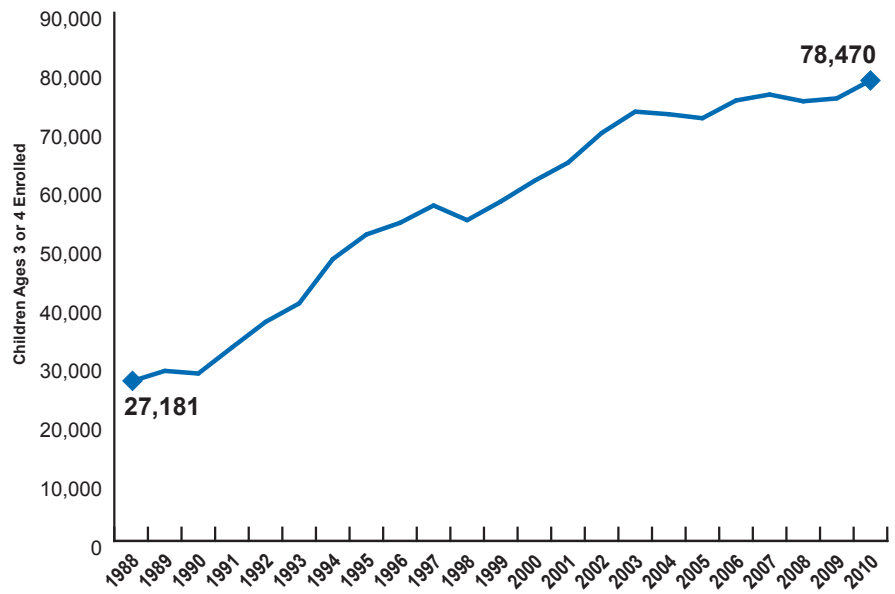
staff-to-child ratio, and parent involvement. Research shows that prekindergarten reduces achievement gaps between social groups, helps boost student achievement, reduces retention rates, and saves money by decreasing remediation and special education costs.¹³¹

HEAD START

Head Start is a federally funded child development program designed to bridge the gap between low-income children and their peers before they enter school. Head Start provides developmentally appropriate preschool education; medical, dental, and mental health care; nutrition services; parent education; and family/social services. Research demonstrates positive short- and long-term effects for children, including improvements in pre-reading, pre-writing, vocabulary, and parent reports of children's literacy skills; reduced problem behaviors; better access to children's health care; and reduced use of physical discipline by parents.¹³²

Despite Head Start's many benefits, federal funding for the program declined by 7.6 percent from 2004-2010.¹³³ This cut will lead to a decline in services offered and/or the number of children served. Increasing funding for Head Start is essential to maintain high quality services, allows for population growth, and helps retain and adequately compensate teachers.

Texas' Head Start Enrollment Climbed Steadily Over Last Two Decades



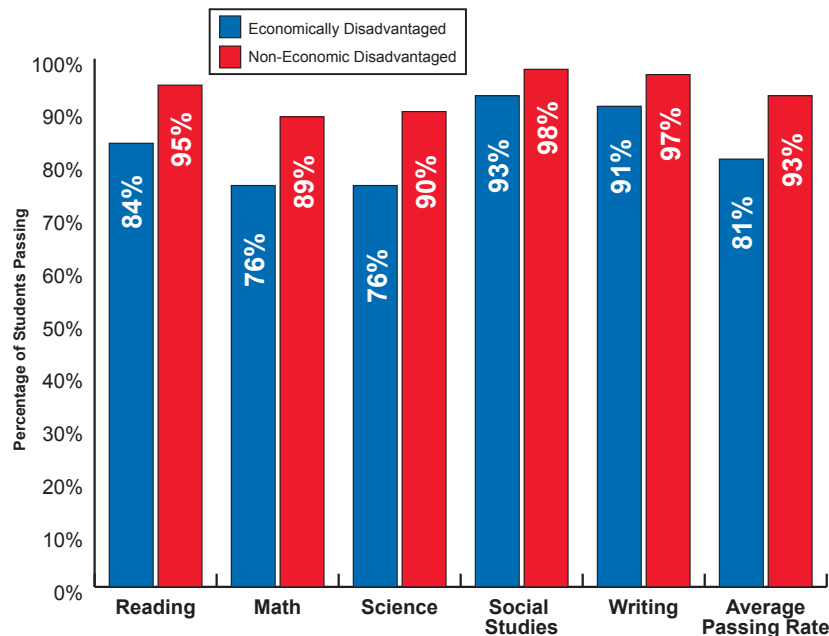
Source: KIDS COUNT Data Center, Data Across States, Annie E. Casey Foundation

Quality public education is essential to ensuring the overall well-being and success of Texas' kids. In the 2009-2010 school year, Texas public schools served over 4.8 million students (up 98,000 in one year). Of these, 59 percent were economically disadvantaged.¹³⁴ As the number and proportion of Texas students from low-income families continues to grow, providing quality education becomes more difficult and also more important.

Unfortunately, students' educational success is largely influenced by their family's economic security. Economically disadvantaged and minority children consistently perform below average on state accountability tests and graduation rates, which can each influence future job opportunities and earnings.

Texas public schools administer the Texas Assessment of Knowledge and Skills (TAKS) each spring to students in 3rd through 11th grade.¹³⁵ The test is intended to measure students' understanding and classroom implementation of the state curriculum. In 2010, the passing rate for economically disadvantaged students across the five TAKS tests was 12 percentage points lower than the passage rate for non-economically disadvantaged kids. Given the high-stakes value of passing these tests (e.g., influencing grade promotion and graduation), the performance

Economically Disadvantaged Students Less Likely to Pass TAKS Tests Compared to Peers



Source: 2010 passing rates across English versions of tests, Texas Education Agency
Note: Average Passing Rate is calculated across all tests taken and all tests that met standard.

outcomes for economically disadvantaged students can have long-term consequences.

According to the Intercultural Development Research Association (IDRA), 29 percent students in the Class of 2010 (nearly 120,000 kids) left school between ninth grade and graduation.¹³⁶ Although this is the lowest rate in the last 25 years, the gaps between White students and Hispanic or Black students are growing.¹³⁷

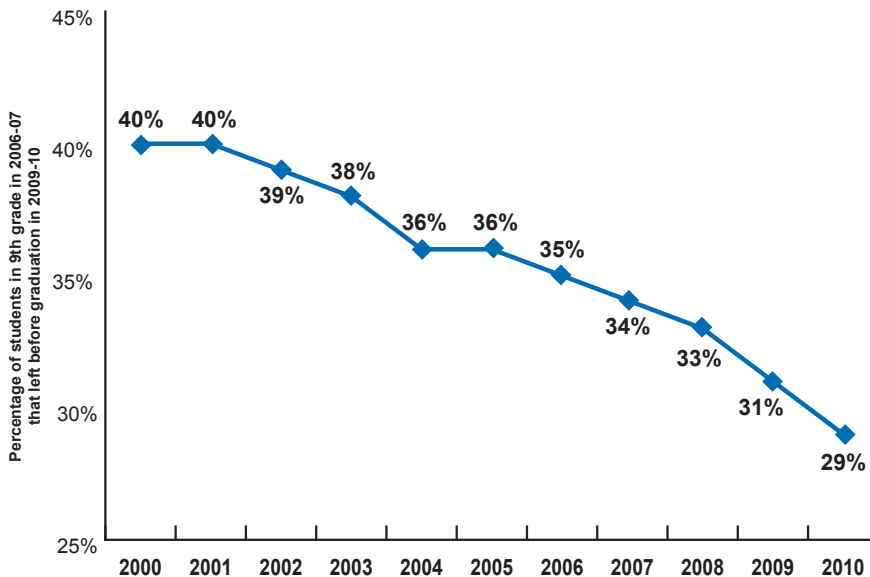
Education gaps for non-White or economically disadvantaged students force them into the job market with limited skills and, consequently, limited job opportunities. To close the resulting opportunity gaps between students, we must concentrate our efforts to help kids at risk of academic failure. For example, the Optional Extended Year Program (OEYP) provides additional help to students that are likely to not graduate or be promoted to the next grade. The OEYP program gives targeted students extra classroom time by letting districts provide extended day, week, or year programs. Of the students served by OEYP, more than 90 percent have been promoted.¹³⁸

Unfortunately, due to the budget shortfall, OYEP will not be funded for the 2010 -2011 school year¹³⁹ and once a program is cut, it rarely comes back. In Texas, we should be expanding successful education programs like OYEP, not cutting them.

Underfunded and inadequate public schools lead to more low-skilled

workers, which leaves them unprepared for the 21st Century workplace. We must invest in Texas' children now to ensure a pool of high-skilled workers that will bring high-wage jobs. Today, we are training the workers of tomorrow.

Texas Kids Dropping Out of High School: Improving, but Still Not Great



Source: Intercultural Development Association



To see your county data online visit us at
www.stateoftexaschildren.org
or on your smart phone at
www.tkcmobile.org.

Selected County Data

To see your county data online visit us at www.stateoftexaschildren.org or on your smart phone at www.tkcmobile.org

		CHILD & FAMILY POPULATION						ECONOMIC (IN)SECURITY & SUPPORT			
		Total Population, 2009	CHILD POPULATION (0-17)					Children in Poverty (0-17), 2009	Median Household Income, 2009	Unemployment, 2009	Children Receiving TANF (0-17), 2009
			Total Child Population, 2009 % of Total Population	Hispanic, 2009 % of Child Population	Anglo, 2009 % of Child Population	Black, 2009 % of Child Population	Other, 2009 % of Child Population				
TEXAS	Number	24,782,302	6,557,436	3,087,941	2,409,086	808,006	252,403	1,655,085	\$48,286	910,621	91,748
	Rate	NA	26.5%	47.1%	36.7%	12.3%	3.8%	24.3%	NA	7.6%	1.4%
Harris	Number	4,044,032	1,099,750	560,852	265,269	209,112	64,517	288,722	\$50,577	150,346	8,135
	Rate	NA	27.2%	51.0%	24.1%	19.0%	5.9%	24.9%	NA	7.6%	0.7%
Dallas	Number	2,429,276	672,235	346,875	148,064	142,712	34,584	184,940	\$46,044	95,090	7,105
	Rate	NA	27.7%	51.6%	22.0%	21.2%	5.1%	27.2%	NA	8.2%	1.1%
Tarrant	Number	1,779,396	487,266	178,703	203,067	77,282	28,214	106,476	\$53,757	69,491	3,478
	Rate	NA	27.4%	36.7%	41.7%	15.9%	5.8%	21.2%	NA	7.7%	0.7%
Bexar	Number	1,649,956	439,601	292,781	100,375	35,437	11,008	114,392	\$45,315	52,047	4,625
	Rate	NA	26.6%	66.6%	22.8%	8.1%	2.5%	25.1%	NA	6.8%	1.1%
Travis	Number	1,012,789	236,227	111,647	85,312	25,311	13,957	53,877	\$53,434	36,877	3,300c
	Rate	NA	23.3%	47.3%	36.1%	10.7%	5.9%	22.2%	NA	6.7%	1.4%
El Paso	Number	755,073	216,142	190,821	17,121	5,139	3,061	76,356	\$36,078	27,725	6,658
	Rate	NA	28.6%	88.3%	7.9%	2.4%	1.4%	32.7%	NA	9.0%	3.1%
Hidalgo	Number	740,014	244,783	232,128	10,302	339	2,014	125,252	\$30,360	31,526	20,231
	Rate	NA	33.1%	94.8%	4.2%	0.1%	0.8%	46.7%	NA	10.6%	8.3%
County with Highest Rate*	Name	Harris (4,044,032)	Starr	Starr	Roberts*	Multiple	Fort Bend	Starr	Fort Bend (\$80,548)	Multiple	Kent*
	Rate	NA	35.2%	98.6%	95.1%	39.3%	12.7%	53.5%	NA	16.7%	35.0%
County with Lowest Rate*	Name	Loving (57)	Loving*	Multiple	Starr	Multiple	Multiple	Collin	Zavala (\$21,841)	Hemphill	Multiple
	Rate	NA	5.3%	2.8%	1.1%	0.0%	0.0%	8.2%	NA	3.5%	0.0%

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		MATERNAL AND INFANT HEALTH				NUTRITION			HEALTH CARE	
		Births to Teens (13-19), 2007 Percent of All Live Births	Low Birthweight, 2007 Percent of All Live Births	Preterm Births, 2007 Percent of All Live Births	Infant Mortality, 2007 Rate per 1,000 Live Births	Children Receiving WIC (0-4), 2009	Children Receiving SNAP (A.K.A. Food Stamps) (0-17), 2009	Children Receiving Free/Reduced Price Lunch 2010, (All grades, % of average daily attendance)	Children Enrolled in Medicaid (0-18), Aug. 2009	Children Enrolled in CHIP (0-18), Aug. 2009
TEXAS	Number	55,129	34,241	55,094	2,605	802,449	1,600,995	2,868,202	2,372,878	490,603
	Rate	13.5%	8.4%	13.5%	6.4	41.2%	24.4%	63.1%	34.2%	7.1%
Harris	Number	8,913	6,202	9,565	422	143,036	234,989	511,859	417,978	100,234
	Rate	12.5%	8.7%	13.4%	5.9	41.3%	21.4%	67.3%	36.0%	8.6%
Dallas	Number	6,240	3,796	6,328	322	91,705	158,131	317,107	259,271	57,419
	Rate	14.0%	8.5%	14.2%	7.2	44.4%	23.5%	75.6%	36.6%	8.1%
Tarrant	Number	3,515	2,364	3,342	238	46,339	91,683	177,067	137,818	34,814
	Rate	11.9%	8.0%	11.3%	8.0	32.2%	18.8%	56.3%	26.8%	6.8%
Bexar	Number	3,842	2,592	4,250	162	55,848	120,919	206,729	176,282	34,714
	Rate	13.9%	9.4%	15.4%	5.9	42.6%	27.5%	67.4%	37.9%	7.5%
Travis	Number	1,685	1,291	1,962	81	26,649	53,948	83,633	78,563	13,869
	Rate	10.1%	7.8%	11.8%	4.9	35.5%	22.8%	65.3%	31.5%	5.6%
El Paso	Number	2,315	1,243	1,907	56	40,126	84,525	131,996	108,694	22,047
	Rate	16.2%	8.7%	13.3%	3.9	55.5%	39.1%	79.6%	47.4%	9.6%
Hidalgo	Number	2,721	1,321	2,518	94	56,950	129,297	167,935	159,850	23,194
	Rate	15.8%	7.7%	14.6%	5.5	71.7%	52.8%	84.9%	61.6%	8.9%
County with Highest Rate*	Name	Borden*	Jeff Davis	Kent*	Kenedy*	Hudspeth*	Dimmit	Presidio	Loving*	McMullen
	Rate	100.0%	27.3%	50.0%	200.0	82.7%	54.3%	97.6%	66.7%	14.3%
County with Lowest Rate*	Name	Multiple	Multiple	Multiple	Multiple	King*	King*	Kenedy*	Collin	Multiple
	Rate	NA	0.0%	0.0%	0.0	1.3%	0.0%	0%	1.2%	0.0%

* NOTE: Caution should be used when interpreting rates for infrequent events, particularly in small populations. For example, some counties with a particularly small population may have deceptively high or low rates even though they report an extremely low number of occurrences (i.e., 33% of a large county may be 33,000 events out of 100,000 children versus 33% for a small county may be 3 events for 10 children).

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		CHILD ABUSE & NEGLECT		DEATH & VIOLENCE			EARLY CARE & EDUCATION		
		Confirmed Victims of Child Abuse, 2009 Rate per 1,000 Children (0-17)	Children in Foster Care 2009, Rate per 1,000 Children (0-17)	Child Deaths, 2007 Rate per 100,000 Children (1-14)	Teen Violent Deaths (homicide, suicide, or accident) 2007 Rate per 100,000 Teens (15-19)	Juvenile Violent Crime Arrests, 2008 Rate per 100,000 Children (10-17)	Children Receiving Subsidized Child Care (0-12), 2008	Children in Public Pre-K (3-4), 2009-2010	Head Start Enrollment 2008 Percent of Population (3-4)
TEXAS	Number	68,326	26,829	1,051	836	5,121	219,028	214,172	63,625
	Rate	10.5	4.1	21.3	45.4	181.6	4.7%	28.0%	8.4%
Harris	Number	6,671	4,029	152	143	830	39,085	44,487	6,649
	Rate	6.2	3.7	18.3	49.6	183.3	4.9%	33.1%	5.0%
Dallas	Number	5,862	1,971	97	71	613	18,995	19,370	4,161
	Rate	8.9	2.9	18.9	41.6	223.5	3.9%	23.8%	5.2%
Tarrant	Number	6,030	1,530	73	58	706	12,243	13,312	2,470
	Rate	12.7	3.1	20.1	45.6	345	3.5%	23.5%	4.4%
Bexar	Number	5,727	3,176	76	54	188	14,055	15,176	6,789
	Rate	13.6	7.2	23.0	45.1	100.9	4.4%	29.3%	13.3%
Travis	Number	1,777	842	22	25	164	6,133	7,006	1,861
	Rate	8.1	3.6	12.6	41.9	181.1	3.5%	23.8%	6.4%
El Paso	Number	2,204	504	49	15	151	9,656	7,614	3,803
	Rate	9.8	2.3	29.5	23.6	169	6.1%	27.5%	13.8%
Hidalgo	Number	2,956	543	37	19	240	14,923	12,604	3,570
	Rate	11.7	2.2	20.1	27.2	234.0	8.6%	41.7%	12.0%
County with Highest Rate*	Name	Schleicher**	Kenedy*	Roberts*	Cottle*	Dickens*	Nolan	Kenedy*	Hudspeth*
	Rate	159.5	21.1	885.0	952.4	1087.0	11.8%	140.0%	92.2%
County with Lowest Rate*	Name	Multiple	Multiple	Muliple	Multiple	Multiple	Multiple	Multiple	Multiple
	Rate	0.0	0.0	0.0	0.0	0.0	0.0	<1%	0.0%

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** The high rates in Schleicher County are due to the large number of children removed from the fundamentalist LDS compound, the Yearning for Zion (YFZ) Ranch, For more information, see <http://www.texasmonthly.com/preview/2009-10-01/feature2>.

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		SCHOOL POPULATION				TAKS TEST					
		Special Education Students 2009-2010 (all grades)	Students in Bilingual/ESL Programs, 2009-2010 (all grades)	4-year Longitudinal Dropouts, Class of 2009	4-year Attrition Rate, Class of 2009	3rd Graders Passing TAKS Reading/ELA, 2009-2010	3rd Graders Passing TAKS Math, 2009-2010	8th Graders Passing TAKS Reading/ELA, 2009-2010	8th Graders Passing TAKS Math, 2009-2010	11th Graders Passing TAKS Reading/ELA, 2009-2010	11th Graders Passing TAKS Math, 2009-2010
TEXAS	Number	445,327	779,771	28,856	125,508	293,854	286,057	291,945	257,322	255,062	240,032
	Rate	9.2%	16.1%	9.4%	31%	92%	86%	91%	80%	93%	89%
Harris	Number	64,696	179,693	5,815	22,870	44,719	43,929	47,180	42,005	40,789	38,829
	Rate	8.0%	22.2%	11.9%	35%	92%	87%	91%	81%	93%	89%
Dallas	Number	40,758	112,088	4,094	13,054	23,812	26,974	26,517	22,615	22,830	21,112
	Rate	9.0%	24.6%	13.7%	35%	91%	84%	89%	76%	92%	86%
Tarrant	Number	28,044	54,926	2,126	8,367	20,893	20,256	20,707	17,712	17,860	16,634
	Rate	8.3%	16.3%	10.2%	30%	91%	84%	91%	78%	94%	88%
Bexar	Number	34,445	32,150	2,797	10,742	19,273	17,634	19,466	16,476	16,398	14,981
	Rate	10.6%	9.9%	13.5%	39%	91%	82%	90%	77%	93%	86%
Travis	Number	13,831	33,649	927	3,404	8,409	8,109	7,988	7,003	6,964	6,629
	Rate	9.5%	23.2%	10.7%	31%	92%	87%	89%	78%	91%	88%
El Paso	Number	15,384	43,283	1,218	5,687	9,400	9,203	10,830	9,732	9,872	9,340
	Rate	8.6%	24.2%	10.1%	34%	93%	88%	89%	80%	92%	88%
Hidalgo	Number	14,735	71,677	1,274	7,412	10,750	11,347	11,270	9,672	8,758	7,343
	Rate	7.4%	36.1%	12.1%	45%	87%	84%	89%	76%	89%	76%
County with Highest Rate*	Name	Real*	Starr	Garza*	Cameron	Multiple	Multiple	Multiple	Roberts, Stonewall*	Multiple	Multiple
	Rate	32.7%	57.7%	23.5%	45%	100%	100%	100%	100%	100%	100%
County with Lowest Rate*	Name	Roberts*	Multiple	Multiple	Multiple	Frio	Kent	Hartley*	Sterling*	Multiple	Culberson*
	Rate	5.1%	0.0%	0.0%	0.0%	68%	50%	68%	50%	80%	63%

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TEXAS KIDS COUNT

Since 1993, Texas KIDS COUNT has provided reliable data on benchmarks of child well-being as a way to enrich policy discussions and ensure a better future for all Texas children

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