



**Harris County Early Head Start and Head Start
AVANCE Houston, Inc.
Collaborative Community Assessment
Years 2013-2015**

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AVANCE Houston, Inc.

Early Head Start & Head Start Service Area II

2013-2015 Community Assessment

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Executive Summary: Community Assessment for AVANCE Houston, Inc. Head Start/Early Head Start Program

Every three years Head Start and Early Head Start grantees are required to conduct a comprehensive community assessment that is used in decision making for program planning, implementation, and evaluation, as well as to respond to new federal regulations and initiatives, mobilize community resources and partnerships, and reach out to additional funders. This assessment is designed to help the staff of the Head Start grantees in Harris County, TX and their Policy Councils to identify current trends in the communities they serve, understand the needs of Head Start eligible children and their families, and become aware of resources for families that are available as well as any gaps.

According to the Head Start Performance Standards, Harris County grantees will use this Community Assessment information to make decisions about the following:

1. Help determine their philosophy and short & long-range program objectives
2. Determine the type of component services that are most needed and the program option or options to be implemented
3. Determine the recruitment area to be served
4. Determine appropriate locations for centers and the areas to be served by home-based programs
5. Set criteria that define the types of children and families who will be given priority for recruitment and selection

Four Head Start/Early Head Start (HS/EHS) grantee programs serve low income children eligible for services living in different sections of Harris County, Texas. Three programs offer both HS and EHS services and they include AVANCE, Gulf Coast Community Services Association, and Neighborhood Centers, Inc. while Harris County Department of Education offers Head Start services.

This Community Assessment of Harris County, TX and its Head Start grantee programs primarily covers the period from 2013-2015 with enrollment information, results of surveys distributed, and focus groups conducted at the beginning of the 2014-2015 program year. The report contains information collected on the six focus areas designated in the Head Start Performance Standards organized as recommended in "Five Steps to Community Assessment" (Office of Head Start, 2008). The six focus areas include:

1. Community characteristics and need for Head Start/Early Head Start

2. Community assets – other child development and child care programs available
3. Children under age 5 with disabilities
4. Characteristics of Head Start/Early Head Start children and families
5. Perceptions of program parents, community service providers, and opinion leaders
6. Additional community resources for Head Start/Early Head Start families

AVANCE Houston, Inc.

This summary highlights the community assessment findings relevant for AVANCE’s Head Start/Early Head Start program for the six focus areas. The status of Harris County is described and integrated with information about the grantee specific service area, followed by the status of HS/EHS eligible and enrolled children and families.

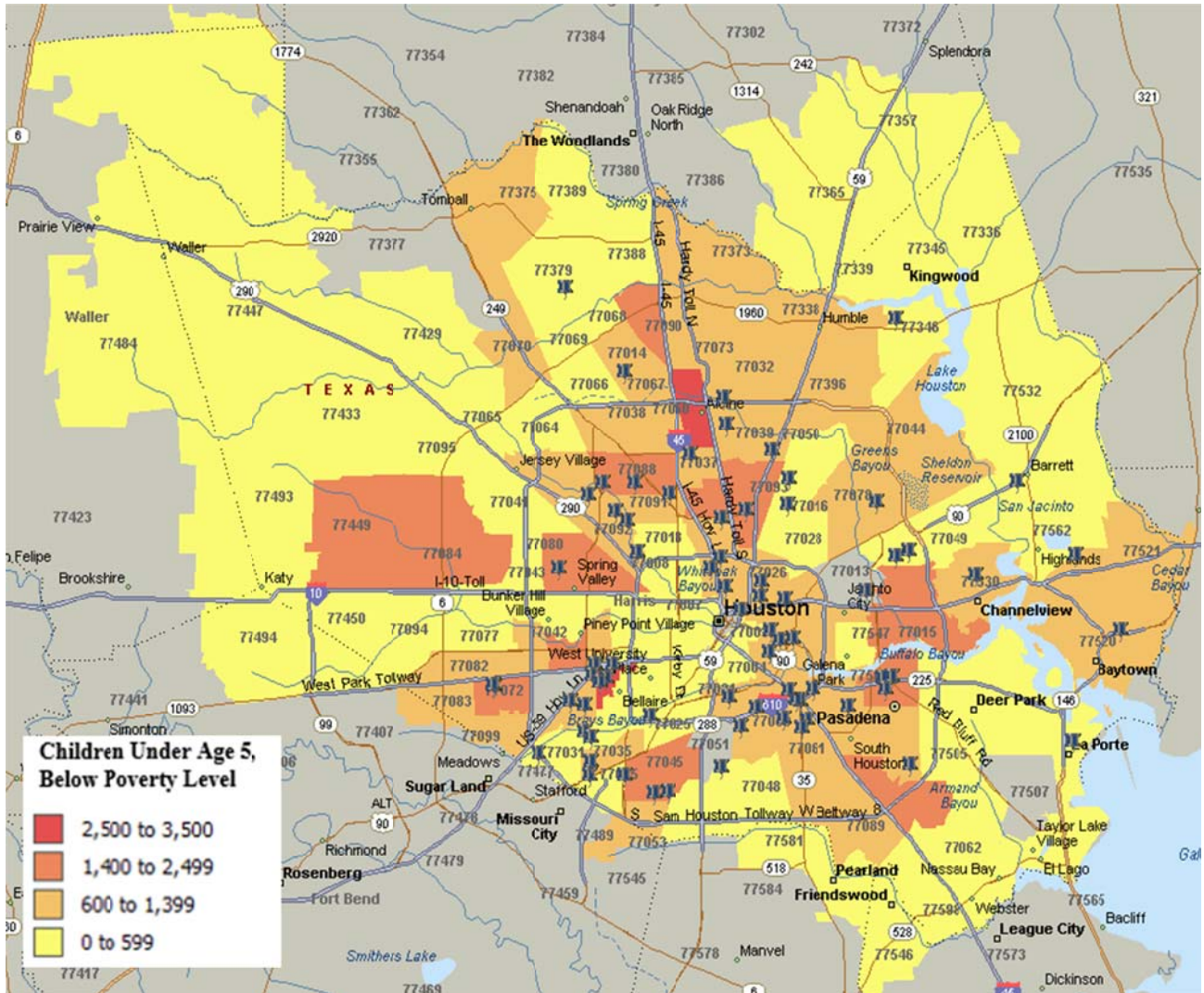
Harris County Community Characteristics

Harris County is the largest county in the state of Texas and third largest in the U.S. It is situated in the southeast section near the Gulf of Mexico and covers 1,703.48¹ sq mi of land. Thirty-four municipalities, including Houston which covers nearly three-quarters of the area, are located within the county. According to the U.S. Census Bureau, in 2015 Harris County had an estimated population of 4,538,028 and a population density of 2,664 persons per square mile, a 10.9% increase since 2010 (Census, 2010).² Approximately 7.7% of the county’s population was composed of children under age 5, 29.5% of which were estimated to be living below poverty (U.S. Census Bureau, 2014). The following map shows the concentrations of poverty for children under age 5, areas with the greatest concentrations having the deepest color.

¹ Update based on 2010 census: 1,703 sq. miles

² U.S. Census Bureau. (2015, July 1). *QuickFacts*. Retrieved July 18,2016 from U.S. Census Bureau: <https://www.census.gov/quickfacts/table/PST045215/48201,00>

Children under Age 5 Living Below Poverty*



*Map based on 2014 American Community Survey 5-Year Estimates

As shown on the map, areas with the highest concentration of poverty are located along I-10 highway, spanning from Channelview, Pasadena, and Baytown on the eastside; Aldine going north along I-45 in the center of Houston and the county; and somewhat north west of I-10 (i.e. Spring Branch, Bear Creek); Sharpstown and Gulfton in the southwest area also show higher concentrations of poverty.

Employment

Despite having high poverty areas, Houston has seen gain in employment. According to the Texas Workforce Commission, in 2014 the city of Houston led the state in employment growth with an overall growth of 5.2%. Additionally, Houston represented 25.7% of the state's new job increase by creating 117,800 jobs. Job growth continued in 2015 but at a much slower pace

with employment growing only 1.5% mostly due to a steep drop in oil prices.³ Houston's unemployment rate in November 2015 was 3.7%, down from 5.8% in 2012.

In spite of Houston-Harris County's current jobs picture, employers are struggling to find qualified, skilled workers to fill available positions. Jobs that pay livable wages need increased "education, competencies, and skills" provided by at least some post-secondary education. To fill this employment gap, programs such as UpSkill Houston work to attract, train and place individuals in critical skills jobs and professions.⁴

Immigration

The 2014 American Community Survey estimates that 41.1 million immigrants lived in the US;⁵ however, more than a quarter (27.5%) are living in the US illegally (as calculated and reported by the Pew Research Center⁶). In the same year, Texas had the third largest immigrant population with 4.3 million immigrants making up 17.2% of the state's population.⁷ The largest source of immigrants come from Mexico and constitute more than one-quarter (28%) of all immigrants in the U.S. and more than half (58%) of all immigrants in Texas. In 2012, President Obama created the Deferred Action for Childhood Arrivals (DACA) program, an immigration policy that allows eligible undocumented youth who entered the country before 2007 and before age 16 to receive a renewable 2-year working permit and temporary exemption from deportation.

Undocumented students also have the option of attending post-secondary education in the US but are ineligible to apply for Federal student financial aid. To help with these costs, Texas offers undocumented students an opportunity to apply for in-state tuition if they have lived in the state for three years leading up to high school graduation or receipt of GED, and submit a signed affidavit that they will apply for permanent resident status as soon as able to do so.⁸ DACA recipients are also eligible to receive state and institutional financial aid through the Texas Application for State Financial Aid (TASFA).⁹

General Health

The Texas Department of State Health Services identified Heart disease and cancer as the leading causes of mortality for White, Blacks, and Latinos; White persons having the highest

³ Kaplan (2016). <http://www.dallasfed.org/assets/documents/research/swe/2016/swe1601.pdf>

⁴ <https://www.houston.org/upskillhouston/>

⁵ www.pewhispanic.org/2013/2/15/u-s-immigration-trends/ph_13-01-23_ss_immigration_01_title

⁶ <http://www.pewresearch.org/fact-tank/2015/11/19/5-facts-about-illegal-immigration-in-the-u-s/>

⁷ Migration Policy Institute. U.S. Immigrant Population by State and County.

<http://www.migrationpolicy.org/programs/data-hub/charts/us-immigrant-population-state-and-county>

⁸ <http://professionals.collegeboard.com/guidance/financial-aid/undocumented-students>;

⁹ <https://world.utexas.edu/iss/students/dreamers/before-college/financial-aid>

mortality rate. For children ages 1 to 4, accidents were found to be the leading cause of death followed by chronic diseases such as cancer. The risk of developing chronic diseases grows significantly with increasing Body Mass Index (BMI). In 2014, one in three low-income children aged two to four years was either overweight or obese (Center for Disease Control and Prevention, 2014), placing them at a greater risk of chronic diseases and death.

Access to affordable, quality care is an important component to combating chronic diseases and reducing growing obesity rates. Since the implementation of the Affordable Care Act, the percentage of uninsured, low-income children has decreased from 23.6% in 2010 to 14.7% in 2014.¹⁰ Though this is a significant improvement, the rate of uninsured children in the county continues to surpass the state. Children without health insurance are less likely to be immunized and have access to regular and appropriate health care.

Harris County is the most populous county in the state and has the highest number of births. In 2012, 58.5% of pregnant women in the county received prenatal care during the first trimester, compared to 65.4% throughout the state (HCPHES, 2015-2016). Nearly a tenth of all babies in the county as well as in the state were born with low birth-weights. The maternal mortality rate in Harris County is 36.6 per 100,000 live births, double the rate of the United States (Harris County Hospital District, 2010).

In 2013, the infant mortality rate was 6.8% in Harris County, higher than the state's rate of 5.8%. According to a report from the Texas Birth Defects Registry, in 2011, Texas women delivered infants with monitored birth defects at a prevalence rate of 419 out of 10,000 births. The most common congenital defects (with the highest prevalence) for all infants born in Texas were Ventricular and Atrial septal heart defects at a rate of 67 out of 10,000 births.

In 2014, the state of Texas had the 5th highest rate of teen births in the nation, with a rate of 37.8 births per 1,000 teen girls (15-19 yrs), an 8% decline from 2013.¹¹ Even though Texas has shown an overall decline in teen births, recent data released by the CDC indicated that the Harris County teen birth rates (ages 17 and younger) exceeds the state average with more than 55 births per 1,000 teens. Birth rates within school districts located in AVANCE's service area ranged from 12 (Waller) to 65 (Aldine) per 1,000 teens aged 15-19 yrs.

In 2014, Houston was ranked the 5th most stressed city in the country based on factors such as poverty, unemployment, crime, and health. According to the Texas Behavioral Risk Factor

¹⁰ Kids Count Data Center. Uninsured children at or below 200% of the federal poverty level. Available from <http://datacenter.kidscount.org>

¹¹ <https://thenationalcampaign.org/data/state/texas>

Surveillance System, 12.8% of the sampled population in the Houston-The Woodlands-Sugarland MSA reported having a depressive disorder in 2014. Furthermore, 15% of the adult population also reported experiencing five or more days with poor mental health in a month. The *Harris Center* for Mental Health and IDD (formerly known as the Mental Health and Mental retardation Authority of Harris County) served more than 47,000 individuals with mental challenges during the 2013-14 fiscal year.¹² In an effort to increase services to adults and children in need, the 83rd Texas Legislature increased mental health spending from \$36 per person to \$109 per person, ending a decade-long decline in funding.

According to the 2015-2016 Harris County State of Health report, Harris County has seen gains in the immunization of children; however, the number of school children exempt from vaccinations was at an all-time high during the 2013-2014 school year. Texas Department of State Health Services reports that approximately 5,000 schoolchildren in Harris County were exempt from required vaccinations³⁶ placing children at a greater risk for infections such as Pertussis or “whooping cough.”

Access to healthy, nutritious food is also an issue of concern in Harris County. According to Kids Count, one in four children (26.3%) in Harris County had food insecurity and 12.7% of households received the Supplemental Nutrition Assistance Program (SNAP). While the percentage of children with food insecurity has decreased by 2.7% from 2010 to 2014, the number of households receiving SNAP benefits dropped by 10.3%, revealing an access gap.

Environmental Health

Urban sprawl impacts the quality of air, water, and urban development and promotes an abundance of manufacturing plants and industries. Due to children’s body weight and development, they may be at higher risk than adults affected by pollutants in the air and water. Harris County has 225 toxic release sites that are mandated to report the release or transfer of toxic chemicals. Environmental waste and hazards can also infringe on a community’s well-being. Superfund sites are abandoned hazardous waste sites that have national priority for federal cleanup. Harris County has 16 Superfund sites managed by either the EPA and/or TCEQ.

Area I, served by AVANCE contains 88 toxic release sites (Environmental Protection Agency, 2010)¹³ and 8 Superfund sites (Texas Commission on Environmental Quality, 2010).¹⁴ The maps

¹² MHMRA Program overview, www.mhmraharris.org/documents/PR, accessed 6/7/16

¹³ Environmental Protection Agency. TRI for communities (n.d.). Retrieved September 10, 2010, from <http://www.epa.gov/tri/stakeholders/communities/index.htm#chem>

¹⁴ Harris County Superfund Sites (n.d.). Texas Commission on Environmental Quality. Retrieved September 10, 2010, from http://www.tceq.state.tx.us/assets/public/remediation/superfund/county_maps/harris.html

and charts are included in the main section of the report illustrate the proximity of toxic release sites and Superfund sites to AVANCE Head Start and Early Head Start centers.

Daily indoor activities, such as cooking and cleaning can also contribute to pollution. A number of federal agencies and institutes are encouraging the use of environmentally safe construction in buildings and cleaning agents in order to reduce the exposure of indoor pollutants. Some indoor pollutants such as dust mites, mold, and ingredients in cleaning products have been found to trigger Asthma, which is among the leading chronic childhood diseases in the U.S. The Texas Behavioral Risk Factor Surveillance System estimated that 91,000 of Harris County children under the age of four to have asthma.¹⁵ Lead also poses a risk to young children both indoor and outdoors who are more at risk of poisoning, as they are more likely to put their hands in their mouth and eat non-nutritional objects. In 2011, 21.2% (85,231) of Harris County's under-six population was tested for lead poisoning. Less than half of a percent (0.4%, n=323) were found to have an elevated blood lead level.¹⁶ As the use of lead in paint was discontinued in the 1970's and use of unleaded gasoline has risen since the 1980's, lead in the environment is reducing. However, the problem can still be found around older homes and older urban areas.

Within Harris County there are 1,200 public water systems and each system must adhere to the guidelines established by Federal Safe Drinking Water Act (SDWA).¹⁷ As of 2014, Houston met or exceeded the EPA requirements for safe drinking water and has maintained a Superior water rating from the Texas Commission on Environmental Quality for over 10 years.¹⁸ The consequences of dilapidated structures also have an influence on the health of the community. With the support of Texas Neighborhood Nuisances Abatement Act, citizens and local authorities can take the appropriate steps to hold property owners accountable for violations that may bring harm to individuals and communities at large (Harris County Public Health and Environmental Services, 2012).

The Federal Bureau of Investigation collects data on violent and property crimes committed throughout the country through the Uniform Crime Reporting (UCR) program. According to UCR data, from 2012 to 2014 Houston's violent crime was more than twice the rate of the state.

¹⁵ American Lung Association, State of the Air 2014. Available from <http://www.stateoftheair.org/2014/states/texas/harris-48201.html>

¹⁶ Texas Department of State Health Services. (2012, August 15). *Texas Children Tested for Lead by County*. Retrieved July 1, 2016: <http://www.dshs.state.tx.us/lead/Data-Statistics-and-Surveillance.shtm>

¹⁷ Harris County Public Health. (n.d.). *Environmental Public Health Division*. Retrieved July 1, 2016: <http://publichealth.harriscountytexas.gov/Services-Programs/All-Services/Drinking-Water-Pool-Water>

¹⁸ City of Houston (n.d.) Drinking water quality report. Department of Public Works & Engineering. Retrieved from <https://www.publicworks.houstontx.gov/sites/default/files/images/utilities/wq2014.pdf>

Furthermore, from 2012 to 2013 Houston's violent crime decreased while property crime increased, however, from 2013 to 2014, violent crime increased and property crime decreased.

AVANCE Houston, Inc. - Community Demographics

AVANCE serves Head Start Area II with Early Head Start/Head Start services in two regions of Harris County; the northwest region is the larger of the two service areas and a small section located in the southeast. The northwest region is bordered by Interstate 10 West, Highway 290, and Highway 59 North. The southeast region includes the communities served by the Pasadena Independent School District and the City of Pasadena. The census tracts that make up the region cover 519 square miles of land area, which represents 30% of the county's land (U.S. Census Bureau, 2011).¹⁹

In year 2014, the area had a population of 1,827,838 residents, which represents a population density of 2,858 people per square mile, a 23.2% increase since 2010. Over half (53%) of the population is between the ages of 25-64, while 29% of the residents are children, and 8.5% are under the age of five. The area includes eight independent school districts – Cypress-Fairbanks, Spring, Klein, Tomball, Pasadena, Waller, Aldine, and Houston ISD in the southern section, along with a number of charter schools. The school districts in the north/northwest area experienced high growth (i.e. 47% - 63%) in student enrollment, since 2000-2001. On the other hand, Houston ISD had a 4% reduction in student enrollment, while Pasadena ISD grew by 23% in its student enrollment during the same period.²⁰

Residents in Area II make up a majority-minority with Latinos/Hispanics as the largest minority group. Black or African Americans were the second largest minority group. Both groups are the smallest compared to other Head Start service areas.²¹

- 44.4% of Latino or Hispanic origin
- 18.5% Black or African American
- 32.1% White, Non-Hispanic
- 6.4% Asian
- 1.2% Two or More Races
- 0.1% American Indian and Alaska Native
- 0.2% Some Other Race

¹⁹ U.S. Census Bureau. (2011, October 25). *2010 Zip Code Tabulation Area (ZCTA) Relationship File Layouts and Contents*. Retrieved April 13, 2012: http://www.census.gov/geo/www/2010census/zcta_rel/zcta_rel_layout.html

²⁰ Harris County Management Services, Population Study, February 2012; retrieved from: [http://www.harriscountytexas.gov/CmpDocuments/74/Budget/FY%2020123%20Population%20Study%20\(Frank\).pdf](http://www.harriscountytexas.gov/CmpDocuments/74/Budget/FY%2020123%20Population%20Study%20(Frank).pdf)

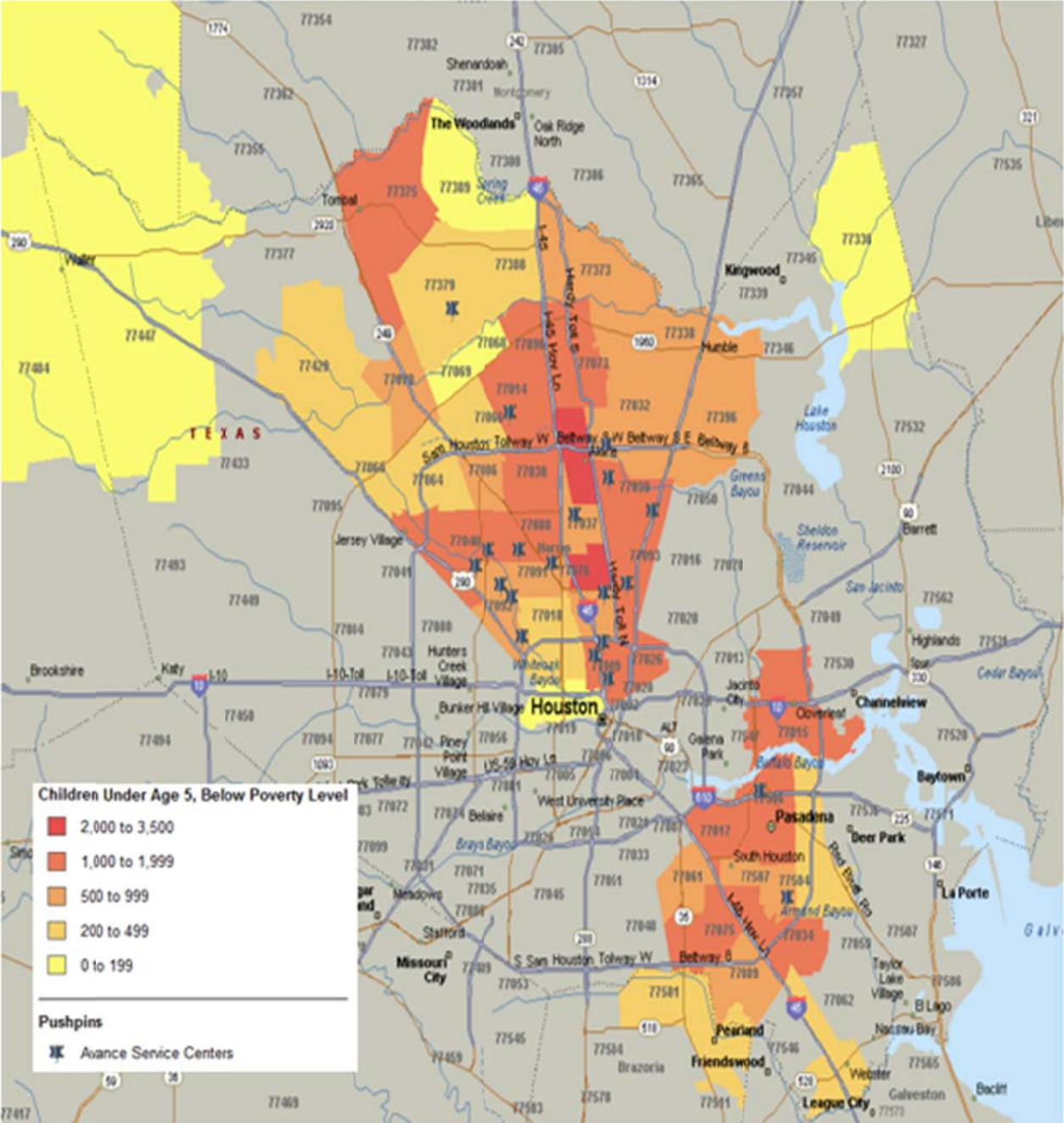
²¹ U.S. Census Bureau, American Community Survey 5 Year Estimates

In year 2014, Area II was comprised of 996,530. One in five families (23.1%) was a married-couple household with children under the age of 18. Single parent, female-headed households with children under 18 made up 26% of family households with children.

The median family income in Harris County was \$61,556 in 2014. Married-couple families with children had a higher income, \$73,335, when compared against all family types with or without children. Two-parent households were also less likely to be in poverty, with 9.1% below the poverty threshold. In single-parent families the median income was markedly lower. For unmarried males with children, the median family income was \$38,218. For female householders with no married partner but with children the median family income was \$24,544. Two in five families in poverty were female-headed households with children under the age of 18.

The following map highlights areas within Service Area II with high concentrations of children under age 5 living below the federal poverty line.

AVANCE Centers Proximal to Service Areas with Eligible Children below poverty (2014)



Areas with the greatest concentration of children under the age of five below poverty include areas slightly northwest to north central up to the Beltway from 290 to Hwy 59. Aldine has the highest concentration in that section. Pasadena/South Houston and areas south of Buffalo Bayou also have high concentrations of children. Push pins highlight locations of AVANCE centers that served enrolled children in 2015.

Child Care and Early Childhood Development Programs

Child care is a major expense in family budgets, often exceeding the cost of housing, college tuition, transportation, and food. Within all HS service areas in Harris County, 903 child care centers and homes accept subsidies provided by Workforce Solutions, a state and federally funded program that provides financial aid to working families in southeast Texas. In 2014, 32,213 children in Harris County received subsidized child care from accepted child care providers. In 2015, AVANCE's service area had 380 providers that met criteria and accepted subsidized payments/reduced parent fees according to income. Only 1.6% (n=6) centers and homes met the highest standard of quality and were fully certified through the Texas Rising Star program, which documents training and other requirements that support improvement of quality child care. Slightly more centers and homes (9.7%, n=37) met high quality standards or exceeded the minimum licensing requirements.

For 2013-2014, across the 54 zip codes served by AVANCE's Area II, 10,644 children were enrolled in Early Childhood/Pre-K programs in public school districts.²² Note that, the number of children in Pre-K abstracted from TEA's AEIS and reported on the school district data sheets is confounded by several elements. Pre-k numbers include a mix of children of low income and fee paying families as well as children with disabilities and LEP students despite their income status.

Children under Age 5 with Disabilities

The American Community Survey estimated the overall rate of disability in the U.S. civilian population was 12.6% in 2014 with percentages in Texas ranging from 11.5% - 12.7%.²³ As rates increase with age, disability in children under the age of 5 years ranged from .0% to 1.9% across the nation with less than one percent (0.8%) in Texas living with a disability.

The Department of Assistive and Rehabilitative Services (DARS) and the Texas Education Agency (TEA) assess and serve children under the age of 5, who may be in need of disability services.²⁴ DARS, through the Early Childhood Intervention (ECI) program evaluates and serves children birth to three with developmental delays or disabilities and their families under Part C of the

²² The Pre-K data was obtained from Texas Education Agency's Academic Excellence Indicator System for 2010-11. Data from 2011-12 was not available in time for the report.

²³ Kraus, L. (2015). 2015 Disability Statistics Annual Report. Durham, NH: University of New Hampshire. Retrieved from <http://disabilitycompendium.org>; 8/22/2016

²⁴ Texas Education Agency. (2014). Early Childhood Memorandum of Understanding; retrieved from <http://tea.texas.gov/index4.aspx?id=2147494988>; 8/23/2016.

Individuals with Disabilities Act (IDEA). ECI programs deliver services to eligible children where the child is – at home, in a day care facility, at a local center, etc.

Since revisions in 2011-2012, eligible disability categories for ECI services in Texas include Atypical Development, Developmental Delay (assessed by the BDI-2), Developmental delay-qualitative, Medical diagnoses, and Hearing/Vision. In 2015, across the state, of the total birth to 3 population (n=1,637,681), 3.31% were served with comprehensive ECI services (n=52,862).²⁵ Developmental Delay continues to represent the greatest percentage (81%) of diagnosed children with 18% diagnosed with a medical condition. Of those with developmental delay or hearing/vision, 79% were for speech and communication, 51% for physical motor, 49% for cognitive, 39% for adaptive and self-help, 30% for personal and social, 2% for hearing, and 1% for Vision.

DARS reports that for FY 2015, in Harris County, 2.12% (6,028) of the 284,164 children birth to 3 population were served with comprehensive Early Childhood Intervention Services.²⁶ Currently, four local ECI providers serve residents in Harris County. These providers include:

- Bay Area Rehabilitation Center
- Easter Seals Greater Houston
- Katy Independent School District Project Tyke
- MHMR Authority of Harris County

From 2013 to 2015, the total children served each year by the four main programs in the county decreased from 9,485 in 2012 to 5,223 in 2013, then increased to 6,962 in 2015.²⁷ State funding cuts in 2011 and 2012 and changes in diagnostic criteria for eligibility categories that expanded from 3 to 5 categories affected identification of children beyond those with the highest needs. Additional funding cuts were approved during the 2015 Legislature session but controversy exists as to how the state will address them.²⁸

When children with disabilities are ages 3-5 they can access free appropriate services, under Part B of IDEA through the Preschool Programs for Children with Disabilities (PPCD). Services are provided through TEA, offered by their local public schools (LEA) and can be delivered in a

²⁵ ECI Consumer profile 2015, ECI data and reports. Retrieved from <http://dars.state.tx.us/ecis/reports/index.shtml>, August 23, 2016.

²⁶ ECI data and reports, ECI services by County. Retrieved from www.dars.state.tx.us/ecis/reports/index.html, 6/27/16

²⁷ Info from public information request (7/14/2016): Lynch, Cecilia (DARS) <cecilia.lynch@dars.state.tx.us>

²⁸ Bufkin, Alice, (Aug 2015). Opinion - Cuts risk access to early intervention services, Houston, Texas: Houston Chronicle.

variety of settings including Head Start.²⁹ ECI is family focused and follows a medical model, while PPCD is educationally focused and focuses on the child's ability to participate and function in the classroom.

Service Area II – AVANCE, Inc.

The Head Start standards require at least 10% of a program's enrollment to include children with a diagnosed disability.³⁰ To facilitate enrollment, AVANCE's programs recruit referrals using a variety of methods. Children already eligible are recruited through partnerships with two of the Harris County's ECI programs - Bay Area Rehabilitation Center and MHMRA Authority of Harris County. Furthermore, AVANCE's Head Start and Aldine conduct developmental assessments of children at three time points throughout the year using the Gold Assessment system that help screen children and identify children needing referrals to their home schools for evaluations and PPCD services.³¹

In order to estimate the number of possible children available with disabilities for Head Start (ages 3-5) living in AVANCE's service area, the numbers of children served by local ECI partner programs and the PPCD programs at the local school districts are examined. In FY 2013 – 2015, AVANCE's ECI program partners served a total of 3,294 (year 2013), 3,228 (year 2014), and 3,901 (year 2015) children in Harris County.

As recent pre-k specific data (for ages 3-5) is difficult to locate, the percentage of children IDEA eligible and served in the Harris County area is estimated by examining the overall special education percentages reported by school districts and pre-k data reported by the Office of Civil Rights data collection. For instance, for 2014-2015 Houston ISD, which has schools in AVANCE's service area reported 7.5% of all students were enrolled in Special Education. The Office of Civil Rights reported the most recent data (2010-2011) for children in pre-k programs in the AVANCE service area, who are eligible for disability services.³² Of the 197 public schools located in AVANCE's service area, 154 had an Early Childhood/Pre-K program. The total enrollment in the public schools in the area was 148,329 with 10,393 designated as special education (7.01%). The Pre-K programs in Head Start Area II served 10,786 children ages 3 and 4 in 2011 (percent of pre-k not available).

²⁹ TEA, Services for Texas Students with Disabilities ages 3-5; retrieved from <http://tea.texas.gov/index4.aspx?id=21474988>, 8/23/2016

³⁰ Head Start Performance Standards, 1308.3(b), 1308.3 (i), Head Start Act 42 U.S.C. 9837, Section 640(d)(1), Jamese Stancil, Education and Special Services Manager, HCDE Head Start

³¹ Personal communication with Christiana Bekie, Director of Research, Quality Improvement, and Compliance, Summer, 2016.

³² Office of Civil Rights Data Collection: <http://ocrdata.ed.gov/DistrictsSchoolSearch>; February 2016

The percent of children with disabilities in the AVANCE programs across this three year period ranged from: Head Start 8.7% - 5.6%, Aldine 9.4% - 5.8%, and Early Head Start 7.3% - 7.9%.³³ The majority of Head Start and Aldine children (ages 3 and 4) with disabilities were determined to have a speech impairment that ranged across the three years from 94.7% to 83.2% and 92.7% to 88.6%, respectively, with the remaining Head Start children diagnosed with autism (n=2-5), health impairments, non-categorical disabilities, and emotional disturbance and Aldine children with 7% diagnosed with autism (n=5-3) and remaining hearing and visual impairments.

Response to Intervention and role in identifying children with disabilities

Head Start programs are having difficulties enrolling and maintaining the required 10% of their students with a diagnosed disability. A recent investigation by Brian Rosenthal for the Houston Chronicle disclosed that the state of Texas “arbitrarily decided what percentage of students should get special education services- 8.5%- and since then have forced schools to comply by strictly auditing those serving too many kids.” This announcement has issued an alarm especially as this percent is far below the 12.7% (CI 9.4%-17.0%) of children ages 2-8 diagnosed with a mental, behavioral, or developmental disorder as reported in a recent study by the Centers for Disease Control and Prevention (CDC).³⁴ Because IDEA does not require or encourage programs such as Head Start to use a Response to Intervention (RtI) process before referring for evaluation, school districts delaying or rejecting a referral on the basis that an early childhood program such as Head Start had not tested the child with a RTI process is not a valid reason.³⁵ This is especially an issue for Head Start and Early Head Start as early intervention services are shown to benefit children as they grow and by limiting the opportunities for young children who need some extra help may cause more problems for them in the future.

Characteristics of Head Start/Early Head Start children and families

Since 1998, AVANCE has served Area II, operating up to seventeen centers in 2015. Aldine Independent School District serves as a delegate for four centers. The program is situated in schools and independent sites in northwest Houston and the cities of Jersey Village and Tomball. AVANCE also provides Early Head Start services in the City of Pasadena, located southeast of Houston.

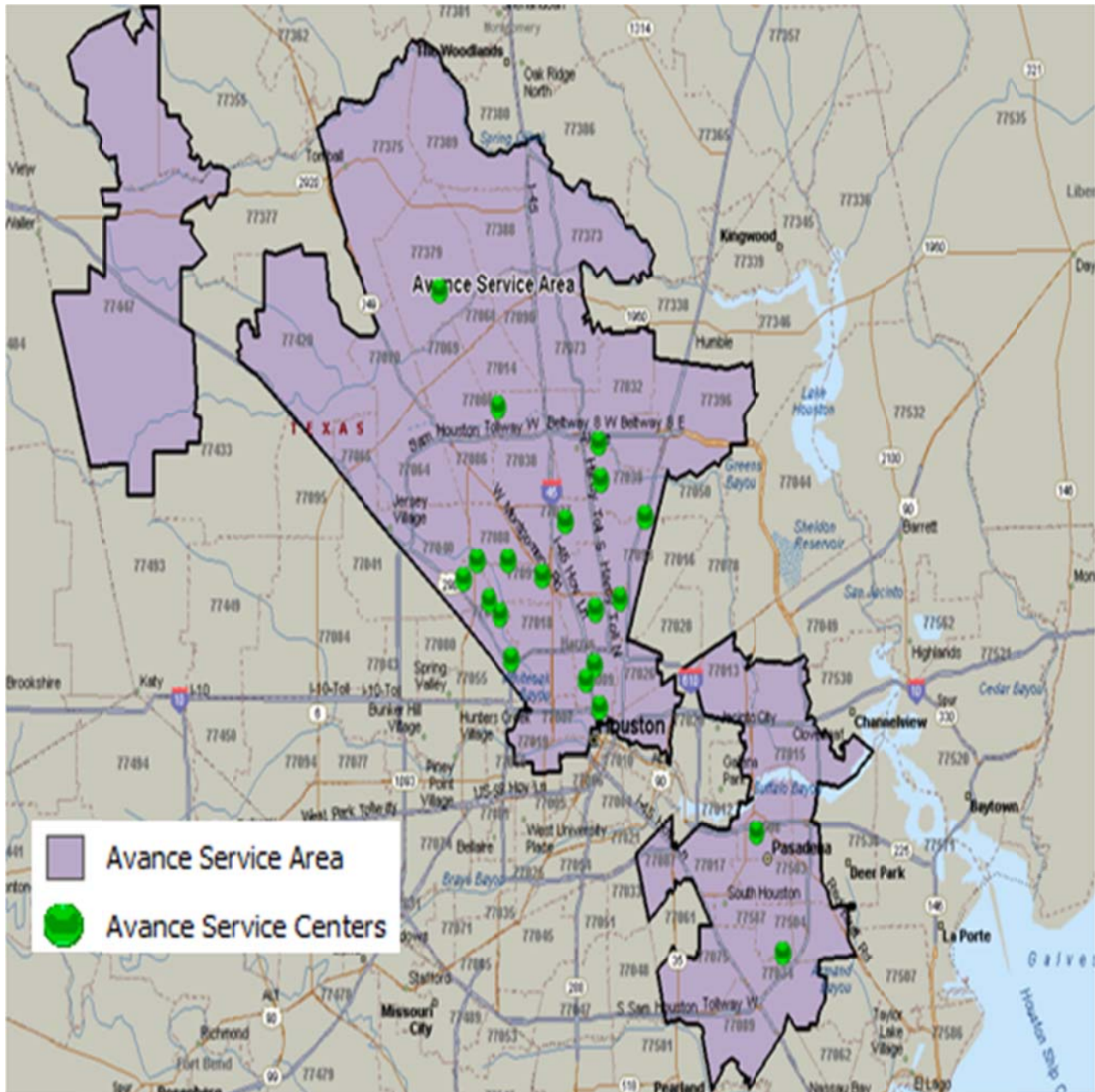
³³ Program Information Reports 2013,2014, 2015, AVANCE Head Start/Early Head Start/Aldine delegate

³⁴ Bitsko RH, Holbrook JR, Robinson LR, et al. Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders in Early Childhood — United States, 2011–2012. MMWR Morb Mortal Wkly Rep 2016;65:221–226. DOI: <http://dx.doi.org/10.15585/mmwr.mm6509a1>; CI=Confidence Interval

³⁵ Response to Intervention document, Texas Education Agency, retrieved from http://tea.texas.gov/Curriculum_and_Instructional_Programs/Special_Education/Programs; June 29, 2016; Head Start letter dated June 2, 2010 from Alexa Posny, PhD. Acting Director, Office of Special Education Programs, Department of Education. Retrieved from *ibid*.

In 2015, AVANCE was funded for the enrollment of 224 participants in Early Head Start and 1,373 children in Head Start (AVANCE, EHS & HS PIR, 2015). For 2015, actual/cumulative enrollment was 454 for Early Head Start; 1,373 for AVANCE Head Start; and 607 for Aldine ISD Head Start. Children and families served by AVANCE and Aldine ISD in their Head Start/Early Head Start programs reside in the zip code areas shown in the following map. Push pins represent program centers.

AVANCE Service Area and HS/EHS Centers



The ethno-racial make-up of AVANCE enrollees reveals a large representation from the Latino/Hispanic community. See following table for 2015:

AVANCE’s Enrolled Participants: Ethno-racial Representation (2014-15)	Early Head Start	Head Start	Aldine Head Start
Hispanic or Latino Origin	88.5%	68.9%	75.8%
American Indian or Alaska Native	0.0%	0.0%	0.0%
Asian	0.0%	0.0%	0.8%
Black or African American	7.9%	26.9%	23.4%
Native Hawaiian or other Pacific Islander	0.0%	0.0%	0.0%
White, non-Hispanic	0.7%	1.1%	74.1% (includes Hispanic)
Bi-Racial or Multi-Racial	1.8%	2.6%	1.3%
Some other race	0.0%	---	0.0%

Over the course of the three year period, AVANCE Early Head Start reported a greater percentage of children speaking Spanish as their primary language with 53.3% reporting in 2015. AVANCE Head Start has had two dominate languages spoken in the home of participants, English and Spanish. In 2015, a greater percentage of children spoke English. Aldine ISD, on the other hand, had a greater percentage of Spanish speakers in all three years (AVANCE EHS, HS, & Aldine ISD HS Program Information Reports, 2013, 2014, 2015)

In 2014-15, more than half of families served by AVANCE EHS and HS were single-parent households (54.2% and 60.9% respectively), while Aldine Head Start served more two-parent families (62.6%) (AVANCE/Aldine, EHS & HS PIRs, 2013-2015). Employment status of families revealed that Aldine HS families had the lowest percentage of unemployed parents with 9.4% of two-parent families not working and 38.9% of single parents not working. AVANCE HS, on the other hand, had a high percentage of unemployed parents with more than two-fifths (43.3%) of two-parent families and nearly two-thirds (64%) of one-parent families not working. AVANCE EHS had unemployment percentages of 9.4% and 74.7% for two-parent and single-parent families respectively.

Less than half of families served by the AVANCE-operated Head Start program had less than a high school education (39%). About a third of the families had a caregiver with a high school or general equivalency diploma (29%), 27% had some college, vocational schooling, or received an

Associate's Degree, and 4% had a bachelor's or advanced degree. In AVANCE Early Head Start, over half of the families had less than a high school education (52%) and roughly 28% caregivers received a high school or general equivalency diploma. Additionally, 19% received some college, vocational schooling, or received an Associate's Degree. In Aldine, about one-third of families served by the AVANCE-operated Head Start program had less than a high school education (33%). A similar proportion of families had a caregiver with a high school or general equivalency diploma (51%), 14% had some college, vocational schooling, or received an Associate's Degree, and 2% had a bachelor's or advanced degree. (AVANCE EHS, HS, & Aldine ISD HS PIR for 2013, 2014, 2015).

Based on the numbers for 2013-14, an estimated 46,209 eligible children under the age of five are residing in households with incomes below poverty in the AVANCE service Area II. Considering the number of children accessing subsidized child care (15,460)³⁶ and prekindergarten centers³⁷ (10,644 children), approximately 30,749 children were eligible and available for AVANCE Early Head Start/ Head Start program and Aldine ISD Head Start in 2014. During that year, AVANCE had a combined program funded enrollment of 2,157 participants and served 2,558 infants, children and women. Therefore, the agency served approximately 12.9% of the eligible and available children residing in the service area and is less than the saturation level of 85% (Buckley and Watkins, 2003).

Perceptions of Program Parents, Community Service Providers and Opinion Leaders

Perceptions of the strengths and needs of Harris County families eligible for Head Start and Early Head Start services were collected from three different groups. These included the grantee families, the family service workers who refer them for services, and the community partners who provide those services in the community. Data was collected using three separate yet similar surveys to each of these groups during the late summer, fall of 2014 as well as through focus groups with policy council parents and community partners.

Surveys explored the needs of families, family service workers, and community partners for 64 services grouped into nine categories; education, family education/parenting, employment, financial literacy, social services, health & nutrition, mental health, disabilities, and other public services. Surveys were completed by 1,213 families (88% of enrolled families), 20 FDWs, and 9 Community Partners. Comparisons were then made across the views of each respondent group.

Issues and Recommendations

³⁶ Workforce Solutions, www.wrksolutions.com/aid/fin_aid_child_care.html

³⁷ Pre-K numbers not used in calculation because of confounding

Several issues are identified based on survey findings with recommendations for AVANCE Head Start programs to consider. These issues are grouped into five categories: services provided, linking services, location of centers, selection criteria and recruitment, and program options. The top issues within each category are briefly summarized as follows:

I. Services Provided

AVANCE families are provided or referred to agencies that offer a variety of services. Families' need for a variety of services was explored from the perspective of the families themselves, FDWs, and Community Partners. Needs Assessment surveys ask whether families had a need for a service (combined immediate need and need) or whether services are not needed (and considered as their strengths)? All respondents could also designate whether each service was "Not applicable" or irrelevant to them. Such responses for the latter were not included in the calculations of need or strengths. Each grantee chose a threshold above which respondent results for each group were considered as significant enough to be highlighted and discussed. AVANCE chose 25% as their threshold for significant need and 75% as a threshold level of strength for the families. Comparisons were then made across the views of each respondent group.

Issue 1: Be aware of families' significant strengths and needs. Families identified 53 (76.8%) services as strengths (not needed/need is met). While families reported a high percentage of strengths in receiving services, significant needs were found in six out of the ten service categories. Based on a Family threshold of 25%, AVANCE's families **identified a significant need for 16 (23.2%) individual services**. The top needs for AVANCE's HS/EHS families were found in Education, Employment, Family Education/ Parenting, and Health /Nutrition.

Issue 2: Need for a shared understanding of families' needs. Out of 69 services aligned under ten categories, AVANCE families identified a **significant need for 16 (23.2%) individual services and 53 (76.8%) services as strengths (not needed)**. However, FDWs and CP reported all 69 (100%) of the services as needs but no services as strengths. These results suggest CPs view families with more problems than the families view themselves. A lack of consensus for families' needs and strengths in particular may highlight the groups' different perspectives and calls for a more common understanding that could improve referral, access, and follow up as well as advocacy for the overall well-being of AVANCE families.

II. Linking Services

As previously mentioned, each respondent group had similar and different views of what the unmet needs were for AVANCE families. As this assessment asks for increased knowledge and understanding of families' significant needs, it also proposes reasons for **why** needs may be

unmet along with suggested recommendations for addressing them by helping families link to additional services.

Issue 3: Families need access to quality and affordable early education for their children.

Issue 4: Families need more information on creating and maintaining healthy lifestyles through exercise and affordable, nutritious meals.

Issue 5: Families need assistance finding employment and accessing classes to gain new skills or enter a new profession.

Issue 6: Families need help improving their parenting skills.

III. Location of Centers

The population density in AVANCE's service area has grown by 23% since 2010. The increase in density and subsequent development of infrastructure may now make it more convenient to access services, which would support the report by families that more than 88% could easily access services to meet their needs. AVANCE's centers are concentrated in the southernmost part of the service area, north of downtown, which is an area of high poverty and older infrastructure. Families living in the northern section of Spring and Cy-Fair on the other hand would have a long way to go to access services.

Issue 7: Area II contains 88 Toxic Release sites that can contaminate the air and 8 Superfund sites that have contaminated portions of the groundwater.

IV. Selection Criteria and Recruitment:

In 2013-2014, Area II had 30,749 eligible and available children. This is an increase of 22.4% to the number of eligible and available children (25,129) in 2011-2012. Based on actual/cumulative enrollment for the 2013-14 year, AVANCE could only serve 8.4% of the eligible and available children in their service area. The current level of 8.4% is well below the HHS defined saturation level of 85% and even lower than the previous estimate.

Issue 8: Area II includes underserved zip codes with high poverty rates.

Issue 9: Some ethno-racial groups in Area II may be underrepresented in the HS/EHS programs.

V. Program Options:

AVANCE Houston Early Head Start offers a full-day center-based program for 10 months and a home based program for 11 months per year. Head Start center-based participants can receive full and extended day services at all centers, 10 months per year. Aldine ISD also offers full day services at all centers and follows the district’s traditional school calendar.

Issue 10: While a variety of program options are available to families, many caregivers expressed a need for affordable child care.

Introduction – AVANCE Houston, Inc.

Every three years Head Start and Early Head Start grantees are required to conduct a comprehensive community assessment that is used in decision making for program planning, implementation, and evaluation. This assessment is designed to help the staff of the four grantees in Harris County, TX and their Policy Councils to identify current trends in the communities they serve, understand the needs of Head Start eligible children and their families, and become aware of resources for families that are available as well as any gaps.

The four Head Start/Early Head Start (HS/EHS) grantee programs serve low income children eligible for services living in different sections of Harris County, Texas. Three programs offer both HS and EHS services and they include AVANCE, Gulf Coast Community Services Association, and Neighborhood Centers, Inc. while Harris County Department of Education offers Head Start services.

The following report presents the results of the triennial Community Assessment for Harris County and the service area of **AVANCE, Houston Inc. Early Head Start and Head Start program** which primarily covers the period from 2013-2015. The report contains information for the six focus areas designated in the Head Start Performance Standards. These include the following:

1. Community characteristics and need for Head Start/Early Head Start
2. Community assets – other child development and child care programs available
3. Children under age 5 with disabilities
4. Characteristics of Head Start/Early Head Start children and families
5. Perceptions of program parents, community service providers, and opinion leaders
6. Additional community resources for Head Start/Early Head Start families

Information that addresses these areas is presented according to the subject outline recommended in “Five Steps to Community Assessment” (Office of Head Start, 2008). Sections of the report include the following:

- Methodology- describes the approach, methods, and data sources used to collect and process the required information.
- Community Characteristics:
 - Demographics- describes the populations who live in Harris County overall and the grantee’s service area
 - Employment and the Economy- describes employment and immigration trends in Harris County
 - Health- includes community data and research of the population status of Harris County’s physical and mental health, immunizations, food access & nutrition, and homelessness

- Environmental health- includes community data and research of Harris county's air & water quality, neighborhood nuisances, public safety and toxic release and superfund sites
- Community Assets- describes pre-kindergarten, subsidized child care and eligible and available children served by zip code
- Children under Age 5 with Disabilities- describes children with disabilities served by Early Childhood Intervention (ECI) programs, includes data on children with disabilities served by Early Head Start/Head Start programs, and reviews Response to Intervention and its role in identifying children with disabilities.
- Characteristics of Head Start/Early Head Start Children and Families- describes for each grantee their history, service area and map of centers, program options, enrollment criteria and trends, and demographic characteristics of children and families.
- Perceptions of Program Parents, Community Service Providers, and Opinion Leaders - results of the needs assessment surveys administered to three respondent groups (families, family service workers, & community partners) per each grantee. Results of each respondent group are then compared to each other.
- Overview of Community Resources- reviews the accessibility and gaps in service for HS/EHS families in nine categories of community resources
- Issues and Recommendations – reviews major findings in five categories to be used for management decisions, including services provided, linking services, center locations, selection criteria and enrollment, and program options.
- Appendix – contains Community Resource list, copies of the three survey versions (family, family service worker, & community partners), and respondent comments from focus groups.

Methodology: AVANCE Houston, Inc.

Planning for the Community Assessment

Planning for the comprehensive Triennial Community Assessment 2013-15 for the Harris County Head Start/Early Head Start programs began with a meeting of Head Start grantees' representatives held in November 2013. The purpose was to debrief about what worked and what "not so much" in the preparation of the prior cycle's triennial assessment. The timeline laid out from the experience indicated that the process of gathering the necessary data from the 4 grantees, their parents, their communities, the census and other databases, and topical reports took from 18 months – two years.

The Community Assessment Team formed for the 2013-15 cycle was comprised of two representatives identified from each grantee (HCDE, GCCSA, AVANCE, and NCI). The Research and Evaluation Institute of Harris County Department of Education was again contracted and joined the team as staff consultants to coordinate and conduct the data collection process and prepare the report. The contracting period was from May 2014 to May 2016. REI Staff turnover during 2016 extended completion of the reports until early fall of 2016.

The team reviewed the type of data gathered in previous cycles and made decisions on what to collect, in what manner, and when. Data time points are considered in the planning as not all data is available when consultants' are ready to report it. For instance, in order to give time for the census to contain updated demographic data when the assessment is nearing completion, the team switched the collection of information on family strengths and needs to the fall of 2014-2015. This also allowed more time to focus on preparing the surveys in two languages, administering them (during enrollment of the last assessment year), and time to analyze, report, and reflect on the findings.

The team met quarterly (more frequently when needed) from August 2014 until June 2016. Email and phone correspondence throughout the time period enabled further data requests and information sharing. Preliminary reports on the findings from the Family Strengths and Needs were sent out March - May 2015 to grantees for review and feedback. The second half of the report including sections on County Characteristics, Health and Environmental Health, Disabilities, Head Start programs' and families' characteristics, and Community Resources, were sent out periodically during 2016 until completion beginning of September – October 2016. Brief summaries of the family strengths and needs were presented at grantee's Policy Council meetings from August to September 2015. Presentations of the final report at policy council meetings are scheduled for fall of 2016.

Perceptions of Service Needs of Head Start Eligible Families

Protocol for collecting information

To gather information on the strengths and needs of Harris County families eligible for Head Start services, the Community Assessment Team continued the plan to collect the perspectives of three different groups. These included the families enrolled by AVANCE, the Family Services Associates (FDWs)

who refer them for services, and the Community Partners who provide those services in the community. Therefore, the Team decided to administer three separate yet similar surveys to each of these groups during the fall of 2014 and early winter of 2015. REI staff worked with team members to coordinate comparable processes across grantees for collecting parent needs assessment data during enrollment up to first 45 days - 3 months of the school year.

Online surveys for AVANCE were administered to their families from October – November, to FDWs in January 2015, and to Community Partners in February 2015. REI staff sent survey links to grantee team members for distribution. The web based surveys for families were sent through email addresses for completion either at home or at the centers on laptops (2 per center). The Family Development Workers were on hand to help families complete the surveys. The surveys were available in English and Spanish. In February of 2015, team members from HCDE collected qualitative information to enrich the assessment by conducting focus groups with parents on the policy council and FDWs. The following protocol instructions were distributed to the grantees for administering their Parent surveys.

General Protocol for Parent Survey

1. An online survey (English and Spanish) will be created for each Grantee. Parents are to choose the center or “home based” for the location of their services. Grantees decided not to use Family IDs on the survey.
2. Each Grantee will decide the appropriate process for administering the activated survey link in their program. HCDE will work through an assigned liaison. Parents complete only 1 survey per family. (Parents will have access to either computers/tablets/ kiosk in their child’s center).
3. Even though the survey is anonymous, data will be grouped by center and grantee.
4. Suggested time Frame for administration: (September 15, 2014 thru October 17, 2014). The Survey can be open for additional weeks if needed.

Survey Instruments

As previously mentioned, three separate yet similar Needs Assessment surveys were developed for each respondent group in order to compare perspectives of Head Start families with those of their Family Development Workers (FDWs) and Community Partners. Each version asked respondents to identify whether a service was an immediate need, a need, not needed, or not applicable (or relevant) for their family situation. The Family Development Workers’ survey asked them to identify the needs of their HS/EHS families while the Community Partners survey asked about the needs of HS/EHS eligible families living in their service areas. As all surveys were web based, each grantee had their own Family Surveys which asked parents for the center their child attended. The surveys for the Family Development Workers and Community Partners included all grantees and their centers with skip patterns embedded. Using this format, respondents could select the grantees and areas they are associated with or serve, which help to further target the populations to which the results referred.

Surveys explored the needs of families for 69 services grouped into ten categories essential to the wellbeing of children and families. These included disabilities, education, employment, family education/parenting, financial literacy, health & nutrition, mental health, social services, other public

services, and transportation. The Family Survey was available in English and Spanish. In addition to the need for services, the Family Survey asked for the top three ranking of greatest interest, their ease of access to services, and knowledge of children and other population groups not receiving EHS/HS services.

The Family Development Workers and Community Partner survey versions contained the same questions and categories of services. Similar to the Family survey, these versions also asked respondents to rank the top three greatest areas of interest for the families they serve in the community, their ease of access to services, knowledge of any EHS/HS eligible children not receiving services and any population group not getting appropriate services, followed by a space for comments about Harris County communities. In addition, these surveys also asked for characteristics of their organization, and their strengths and challenges working with low income families.

All survey versions were created and distributed through the Qualtrics online provider; its license is maintained by Harris County Department of Education for REI's use. Once surveys were completed by respondents, the data is stored in Qualtrics' password protected system until exported by staff into Microsoft Office Excel and/or IBM's Statistical Package for the Social Sciences (SPSS) for restricted local data management and further analysis.

Analysis

The majority of the quantitative data on all three surveys was analyzed for descriptive statistics (frequencies and percents) using SPSS. Percent change was analyzed by a hand calculator method or Microsoft Excel. Survey comments and those from the focus groups were transcribed from a digital recorder and typed into Microsoft Word. The qualitative data was content analyzed for themes as relevant to the topics in the separate reports. Each of the survey respondent groups (Community Partners, HS families, and Family Development Workers) was asked to rank their top 3 greatest unmet needs from among a list of ten different service categories. Determination of services with the greatest interest was based on those with the highest percent of endorsement.

Interpretation of survey results

The Family Surveys contained missing responses for various services which reduced the sample sizes for different services and the number of responses for each category and services may have been less than the overall number of surveys received for each grantee. The total number of responses for each service is given along with the percent and number endorsed for each option, based on that total. Survey results for each service category are then displayed in tables with short narratives that summarize service needs with the highest endorsement. Caregiver comments and PIR data are included as relevant to support the findings.

The table for each service category displays the number of families who chose whether the service was an immediate need, need, not needed, or N/A, with associated percentages. AVANCE's staff identified a threshold of 25% or more that was used to help identify the services of significant need by respondent

families. Highest percentage of services not needed (met 75% threshold or more) are designated as Strengths and the services with the highest percentage of Needs (25% or more) are highlighted and selected for further discussion especially under Issues and Recommendations.

Archival Data Review

A diverse set of resources were used to provide the context of Harris County. Examples of sources used included the U.S. Census Bureau, American Community Survey, Texas KIDS COUNT Annual Data Book, the Houston Chronicle, Health Resources and Services Administration, U.S. Department of Labor, and Texas Workforce Commission and others. Quantitative data from sources like the Census were downloaded and analyzed descriptively to provide a demographic perspective. Qualitative data on the community was used to support themes identified by the quantifiable data sources. Two documents used to identify data elements for this report included “Five Steps to Community Assessment” (Office of Head Start, 2008) and “Developing & Utilizing the Community Assessment (Buckley & Watkins, 2003)”. Both documents included techniques used for collecting and describing information on the regional communities in which a Head Start program is situated.

REI staff held a workshop, September 3, 2015 at Harris County Department of Education on abstracting data for the Service Area Demographics. Prior to the meeting, grantees confirmed and finalized ZCTAs and census tracts for their service areas. REI staff guided grantee staff on methods for collecting the data on ZCTA levels this cycle. ZCTAs (zip code tabulation areas) are statistical land areas whereas zip codes are networks of streets served by the post office. For our purposes, the smallest population-level to obtain the type of data that we are interested in (e.g. ethno-racial, social, and economic characteristics) is at the ZCTA level because they relate more to the zip codes, which school districts and Texas Workforce Commission still use to locate their schools/child care recipients. Committee members were introduced to American Fact Finder during the workshop, which demonstrated and guided how to obtain information from the census tables used in providing the demographic perspectives. (See screen shots used in the training to demonstrate methods for abstraction of census data).

Grantee Record Review and Analysis

Service Area and Center Locations

AVANCE’s service area is defined by the zip codes approved by the Head Start/Early Head Start grant funding. This information for 2013-14 guided creation of maps of the grantee service areas and center locations, areas of poverty, and environmental hazards using Microsoft MapPoint software (2011).

Enrollment and PIR Trends

Information on enrollment and family characteristics from AVANCE’s Program Information reports (PIR) from 2012-13, 2013-14, and 2014-15 was included in the report to describe enrollment and family characteristics and graphed with Microsoft Excel (2013) showing trends over time.

Eligible and Available Head Start Children

The percent of eligible and available children AVANCE served in 2013- 14 was determined using information from several sources. Calculations began with data from American Community Survey (2010-2014) on children under the age of five living below poverty in the service area at the ZCTA level to illustrate the level of need in their Harris County service area. The number of eligible and available children was calculated by subtracting the number of children that accessed subsidized child care (Texas Workforce Commission, 2013-14) from the number of children living below poverty in the area. The percent of eligible and available children AVANCE served throughout the year was then determined by dividing their funded enrollment and number served by the number of eligible and available children for each zip code/ZCTA and overall. The number of children attending preschool in the overall service area is also tabulated and subtracted from the total eligible children to determine a range of children eligible and available for AVANCE. As the preschool numbers per zip code represent the school locations and not the residence of the children, they are not appropriate to include for each zip code result. Therefore, this overall range of percentages of eligible and available children served was compared to the benchmark of 85% or more of the eligible and available children. If these percentages equaled or surpassed the 85% then the area is considered saturated (Buckley and Watkins, 2003).

Community Resources

For this section of the report, the Community Assessment Team decided to just reference and describe the United Way online resource database as well as the one supported by Texas Health and Human Services Commission (211Texas). Other online resources are also discussed along with how the online resources can be used and accessibility of services.

Discussion of Key Issues

The section on Issues and Recommendations summarizes the issues that AVANCE's HS might target their decision making over the next few years. These issues were identified by the review of community indicator data, quantitative and qualitative survey results, and qualitative focus group results from three respondent groups (AVANCE's families, Family Development Workers, and Community Partners).

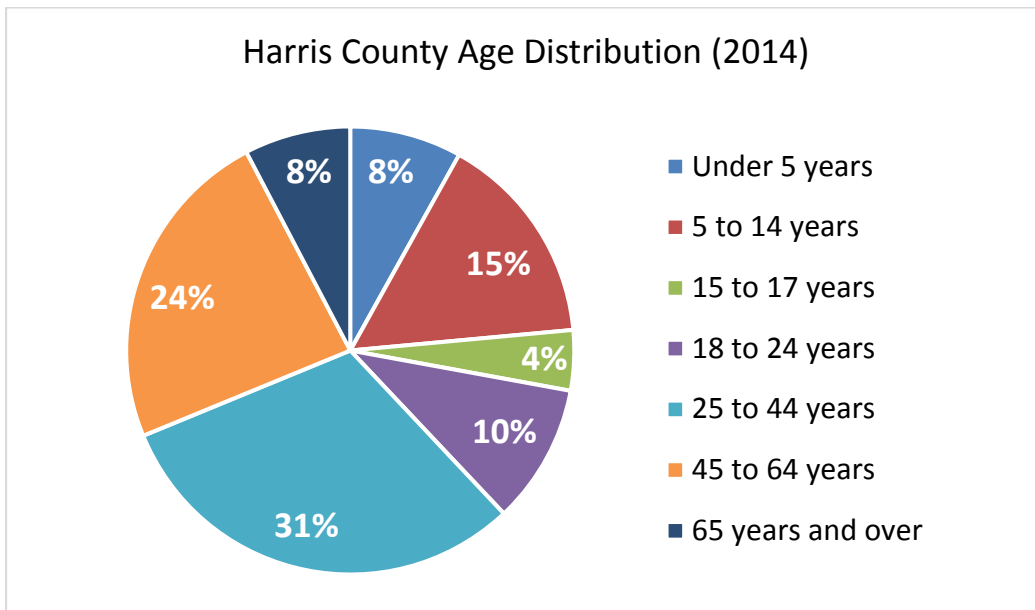
Issues are organized under categories following the guidance for "Management Decisions" from Buckley & Watkins' guide to conducting a community assessment (pg. 4, 2003). These categories include *Services Provided, Linking Services, Location of Centers, Selection Criteria and Recruitment, and Program Options*. Each category and associated issues are starting points for discussion between the AVANCE and their community stakeholders.

Community Characteristics: AVANCE

Population and Age Distribution

Harris County

Harris County covers a land area of 1,703.48 square miles. According to the U.S. Census Bureau, in 2015 Harris County had a projected population of 4,538,028, a 10.9% increase from 2010 (State and County Quickfacts, 2015). Since 2000, Harris County’s population has increased by 33% (or 1,137,450 people) making it the fastest growing county in the nation. The population density of the region is approximately 2,664 persons per square mile. With a substantial amount (41% of the total population) of the county being an unincorporated area, not a part of any municipality, Harris County has become the third most populous county in the United States. About 27% of the population were children with less than one-tenth (7.7%) under the age of 5 (U.S. Census Bureau, 2014).



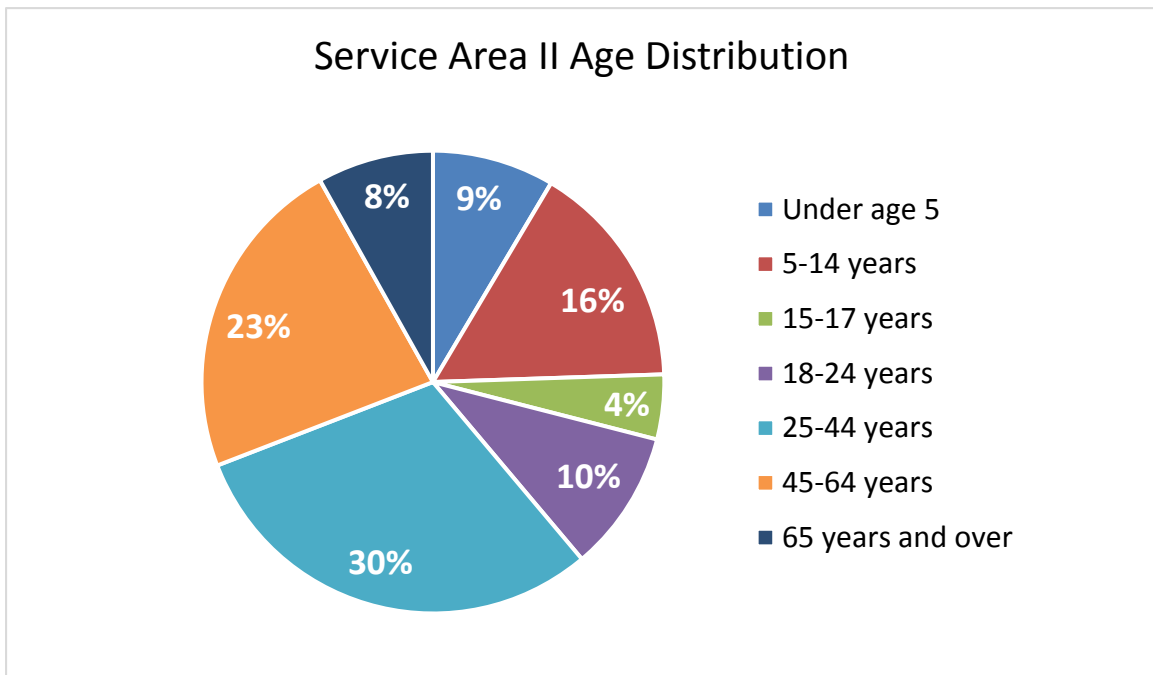
Service Area II¹

AVANCE-Houston, Inc. provides Early Head Start and Head Start services in two regions of Harris County; one, northwest which is the larger of the two service areas and a smaller section

¹ Please note: The 5-year estimates from the 2010-2014 American Community Survey were used for the report. While the 5-year estimates are not as current as the 1-year and 3-year estimates, they are more precise and best used for small populations, when compared to the other estimates. The descriptions of each service area will draw from the American Community Survey unless described otherwise.

located in the southeast. The northern region is bordered by Highway 290 West, and Highway 69 North. The southeast service area includes the communities served by the Pasadena Independent School District and the City of Pasadena. The census tracts that make up the region cover 519 square miles of land area (U.S. Census Bureau, n.d.).

In 2014, 1,827,838 people resided in the area. The population density of the region is 3,522 persons per square mile. A population study prepared by Harris County Management Services reported that the area beyond the northwest quadrant of Beltway 8 remains one of the fastest growing regions in the county (Harris County Management Services, 2014). Approximately 29% of the residents (530,176) were children, and 8.5% were under the age of five. The number of children under the age of five was larger than the county rate (7.9%), state (7.8%) and national (6.6%) percentage rates. Over half (53.0%) of the population was between the ages of 25-64.



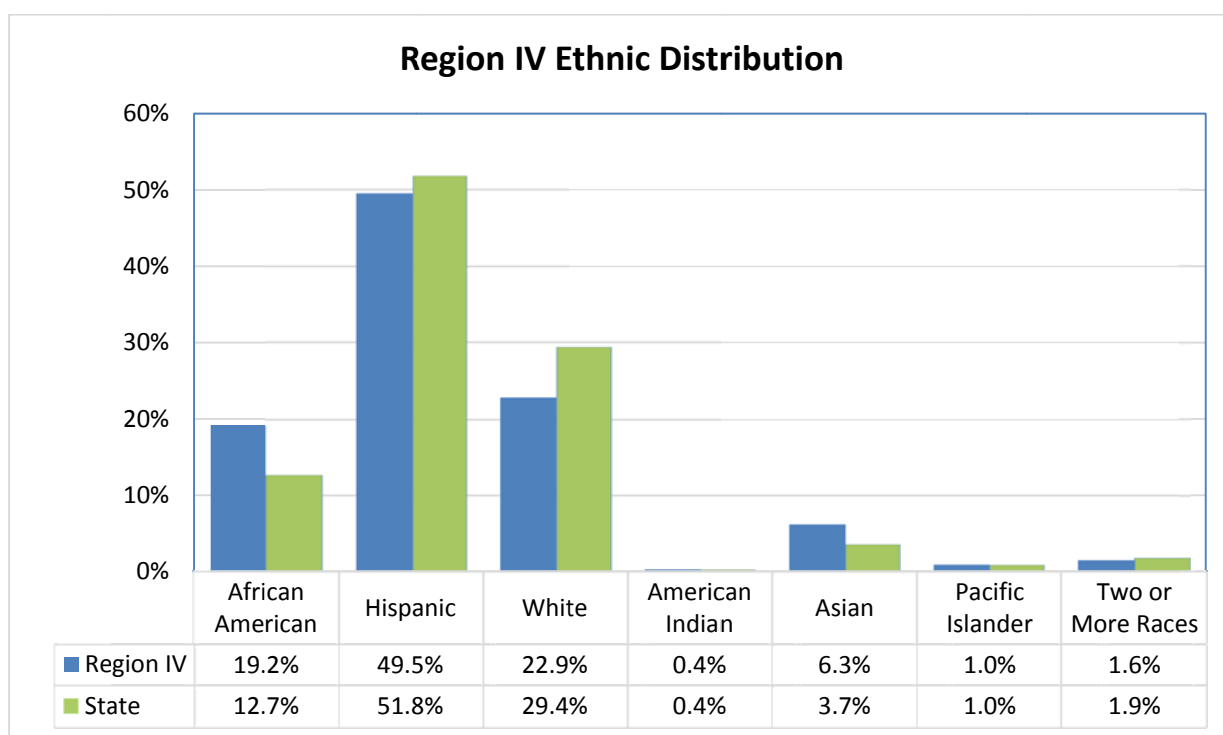
School Demographics

Harris County

Harris County is situated in Region IV, the largest education service center in Texas (Region IV, n.d.). In academic year 2013-2014, the majority of students (59.9%) in the region were economically disadvantaged; 20.7% were English Language Learners; and 7.7% received special education services (Texas Education Agency, 2014). Approximately 6% of Region IV students (59,641 children) were under the age of five and enrolled in either Early Childhood Education or Prekindergarten (Region IV, n.d.).

School Demographics: Education Service Center Region 4 (2013-2014)		
	Count	Percent
Economically Disadvantaged	684,937	59.9%
English Language Learners (ELL)	237,034	20.2%
Special Education	88,475	7.7%

The ethno-racial make-up of the region’s students is slightly more diverse when compared to the state. See distribution in following figure.



Harris County is comprised of 252 private and parochial schools, 59 charter school systems, and 25 Independent School Districts (NCES, 2014). Six districts border the county. In academic year 2013-2014, all public school districts including those neighboring the county received educational resources through Harris County Department of Education (Research and Evaluation, 2014).

Service Area II

Area II consists of a number of school districts and charter schools, some of which are shared by the other Head Start agencies. Districts within the service area are located in the west, central,

and southeast regions of Harris County. The districts include Aldine, Cypress-Fairbanks, Houston, Klein, Pasadena, Spring, and Tomball Independent School Districts. Many reported increases in student enrollment over the past ten years (Harris County Management Services, 2014).

The table below includes a listing of districts where previous Head Start participants enrolled in Kindergarten. School districts may be outside of the Head Start service area region as well as outside of Harris County. The table displays the change in student enrollment, at the school districts, from academic year 2000-2001 to 2012-2013 (Harris County Management Services, 2014). Of the school districts within AVANCE’s service area, Cy-Fair and Tomball ISD had the greatest growth over the past 10 years while HISD experienced a reduction in student enrollment.

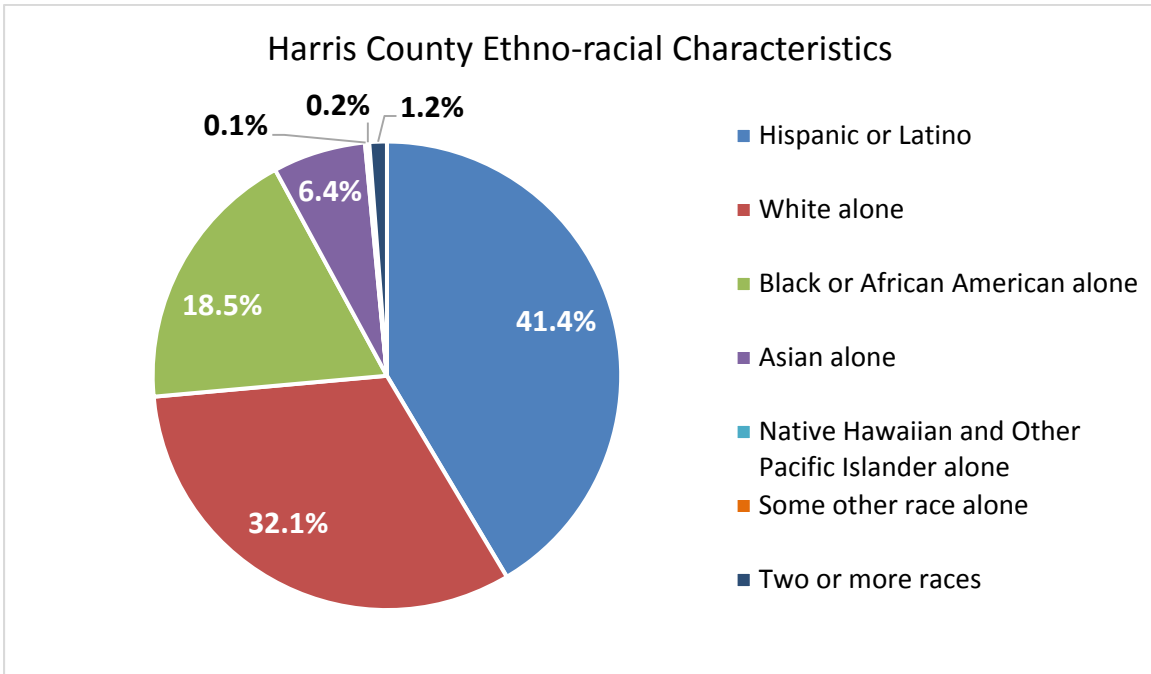
Percent Change in Student Enrollment from 2000-2001 to 2012-2013	
School District	Growth %
Cypress-Fairbanks (Cy-Fair)	63%
Spring	47%
Klein	38%
Tomball	53%
Pasadena	23%
Waller	29%
Aldine	23%
Houston	-4%

Cultural and Linguistic Characteristics

Harris County

Since the 1960s, Harris County has more than doubled in its population size and has become a community with diverse ethnic representation (Klineberg, Kinder Houston Area Survey, 2016). In 1960, the Latino community made up 6.0% of the region, growing to 41.4% of the total Harris County residents in 2014 (two out of every five residents). Currently, Harris County comes second only to Los Angeles County, California as the largest Hispanic populated county in the U.S.² In 2014, Whites represented 32.1% of the county, followed by Black or African American (18.5%), Asian (6.4%), two or more races (1.2%), American Indian and Alaska Native (0.2%), Native Hawaiian and Other Pacific Islander (0.1%) and some other race (0.2%)

² <http://www.pewhispanic.org/2012/03/16/latinos-by-geography/>



Domestic and international migration into Harris County plays a role in the region’s ethno-racial diversity. The Greater Houston Partnership reports that net migration accounts for a half of Houston’s population growth in 2013-2014.³ Foreign-born residents account for a quarter (25%) of the county’s total population. In 2014, individuals from Latin America represented the largest percentage of foreign-born residents (70%, 753,809 people), followed by persons from Asia (21%, 194,363 people). English was primarily spoken in the majority of Harris County households (57.1%), followed by Spanish (34.3%), various languages of Asia and the Pacific Islands (4.4%), Indo-European languages (3.0%), and a small percentage marked “Other” (1.2%).

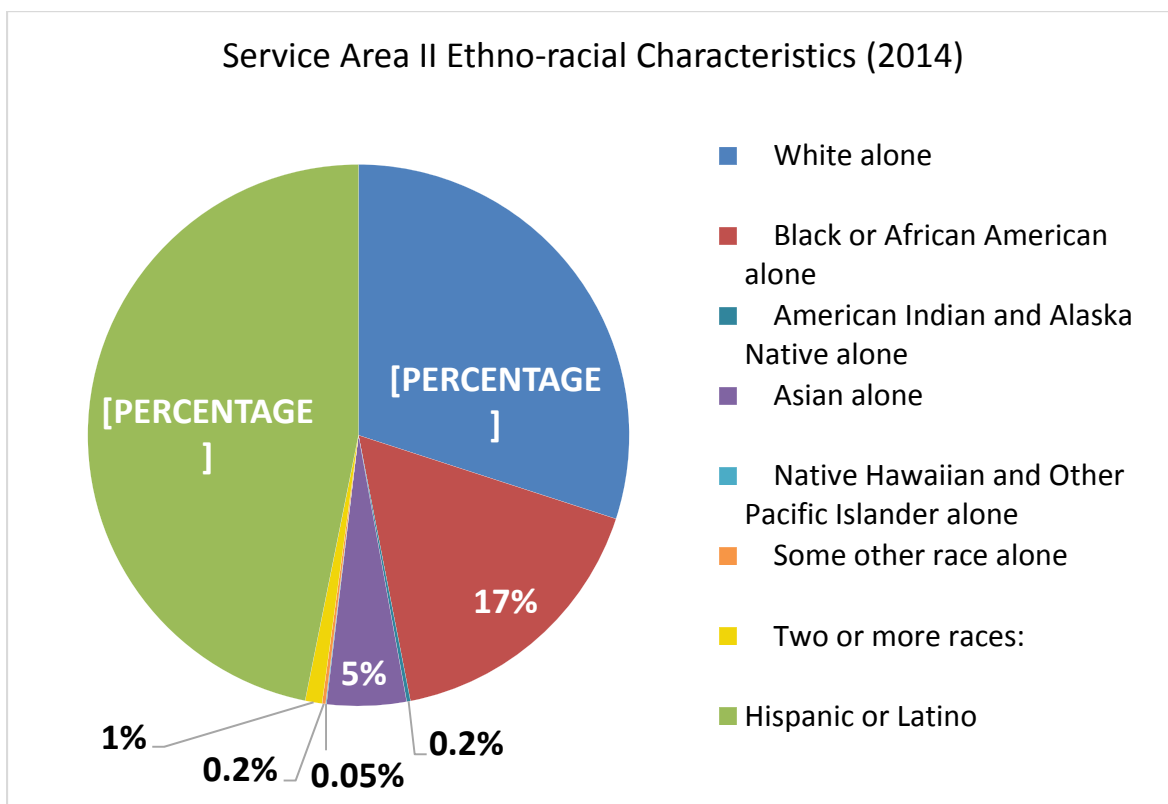
Language Primarily Spoken at Home: Harris County		
English only	2,243,480	57.10%
Spanish	1,348,504	34.32%
Other Indo-European languages	117,863	2.90%
Asian and Pacific Islander languages	173,666	4.40%

³ Greater Houston Partnership. Social, Economic and Demographic Characteristics of Metro Houston. October 2014. Retrieved from https://www.houston.org/pdf/research/quickview/Population_Employment_Forecast.pdf

Other languages	46,661	1.18%
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Service Area II

Residents in Area II represent a majority-minority with racial and ethnic groups making up 64.3% of the population. The racial make-up of residents was 30% White; 16.9% Black or African American; 0.22% American Indian and Alaska Native; 4.7% Asian; 0.05% Native Hawaiian and Other Pacific Islander; 0.21% Some other race and 1.0% Two or more races. Residents of Hispanic or Latino origin made up 46.8% of the area. One-fourth of Area II’s population was foreign born in 2014. Four out of five foreign-born residents (80.3%) were from Latin America, other areas included Asia (14.6%); Europe (2.7%), and Africa (1.5%).



Compared to Harris County, in Area II languages primarily spoken in the home shifted to primarily English (56.2%), Spanish (38.0%), Indo-European (1.9%), and Asian and Pacific Islander (3.4%); other languages (e.g. Native North American, African, and Hebrew) made up 0.5%.

Language Primarily Spoke at Home: Service Area II (2014)		
English only	938,802	56.15%

Spanish	635,220	37.99%
Other Indo-European languages	32,115	1.92%
Asian and Pacific Islander languages	56,950	3.41%
Other languages	8,764	0.52%

Households and Income

Harris County

In 2014, the county was home to 1,462,002 households. An estimated 996,530 were families, and the majority of households had children under the age of 18 (66.4%, 508,881 families). One in five families (23.1%) was a married-couple household with children under the age of 18. Single parent, female-headed households with children under 18 made up 26.0% of family households with children. The table below includes the percentages of households/family types in the region.

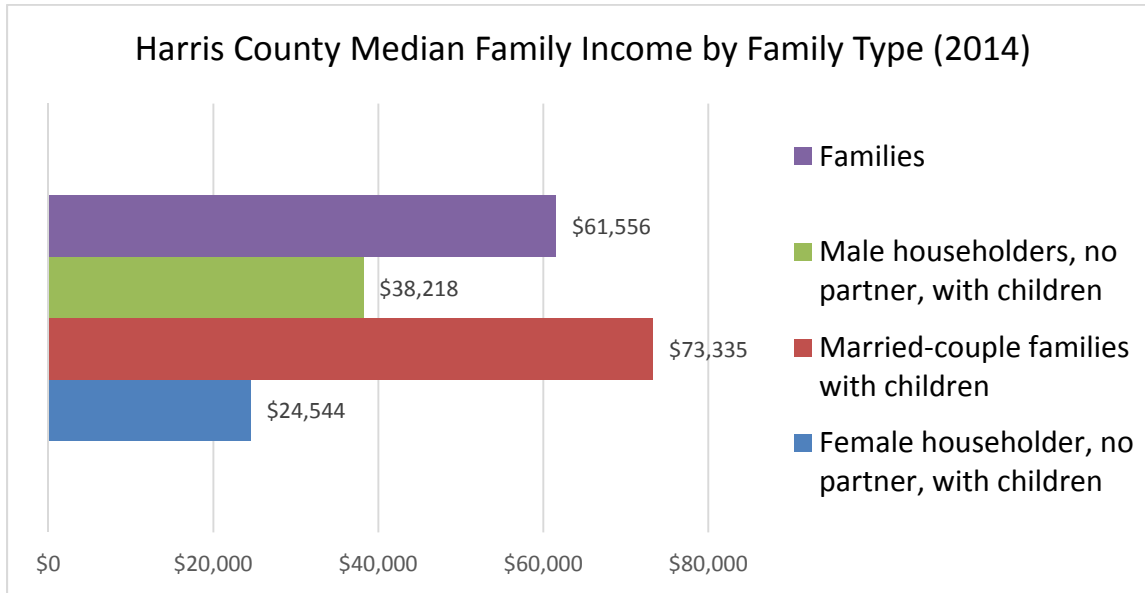
Harris County Household Size by Household Type (2014)		
	N	%
Total Households	1,462,002	--
Family households	996,530	68.2*
Family households with own children under 18 years	508,881	66.4**
Married-couple families with own children under 18 years	337,898	23.1**
Male householder, no wife present, with own children under 18 years	38,545	7.6**
Female householder, no husband, with own children under 18 years	132,438	26.0**

* Total Households serves as the denominator

** Family households serves as the denominator

The median family income in Harris County was \$61,556 in 2014. The median household income was lower at \$53,822. The income of households incorporates households that may not contain a family; therefore, the median family income was explored (U.S. Census Bureau, 2014). Married-couple families with children had a higher income, \$73,335, when compared against all family types with or without children. Two-parent households were also less likely to be in poverty, with 9.1% below the poverty threshold. In single-parent families the median income was markedly lower. For unmarried males with children, the median family income was \$38,218. For female householders with no married partner but with children the median family

income was \$24,544. Two in five families in poverty were female-headed households with children under the age of 18.



Service Area II

As of 2014, Area II had 604,335 households, and an estimated 428,755 were families. The majority of households had children under the age of 18 (52.7%, 226,081 families). One in three families (34.1%) was a married-couple household with children under the age of 18. Single parent, female-headed households with children under 18 made up 14.2% of family households with children. The table below includes the percentages of households/family types in the region.

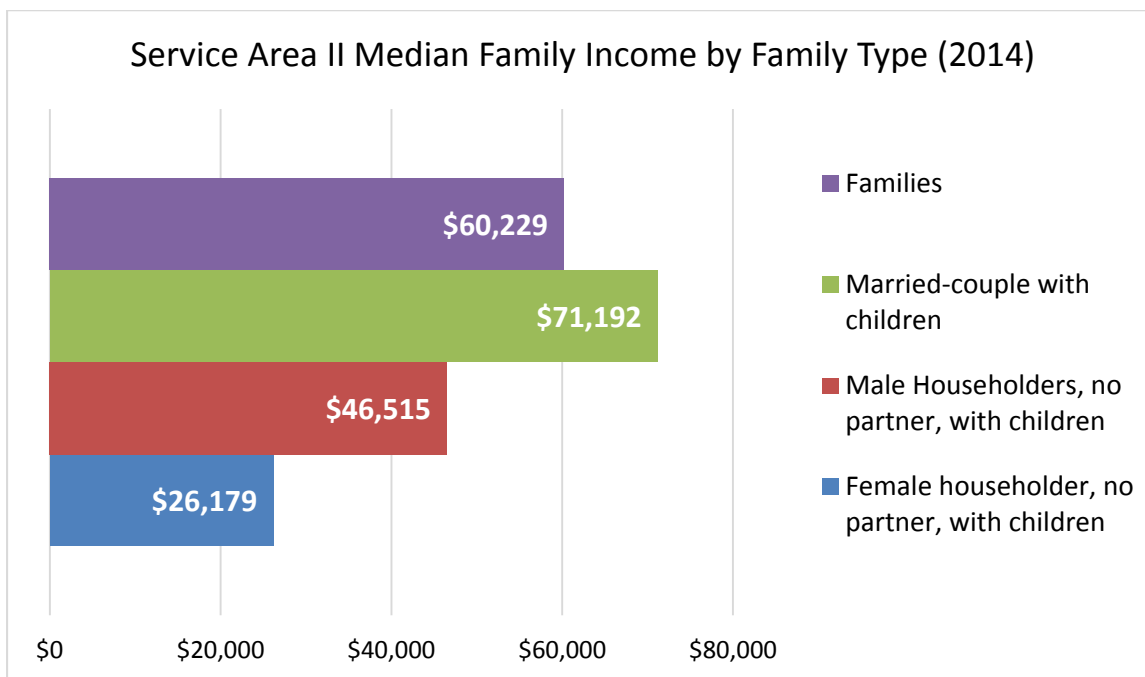
	N	%
Total Households	604,335	---
Family households	428,755	70.9*
Family households with own children under 18 years	226,081	52.7**
Married-couple families with own children under 18 years	146,202	34.1**
Male householder, no wife present, with own children under 18 years	18,926	4.4**
Female householder, no husband, with own	60,953	14.2**

children under 18 years

* Total Households serves as the denominator

**Family households serves as the denominator

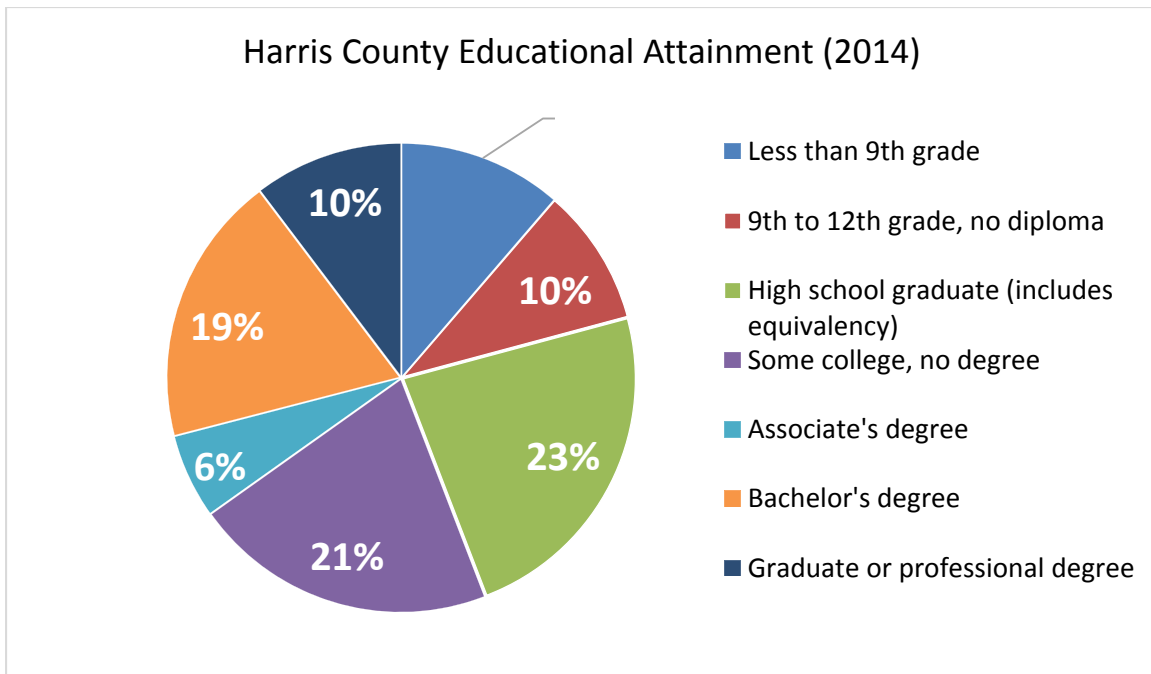
The median family income in Area II was \$60,229 in 2014. The median household income was lower at \$53,209. The income of households incorporates households that may not contain a family; therefore, the median family income was explored (U.S. Census Bureau, 2010). Married-couple families with children had a higher income, \$71,192, when compared against all family types with children. Two-parent households were also less likely to be in poverty, with only 6.1% below the poverty threshold. In single-parent families the median income was markedly lower. For unmarried males with children, the median family income was \$46,515. For female householders with no married partner but with children the median family income was \$26,179. Two out of five families in poverty was a female-headed household with children under the age of 18.



Educational Attainment

Harris County

In 2014, 79.1% of Harris County residents completed high school and/or pursued higher levels of education. While an improvement from the year 2000 (74.6%), Harris County had a lower percentage of adults aged 25 and over with at least a high school diploma, compared to the state (81.6%) and the country (86.3%). See Harris County distribution in following chart:



Education and policy experts have shed light on attrition and dropout rates in Texas. Attrition rates examine *a school's holding power or ability to keep students enrolled in school until they graduate*. The Intercultural Development Research Association reported that in Harris County, 25% of all high school students enrolled as ninth graders left prior to their graduation in 2013-2014 and 26% in 2015.⁴ Analysis from Children at Risk, a Houston-based research and advocacy organization, revealed that nearly one in four Harris County students did not graduate from high school. In addition, black and Latino students were graduating at lower rates when compared to white and Asian students in the region.

A positive trend is occurring however, in education for Hispanic/Latino youth. Since 2000, the Hispanic dropout rate has dropped drastically from 32% in 2000 to a record low of 14% in 2013.⁵ According to the Pew Research Center, Hispanic students have also made strides towards increasing college enrollment. Since 1993, college enrollment has increased by 201%. Factors in the rise of high school completion and college enrollment for Hispanic/Latino youths may be due to rising unemployment in the current job market and Latino families placing more importance on attaining a college education.

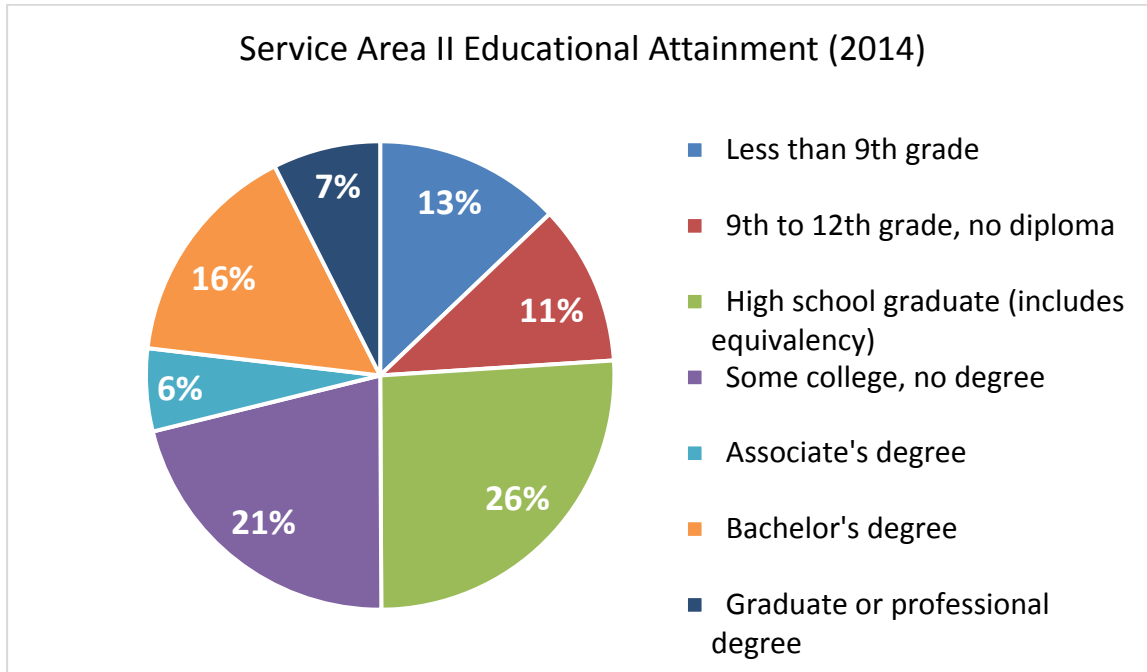
Service Area II

In 2014, 76.2% of Service Area II's residents who are 18 years old or over completed high school and/or pursued higher levels of education. Educational Attainment was much lower for

⁴ <http://www.idra.org/dropout/attrition.php?CountyID=101&Submit=Submit> (IDRA, 2011)

⁵ Krogstad (5/26/2015) <http://www.pewresearch.org/fact-tank/2015/05/26/5-facts-about-latinos-and-education/>

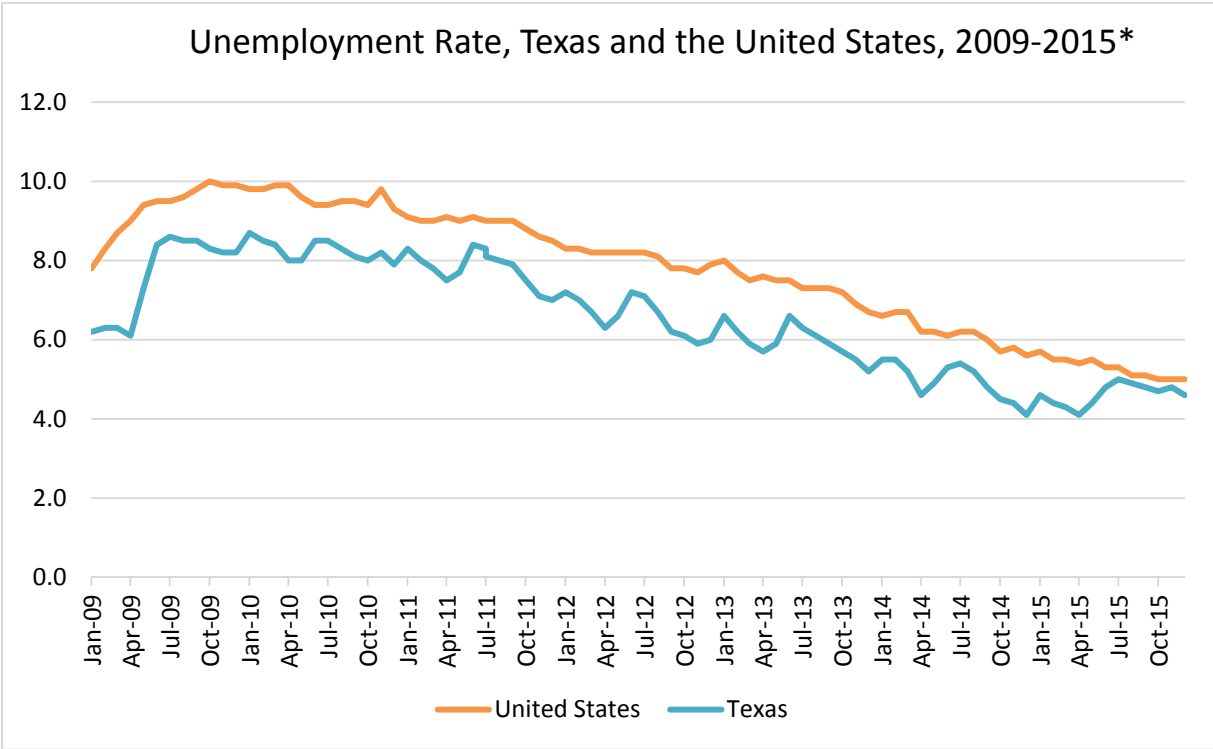
individuals aged 25 and older with only 76% of residents who had at least a high school diploma. This value was lower compared to the county (79.1%), state (81.6%) and the country (86.3%).



Employment & The Economy: Harris County

Throughout 2015, the unemployment rate for Texas fell to 4.6% from the start of the year and remains below the national unemployment rate of 5.4 (Bureau of Labor Statistics, 2016). Texas employers added a record breaking 457,900 new jobs in 2014 with growth in 10 industry sectors during that period. The state’s occupations with the largest growth are in oil and gas; professional and business services; financial services; and education and health services.⁶

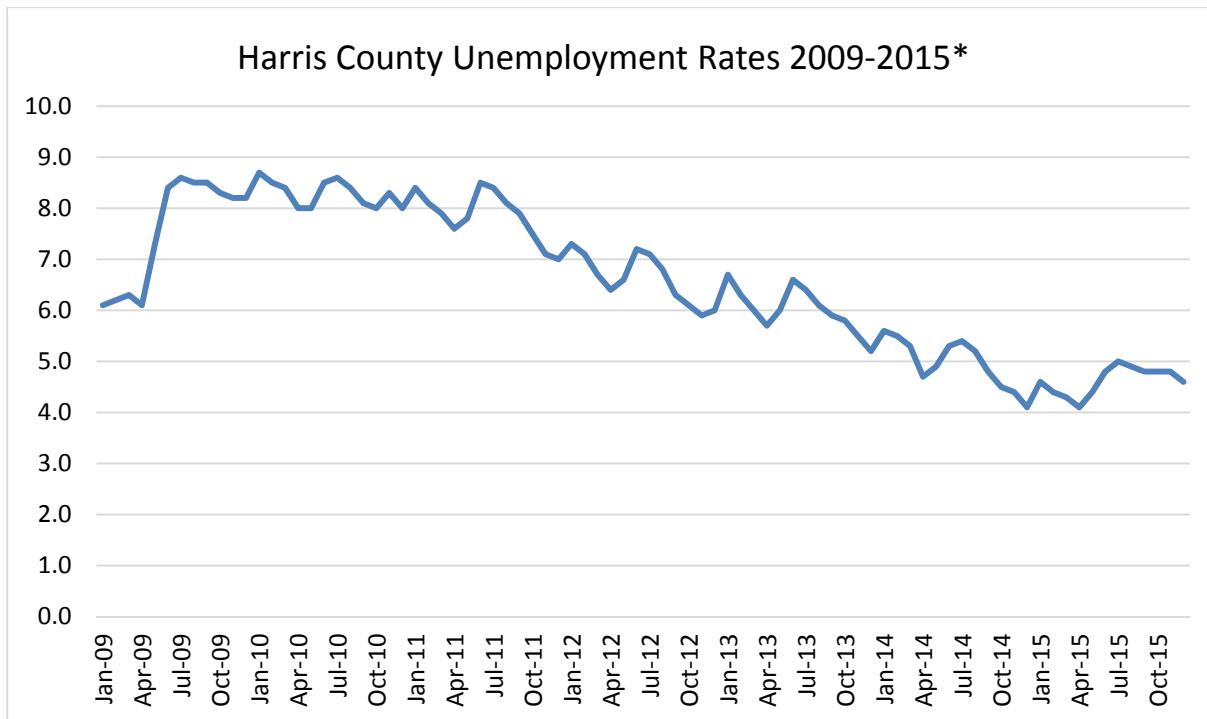
According to the Texas Workforce Commission, in 2014 the city of Houston led the state in employment growth for the third straight year with an overall growth of 5.2%. Additionally, Houston represented 25.7% of the state’s new job increase in 2014 by creating 117,800 jobs. Job growth continued in 2015 but at a much slower pace with employment growing only 1.5% mostly due to a steep drop in oil prices.⁷ Houston’s unemployment rate in November 2015 was 3.7%, down from 5.8% in 2012. See the two figures below for unemployment trends throughout 2015 comparing Texas and United States and then for Houston.



*Data retrieved from the Bureau of Labor Statistics

⁶ Jean (01/23/2015) <http://bizbeatblog.dallasnews.com/2015/01/texas-added-457900-jobs-in-2014-unemployment-rate-falls-to-4-6-in-december.html/>

⁷ Kaplan (2016). <http://www.dallasfed.org/assets/documents/research/swe/2016/swe1601.pdf>



*Data retrieved from the Bureau of Labor Statistics

The following table compares labor statistics for Texas to the US from December 2014 to December 2015, showing the greater drop in the unemployment rate compared to the nation (Bureau of Labor Statistics, 2016).

Labor Statistics 2014 & 2015			
	Dec-2014	Dec-2015	Year-Over-Year Change
Texas Labor Force	12.9 million	13.1 million	161,498
Texas Unemployed	540,355	556,706	-16,351
Texas Unemployment Rate	7.4%	6.1%	-1.3%
U.S. Labor Force	156.1 million	157.8 million	1,691,000
U.S. Unemployed	8.7 million	7.9 million	-800,000
U.S. Unemployment Rate	5.6%	5.0%	-0.6%

Issues for Poverty

“Greater Houston has the strongest job market in the nation, but the gap between poor and wealthy is growing” (Kinder Institute for Urban Research, 2016). Despite the progress made toward reducing the unemployment rate for the Houston-Harris County area, living in poverty continues to be the reality for one fourth of area families with children under the age of 5 (Center for Public Policy Priorities, 2016). Reasons for this are many and too complex for a full

discussion for this assessment. However, some of the issues relevant to families' inability to sufficiently support them include underemployment, changes in jobs and business models especially due to advances in technology that affect job losses (Zehr, 2013). Suburban poverty is especially affected by population growth and immigration (Rics, 2013).

Suburban poverty

The Brookings Institution (Elizabeth Kneebone) studied changes in locations of poverty and found that "Suburbs are home to the largest and fastest growing poor population in the country."⁸ This shift of poverty from urban areas to the suburbs continues to occur for several reasons. These may include, jobs leaving these communities, lower wages, population growth (Houston fastest growing metro region in last 10 years), and immigration. Agencies that provide assistance are mostly located in more urban areas or scattered in places that are hard to reach without personal transportation. Neighborhood Centers, Inc. was named as an agency that has developed programs to help the families living in these communities, but more help is needed.

Underemployment

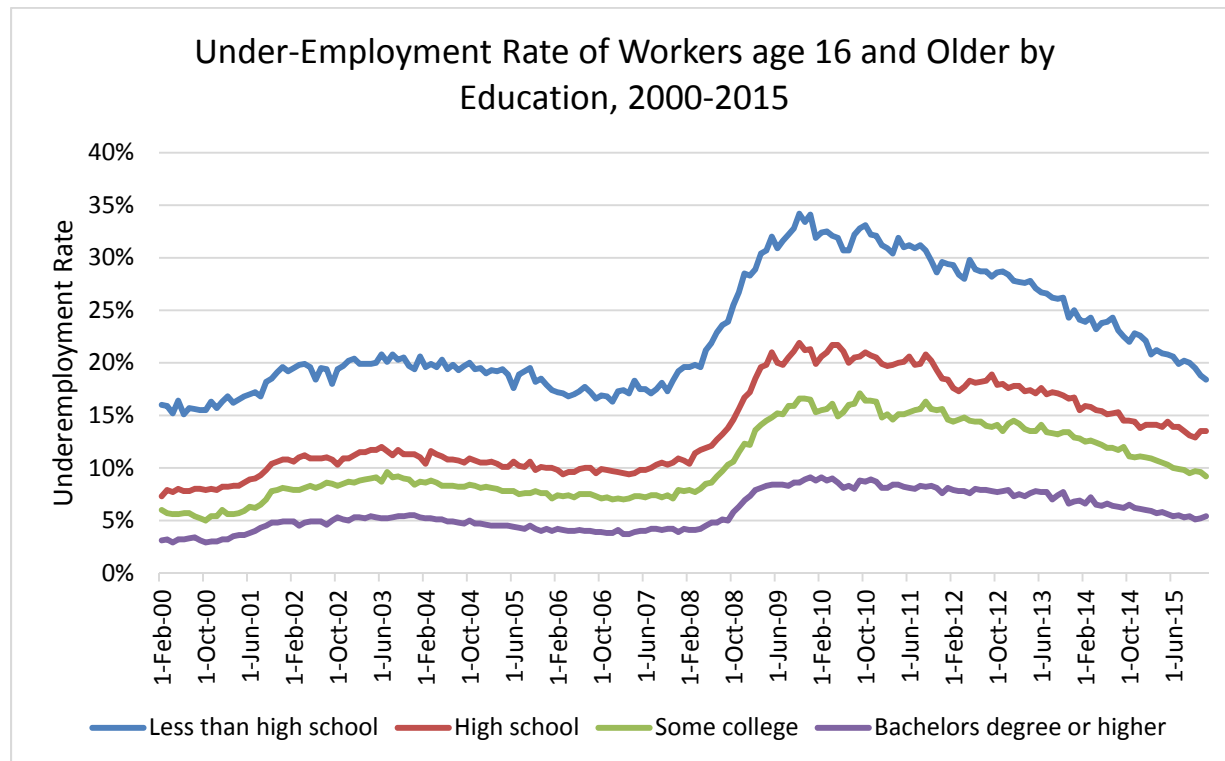
Another measure of economic stability, under employment,⁹ measures labor utilization in the economy that reflects "how well the labor force is being utilized in terms of skills, experience and availability to work. The type of labor that is classified as under employment includes those workers that are highly skilled but working in low paying jobs, workers that are highly skilled but work in low skill jobs, and part-time workers that would prefer to be full-time. This is different from unemployment in that the individual is working but isn't working at their full capability." Families are affected when workers who are under employed are more likely to receive lower wages than their counterparts working in jobs more reflective of their capabilities.

For example, an individual with an engineering degree working as a pizza delivery man as his main source of income is considered to be under employed and underutilized by the economy as he in theory can provide a greater benefit to the overall economy if he were working as an engineer. Also, an individual that is working part-time at an office job instead of full-time is considered under employed if they are willing to provide more employment. When comparing the level of education with under employment in the following figure, national results from

⁸The Brookings Institute. The Suburbanization of Poverty. <https://www.brookings.edu/research/the-suburbanization-of-poverty-trends-in-metropolitan-america-2000-to-2008/>

⁹www.investopedia.com, May 2013

2000 to 2015 indicate that individuals with less education had higher under employment rates.¹⁰



Changes in business models and jobs

Over the years, the political climate has pushed an agenda along a proposed theory of change that if private sector businesses are supported they will add jobs to the communities in which they are located. However, corporations do not exist to create jobs, though they may need to hire in order to operate and be competitive. What is seen that affects the type and number of jobs available may reflect changing business models due to technology and other new ways of getting work done (Zehr, 2013). As use of technology increases and businesses move away from traditional ways of working, jobs are being lost. For jobs in the future, individuals may want to think how they create value for the community by the things they do, not as a result of working for an employer, and how and who will compensate them. Because of this the definition of jobs are changing and new skills for emerging and evolving jobs will be needed. We also may not need to depend on our job for health care because of the new laws. For instance, the “greening of our economy” is impacting the creation of emerging occupations (new jobs with new skills) and evolving occupations (old jobs with new skills).¹¹ The definition of the green economy:

¹⁰ Economic Policy Institute <http://stateofworkingamerica.org/charts/underemployment-education/>; July 2016

¹¹ Dierdorff, E. et al., (2009) Greening of the World of Work: Implications for O*NET-SOC and New and Emerging Occupations, The National Center for O*NET Development, www.onetcenter.org.

“...encompasses the economic activity related to reducing the use of fossil fuels, decreasing pollution and greenhouse gas emissions, increasing the efficiency of energy usage, recycling materials, and developing and adopting renewable sources of energy.”

Other jobs predicted for the future that “pay well, are poised for growth and are not likely to be outsourced to a low wage country overseas” include registered nurses and dental hygienists, as well as qualified construction based jobs (painters, electricians, and construction workers), especially those associated with apprenticeship training programs.¹²

In spite of Houston-Harris County’s current jobs picture, employers are struggling to find qualified, skilled workers to fill available positions. James Calaway, chairman of the Center for Houston’s Future has expressed concern that the workforce in Houston is not ready for the types of jobs we will see in the future. Jobs that pay livable wages need increased “education, competencies, and skills” provided by at least some post-secondary education. An estimated 1.4 million middle-skills jobs exist in Houston, with a projected 74,000 new middle-skill job opening each year through 2017.¹³ Despite the growing demand, in 2013 more than 855,000 Houstonians age 25 and older did not meet minimum credentials to fill these positions. To fill this gap, programs such as UpSkill Houston work to attract, train and place individuals in critical skills jobs and professions.¹⁴

Two-thirds (66%) of Klineberg Survey respondents reported that “education beyond high school is necessary to be successful in today’s world.” However, based on 2014 census data, only 55.8% of adults greater than 25 years in Harris County have more than a high school diploma. To provide the necessary education, two year community colleges can offer applicable, affordable training to meet these demands of the region’s increasing job market. They can also provide an affordable path to complete an associate degree or the start of a bachelor’s degree. In addition to several private colleges, the Harris County area has three public Community Colleges that offer courses, Associate degrees, and certifications for high skill/ high growth occupations. These all have several campuses positioned around the county and provide financial aid for tuition if needed. These include:

- Lone Star College- 7 campuses, Partners with Business community, Workforce Scholarships
- Houston Community College- 7 campuses, Work-study programs
- San Jacinto College- 4 campuses, 200 degree and certificate options, athletics, Partners with 4 yr. Universities

¹² Sixel, L. (4/11/2013) Some jobs you can count on for a solid future, Houston chronicle.

¹³ JP Morgan Chase & Co. New Skills at Work (October 2014). Retrieved from <https://www.jpmorganchase.com/corporate/Corporate-Responsibility/document/54841-JPMC-GAP-HOUSTON-AW5-ONLINE.pdf>

¹⁴ <https://www.houston.org/upskillhouston/>

Immigrants

While the 2014 American Community Survey reported that 41.1 million immigrants lived in the US,¹⁵ 11.3 million are living in the US illegally (as calculated and reported by the Pew Research Center¹⁶). According to the Migration Policy Institute, 81 million people or 26% of the U.S. population is comprised of immigrants and their U.S. born children. Approximately 88% of immigrant children in the country were born in the US and are therefore U.S. citizens.¹⁷ That number was slightly higher in Texas with 94.9% of immigrant children born in the U.S. Nearly 35% of all children in the state had one or more foreign-born parent.

In the same year, Texas had the third largest immigrant population with 4.3 million immigrants making up 17.2% of the state's population.¹⁸ The largest source of immigrants come from Mexico and constitute more than one-quarter (28%) of all immigrants in the U.S. and more than half (58%) of all immigrants in Texas. According to the American Community Survey, Mexican immigrants are less economically stable than immigrants from other countries with median household incomes of \$37,000 and average poverty rate of 28% compared to all foreign born with a median income of \$49,000 and poverty rate of 18%.

In 2012, President Obama created the Deferred Action for Childhood Arrivals (DACA) program, an immigration policy that allows eligible undocumented youth who entered the country before 2007 and before age 16 to receive a renewable 2-year working permit and temporary exemption from deportation. According to a survey conducted by the Center for American Progress, DACA has resulted in broad economic and societal benefits with significant improvements in employment, educational attainment, and wages among DACA recipients.¹⁹

Because “no federal or state law prohibits the admission of undocumented immigrants to US colleges, public or private” nor do Federal or state laws require students to prove citizenship in order to enter US institutions of higher education,” undocumented students, have the option of attending post-secondary education. A college education is costly, however, DACA recipients and undocumented persons are not eligible for Federal student financial aid. To help with these costs, some states such as Texas offer these students an opportunity to apply for in-state tuition if they have lived in the state for three years leading up to high school graduation or receipt of GED, and submit a signed affidavit that they will apply for permanent resident status

¹⁵ www.pewhispanic.org/2013/2/15/u-s-immigration-trends/ph_13-01-23_ss_immigration_01_title

¹⁶ <http://www.pewresearch.org/fact-tank/2015/11/19/5-facts-about-illegal-immigration-in-the-u-s/>

¹⁷ Neighborhood Centers, Inc., (n.d.) Immigrants and their Families; www.neighborhood-centers.org

¹⁸ Migration Policy Institute. U.S. Immigrant Population by State and County.

<http://www.migrationpolicy.org/programs/data-hub/charts/us-immigrant-population-state-and-county>

¹⁹ Wong, Richter, Rodriguez (7/9/2015)

<https://www.americanprogress.org/issues/immigration/news/2015/07/09/117054/results-from-a-nationwide-survey-of-daca-recipients-illustrate-the-programs-impact/>

as soon as able to do so (copy of affidavit follows below).²⁰ DACA students are also eligible to receive state and institutional financial aid through the Texas Application for State Financial Aid (TASFA).²¹ See example of Affidavit form:



Health, Mental Health, Immunizations, Food Access and Nutrition: Harris

²⁰ <http://professionals.collegeboard.com/guidance/financial-aid/undocumented-students>;

²¹ <https://world.utexas.edu/isss/students/dreamers/before-college/financial-aid>

County

Vital Statistics

By 2015, Texas' population had grown by 25% from 2000 (U.S. Census Bureau, 2016). A natural increase and net migration stimulated the rise in population. In 2013, the state's population increased an average of 572 persons per day as seen in the table below.

On an Average Day In Texas (2013)²²
– The population increased by 572 persons. [The rate of natural increase (births - deaths)]
– 1,061 resident births
<ul style="list-style-type: none"> ▪ 49 babies had no prenatal care ▪ 88 low birth weight babies were born (less than 2,500 grams or less than 5 lbs. 9 oz.) ▪ 34 babies were born to teenage mothers (less than 18 years of age) ▪ 373 babies were delivered by C-section
– 489 resident deaths
<ul style="list-style-type: none"> ▪ 110 of these deaths were due to heart disease ▪ 105 of these deaths were due to cancer ▪ 26 of these deaths were due to accidents ▪ 6 of these were infant deaths
– 491 marriages
– 209 divorces

Harris County had a comparable population increase (33%) from to 2000 to 2015 (U.S. Census Bureau, 2016). The most recent health data available through the Texas Department of State Health Services revealed the highest causes of death among different races in Harris County. Tracking the diseases and conditions that result in the most deaths provides valuable information on the overall health of the population.

Harris County Resident Deaths by Race and Cause of Death, 2013						
Underlying Cause	White	Black	Hispanic	Other	Total	Age-Adjusted Mortality Rate (All Races)*
Heart disease	2867	1311	760	255	5202	166.3
Cancer	2862	1266	922	362	5412	159.9
Stroke	597	322	227	81	1227	40.6
Accidents	715	258	359	69	1401	36.7

²² Texas Department of State Health Services, On an Average Day in Texas, 2013. Date retrieved from <http://dshs.texas.gov/chs/vstat/vs13/aveday.aspx?terms=On%20an%20Average%20Day%20In%20Texas%2c%20013>

Chronic Lower Respiratory Diseases	689	159	72	33	953	32.0
Diabetes	250	199	190	42	681	20.0
Septicemia	357	239	126	30	752	24.0
Kidney Disease	124	92	36	10	262	8.7
Alzheimer's Disease	275	62	32	10	379	14.4
Influenza and Pneumonia	252	101	86	35	474	15.2
Suicide	270	40	75	26	411	9.8
Chronic Liver Disease and Cirrhosis	215	68	147	7	437	11.0
Homicide	56	170	130	13	369	8.3
HIV/AIDS	36	108	29	2	175	4.2

*Per 100,000 persons

As seen in the previous table, across the three major cultural groups, heart disease and cancer are the first and second highest causes of death, with White persons having the highest number of deaths and “Other” having the lowest. The third highest cause of death was stroke for Black persons and accidents for White, Hispanic, and “Other” persons. One’s social determinants of health can influence his or her well-being. Obesity and access to health insurance will be examined later to explore the conditions that shape one’s health outcomes.

Mortality rates for children ages 1 to 4 years are displayed in the following table:

Harris County Childhood Death Ages 1 to 4 years (2013)²³						
Underlying Cause	White	Black	Hispanic	Other	All Races	Mortality Rate (All Races)*
Accidents	67	20	58	3	148	54.8
All Other Diseases[†]	29	21	43	4	97	35.9
Cancer	21	7	19	2	49	18.1
Congenital Malformations, Deformations and Chromosomal Abnormalities	12	6	23	2	43	15.9
<u>Assault (Homicide)</u>	6	12	10	0	28	10.4
<u>Diseases of the Heart</u>	8	4	9	1	22	8.1
Chronic Lower Respiratory Diseases	2	3	2	2	9	3.3
Certain Conditions Originating in the Perinatal Period	3	0	6	0	9	3.3
Influenza and Pneumonia	3	0	3	2	8	2.9
Septicemia	1	2	1	0	4	1.5

²³ Data Available from <http://soupsfin.tdh.state.tx.us/death10.htm#HELP2>

In Situ Neoplasms, Benign Neoplasms and Neoplasms of Uncertain or Unknown Behavior	2	1	0	0	3	1.1
Anemias	0	1	2	0	3	1.1
Cerebrovascular Diseases	0	3	0	0	3	1.1
Nutritional Deficiencies	2	0	0	0	2	0.7

*Per 100,000 children aged 1 to 4 years, Rates based on 2013 American Community Survey 5-year estimates

†A breakdown of all other diseases is available from <http://bit.ly/2a25Dlw>

For children ages 1 to 4 the top three causes of death across all races were accidents, all other diseases (including infections and diseases of the respiratory, circulatory, and nervous systems), and cancer. Accidents were the leading cause of death among all multicultural group with a rate of 54.8 deaths per 100,000 children.

Obesity

Obesity places children at a greater risk of developing chronic diseases such as heart disease, diabetes, high blood pressure, and cancer among other serious health conditions. Childhood obesity rates are higher in communities with high rates of poverty and larger populations of minorities. In 2014, one in three low-income children aged two to four years was either overweight or obese (Center for Disease Control and Prevention, 2014). In that same year, low-income children participating in the Texas Women Infants and Children (WIC) Program had an obesity rate of 15%; a significant decline from 30% in 2008.²⁴ The drop in obesity rates are the result of WIC's breastfeeding campaign which promotes breastfeeding as an obesity prevention strategy. WIC has also devoted their resources into promoting physical activity and sponsoring obesity prevention programs through local grants.

With a gradual increase in population and chronic disease, the county and state face a domino-like effect amid the obesity epidemic. The Centers for Disease Control and Prevention describes the American society as obesogenic (Centers for Disease Control, 2010). The various environments in which we reside have become increasingly unhealthy, not only impacting our physical well-being but the productivity of entire societies. Because of this health care crisis in Texas, the state legislature created the Interagency Obesity Council in 2007 to “(1) enhance communication and coordination of the critical health issue of obesity among state leaders and (2) to guide future planning around obesity prevention, health promotion, and improved nutrition.”²⁵ This is a collaborative among the commissioners and agencies of the Department of Agriculture, Texas State Health Services, and the Texas Education Agency. Their initiatives encompass a wide range of programs under each agency for low income families and children.

²⁴ Texas Department of State Health Services, WIC Certification, 2015

²⁵ <http://www.dshs.state.tx.us/obesity/NPAOPcouncil.shtm>; updated April 4, 2013.

These include USDA child nutrition programs such as Mayors Challenge and Summer Nutrition programs, National School Lunch program, School Breakfast program, and special milk programs, etc. Under the Healthy, Hunger-Free Kids Act of 2010, programs further provided new lunch and breakfast meal patterns and nutrition standards, expanded Wellness requirements, and increased frequency of monitoring from every 5 years to 3 years. During the 2014-2015 school year, National School Lunch program/school breakfast program in Texas served 8,793 schools with almost 900 million meals.

In 2011, the Houston Endowment awarded a grant to the Harris County Healthcare Alliance to fund Healthy Living Matters (HLM), a collaborative of organizations and individuals that work to implement policies to reduce childhood obesity rates in Harris County and foster healthier communities.²⁶ Since its creation, HLM has successfully implemented several programs across the county. In 2013, HLM was awarded funds from the Racial and Ethnic Approaches to Community Health (REACH) Program to deepen community engagement efforts in Pasadena. Funds were used to improve access to healthier foods, improve Pasadena ISD's wellness policies, and promote child bike riding. Other programs implemented by HLM include construction of walking trails and introducing healthy eating programs in various public schools.

Access to Health Insurance

According to the National Survey on Children's Health in 2011-2012, 82% of caregivers in Texas reported their child to be in "excellent or very good" health (Nationwide: 84%). When examined by household income, the percentage drops to 68.5% for families with incomes between 0 and 99% of the federal poverty level. While health care has shown to be a significant factor in ensuring healthy outcomes, barriers to accessibility may hinder the development of children (Data Resource Center for Child and Adolescent Health, 2007).

Federal and local initiatives such as Children's Medicaid and the Children's Health Insurance Program (CHIP) are options available to families in need of coverage. Despite these options, families continue to face a number of challenges in ensuring access to continual care. Poverty and issues for the "working poor" who are ineligible for assistance especially put demands on the system. See following table of the average enrollment of children up to age 18 for Harris County compared to Texas (Texas Health and Human Services Commission, 2015).

²⁶ http://www.healthylivingmatters.net/about_hlm/accomplishments/

Public Health Insurance- Average enrollment (2015)		
Public Insurance Type	Harris County Count	Texas Count
Children's Medicaid	566,841	3,110,582
CHIP	68,457	341,253
CHIP Perinatal	*---	38,322
Total	635,298	2,941,352

*Statistics not available at this time

Since the implementation of the Affordable Care Act (ACA) in 2010, millions of previously uninsured Texans have gained health coverage. At the beginning of 2014, the majority of the ACA's provisions went into full effect, continuing the expansion of health insurance to individuals across the state. Despite these improvements, Texas remains the state with the highest rate of young people without insurance. Recent data indicates that 11% of Texas' children were uninsured in 2014 (Center for Public Policy Priorities, 2016). In Harris County, the rate of uninsured surpasses the state, with 14.5% of Harris County's kids without health coverage. Texas opted not to expand Medicaid to adults living up to 138% of the Federal Poverty Line, resulting in an estimated 766,000 Texas residents remaining uninsured (Center for Public Policy Priorities, 2016). These individuals fall into a coverage gap, meaning they lack affordable health insurance options because their household income is too high to qualify for Medicaid but too low to qualify for health insurance subsidies. Because most children have the same health insurance as their parents, the coverage gap has also impacted the number of children without health insurance.²⁷

Individuals without health insurance were subject to a federal penalty in 2014 which totaled 1% of their adjusted gross income for households with incomes above \$28,500 or \$95 for individuals with household incomes below \$28,500.²⁸ By 2015 the minimum penalty rose to 2% of household income for households with incomes above \$48,750 or \$325 for households with incomes below \$48,750. Aside from a federal penalty, lack of insurance may also result in serious health consequences. According to the National Immigration Law Center, people who are uninsured are 25% more likely to die prematurely because they lack access to quality health care.²⁹ Furthermore, uninsured individuals are also less likely to receive preventative care and are more likely to delay seeking medical care when needed. Children without health insurance can also face serious health consequences. For instance, they are less likely to be immunized and have access to regular and appropriate health care.

²⁷ GAO. (2011). Medicaid and CHIP. Given the association between parent and child insurance status, new expansions may benefit families. <http://1.usa.gov/21PWXyi>

²⁸ The Fee for not having Health Insurance (n.d.). <https://www.healthcare.gov/fees/fee-for-not-being-covered/>

²⁹ National Immigration Law Center (2014). <https://www.nilc.org/wp-content/uploads/2015/11/consequences-of-being-uninsured-2014-08.pdf>

Poverty, unlivable work earnings and relation to health coverage

According to KIDS COUNT, one in four children in Harris County lives in poverty, and 14% of children in the Houston Metro Area live in extreme poverty where a minimum 50% of households live below the federal poverty line. This creates a growing demand for local and federal subsidies and programs. The National Center for Children in Poverty published a report titled, “Who are America’s Poor Children?” In the document, it reports that a greater number of poor children lack health insurance when compared against all children (Wright, 2010).

The Economic Policy Institute (EPI) stated that nearly a third of American families, with two parents and two children, were falling short of meeting their basic living costs (\$60,608). Basic living costs include housing, food, child care, transportation, health care, taxes, and other necessities (e.g. clothing and entertainment). The following table and figure display the estimated income needed to meet expenses for basic standard of living in the Houston Metropolitan Statistical Area. Housing and child care make up 16.6% of a two-parent household budget and 18.8% of a one-parent household. Health care costs are estimated to be between 10-14% of a household’s budget; however, 69.1% of all uninsured Texans reported being uninsured because insurance premiums are too expensive.³⁰

Estimated Income-Basic Standard of Living for families in the Houston MSA (2014)		
	Monthly Income	Yearly Income
1-parent, 2 kids household	\$4,434	\$53,214
2-parent, 2 kids household	\$5,051	\$60,608

While the factors discussed contribute to the challenges of accessing care, they do not explain all the reasons why families are unable to obtain care. The significance of each however, is the influence of socially determined health inequalities. Social factors should be explored in depth to address the growing issue of the uninsured and the state of the community’s health.

Maternal and Infant Health

Harris County has the highest number of births in the state. In 2012, 58.5% of pregnant women in the county received prenatal care during the first trimester, compared to 65.4% throughout the state (HCPHES, 2015-2016). Nearly a tenth of all babies in the county as well as in the state were born with low birth-weights. The following table displays basic statistics for the state of maternal and infant health for Harris County compared to the rest of the state.

³⁰ http://www.episcopalhealth.org/files/1514/5392/5799/Issue_Brief_18_FINAL.pdf

Maternal and Infant Health (2013)³¹				
	Texas		Harris County	
	Count	% of all Births	Count	% of all Births
All Births	387,110		68,292	
Births to Teens (19 yr & under)	38,030	9.8%	6,069	8.9%
Infant Mortality	2,253	5.8%	462	6.8%
Low Birthweight Babies (<5.5 oz)	32,175	8.3%	5,862	8.6%
Births to Women Who Received Inadequate Prenatal Care¹	137,235	36.0%	26,369	39.0%

¹ Data obtained through KIDS COUNT (Center for Public Policy Priorities, 2016)

In 2014, the state of Texas had the 5th highest rate of teen births in the nation, with a rate of 37.8 births per 1,000 teen girls (15-19 yr), an 8% decline from 2013.³² Although the number of teen births decreased from 2013 to 2014, racial disparities persist. Of the babies born to teen mothers across the state, 65% were born to Hispanic teens while 21% were born to non-Hispanic White teens. According to the Center for Disease Control (CDC), these differences can largely be attributed social disparities such as poverty and level of education.³³

Even though Texas has shown an overall decline in teen births, recent data released by the CDC indicated that the Harris County teen birth rates (ages 17 and younger) exceeds the state average with more than 55 births per 1,000. These numbers are seen particularly in the central and east areas of the county (see map below).³⁴ For ages 15-19, teens living in school district areas located in AVANCE's service area had average teen birth rates that ranged from 12-65 per 1,000 teens (see following table).

³¹ <http://www.dshs.texas.gov/chs/vstat/vs13/data.aspx>

³² <https://thenationalcampaign.org/data/state/texas>

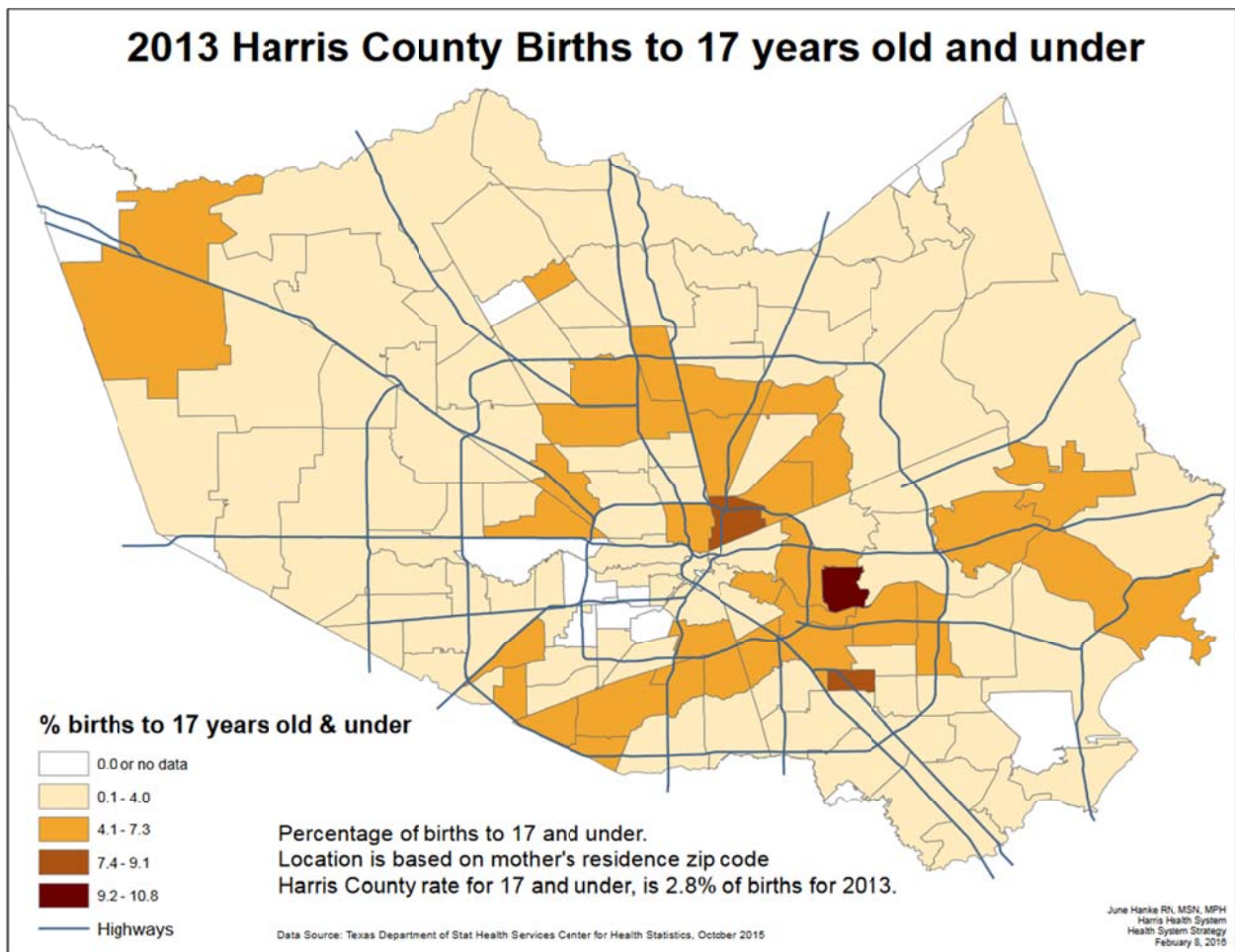
³³ <http://www.cdc.gov/teenpregnancy/prevent-teen-pregnancy/social-determinants-disparities-teen-pregnancy.htm>

³⁴ Harris Health System, retrieved June 2016 from

<https://www.harrishealth.org/SiteCollectionDocuments/community-assessment/pregnancy-birth-data/2013/teen-births-2013.pdf>

Teen births females aged 15-19 (2014)			
School Districts in Area III	Total for age	Teen births	
	N	n	Prevalence*
Spring	6,614	279	42
Cypress-Fairbanks	17,835	404	23
Houston	40,309	2,137	53
Klein	7,346	109	15
Tomball	2,026	84	40
Pasadena	9,497	592	62
Waller	1,068	83	12
Aldine	10,965	710	65

*Per 1,000 teens



According to the Texas Department of State Health Services, the rate of maternal mortality is 36.6 per 100,000 live births, double the rate of the United States. Furthermore, in 2011, Texas

women delivered infants with any monitored birth defect at a prevalence of 419 out of 10,000 births. The most common congenital defects (with the highest prevalence) for all infants was Ventricular septal heart defects at a rate of 67 out of 10,000 births.

Texas Birth Defects Registry, Report of Defects Among 2011 Deliveries					
Prevalence of Selected Birth Defects, Harris County, 2011					
Defect	Cases	Prevalence[†]	95% Confidence Interval for Prevalence		
Central Nervous System					
Anencephaly	11	1.67	0.83	-	2.98
Spina bifida without anencephaly	22	3.34	2.09	-	5.05
Encephalocele	6	0.91	0.33	-	1.98
Holoprosencephaly	--	--	--	-	--
Hydrocephaly without spina bifida	44	6.67	4.85	-	8.95
Eye and Ear					
Anophthalmia	--	--	--	-	--
Microphthalmia	16	2.43	1.39	-	3.94
Cataract	9	1.36	0.62	-	2.59
Anotia or microtia	16	2.43	1.39	-	3.94
Cardiac and Circulatory					
Common truncus	--	--	--	-	--
Transposition of the great vessels	36	5.46	3.82	-	7.56
Tetralogy of Fallot	25	3.79	2.45	-	5.59
Ventricular septal defect	443	67.16	60.90	-	73.41
Atrial septal defect	412	62.46	56.43	-	68.49
Atrioventricular septal defect (endocardial cushion defect)	19	2.88	1.73	-	4.50
Pulmonary valve atresia or stenosis	34	5.15	3.57	-	7.20
Tricuspid valve atresia or stenosis	10	1.52	0.73	-	2.79
Ebstein anomaly	--	--	--	-	--
Aortic valve stenosis	12	1.82	0.94	-	3.18
Hypoplastic left heart syndrome	16	2.43	1.39	-	3.94
Patent ductus arteriosus	364	55.18	49.51	-	60.85
Coarctation of the aorta	30	4.55	3.07	-	6.49
Respiratory					
Choanal atresia or stenosis	--	--	--	-	--
Agenesis, aplasia, or hypoplasia of the lung	15	2.27	1.27	-	3.75
Oral Clefts					
Cleft palate alone (without cleft lip)	30	4.55	3.07	-	6.49
Cleft lip with or without cleft palate	65	9.85	7.60	-	12.56
Gastrointestinal					
Tracheoesophageal fistula / esophageal atresia	12	1.82	0.94	-	3.18
Pyloric stenosis	80	12.13	9.62	-	15.09

Stenosis or atresia of the small intestine	44	3.34	2.09	-	5.05
Stenosis or atresia of large intestine, rectum, or anal canal	36	5.46	3.82	-	7.56
Hirschsprung disease	7	1.06	0.43	-	2.19
Biliary atresia	6	0.91	0.33	-	1.98
Genitourinary					
Hypospadias (cases and prevalence among males)	171	51.00	43.35	-	58.64
Epispadias	8	1.21	0.52	-	2.39
Renal agenesis or dysgenesis	44	6.67	4.85	-	8.92
Bladder exstrophy	--	--	--	-	--
Musculoskeletal					
Congenital hip dislocation	13	1.97	1.05	-	3.37
Talipes equinovarus / clubfoot	111	16.83	13.70	-	19.96
Reduction defects of the upper limbs	28	4.24	2.82	-	6.13
Reduction defects of the lower limbs	9	1.36	0.62	-	2.59
Craniosynostosis	18	2.73	1.62	-	4.31
Achondroplasia	--	--	--	-	--
Diaphragmatic hernia	17	2.58	1.50	-	4.13
Omphalocele	7	1.06	0.43	-	2.19
Gastroschisis	42	6.37	4.59	-	8.61
Chromosomal					
Trisomy 21 (Down syndrome)	88	13.34	10.70	-	16.44
Trisomy 13 (Patau syndrome)	--	--	--	-	--
Trisomy 18 (Edwards syndrome)	14	2.12	1.16	-	3.56
Infants and fetuses with any monitored birth defect	2764	419.00	403.38	-	434.62

† Cases per 10,000 live births

Mental Health in Harris County

According to the National Center for Children in Poverty, one in five children, birth to 18, has a diagnosable mental disorder and one in ten has serious mental health problems that are severe enough to impair how they function in various environments (Stagman, 2010). The *Harris Center* for Mental Health and IDD (formerly known as the Mental Health and Mental Retardation Authority of Harris County) recently reported that nearly 20,000 youth need services from the public mental health system, but 76% have not received treatment services (Harris County Health Care Alliance, 2015-2016). Among adults in Harris County, 140,000 have a severe mental illness (Harris County Health Care Alliance, 2015-2016). The majority (66.7%) of adults with mental illness are also parents. Additionally, the mental health problems of non-relative caregivers like child care providers, may affect children as well (Stagman, 2010).

In 2014, Houston was ranked the 5th most stressed city in the country based on factors such as poverty, unemployment, crime, and health. According to the Texas Behavioral Risk Factor Surveillance System, 12.8% of the sampled population in the Houston-The Woodlands-Sugarland MSA reported having a depressive disorder in 2014.³⁵ Furthermore, 15% of the adult population also reported experiencing five or more days with poor mental health in a month.

The *Harris Center* for Mental Health and IDD, situated in Houston, is the largest community based care center in Texas for behavioral and developmental disabilities.³⁶ As a major resource to the area for this type of care, the Harris Center served more than 47,000 individuals with mental challenges during the 2013-2014 fiscal year. About 95% are living below the poverty line. As the primary resource in the county, they serve the Harris County jail, where 24.1% of all inmates suffer from severe mental illness. Comparatively, 69% of the 9,100 children referred to the Harris County Juvenile Probation Department in 2014 reportedly had a diagnosable mental illness.

In 2013, Texas ranked 51st in per capita funding for mental health services spending an average of \$36 per person, a significant difference from the national average of \$109 per person. As a result, the Texas Legislature appropriated \$312.5 million towards mental health and substance abuse in Texas helping to eliminate the year long waiting list for public mental health care in Harris County. Despite these improvements, a large proportion of children and adolescents with serious emotional disturbance have not received public mental health services.

Immunizations

According to the 2015-2016 Harris County State of Health report, Harris County has seen gains in the immunization of children; however, the number of school children exempt from vaccinations was at an all-time high during the 2013-2014 school year. Texas Department of State Health Services reports that approximately 5,000 schoolchildren in Harris County were exempt from required vaccinations.³² A growing concern exists for families that opt-out of childhood immunizations. At a time when childhood vaccinations have become a dilemma for families and public health officials, prevalence rates for infections such as Pertussis or “whooping cough” have increased.

Additionally, all public schools and accredited private schools report immunization data to the Texas Department of State Health Services. Below is the percent of children who have

³⁵ Texas Department of State Health Services. Texas Behavioral Risk Factor Surveillance System 204, Available from <http://healthdata.dshs.texas.gov/HealthRisks/BRFSS>

³⁶ MHMRA Program overview, www.mhmraharris.org/documents/PR, accessed 6/7/16

completed the vaccine categories necessary for school enrollment within Texas and Region 6 (including Harris County).

Percent of Kindergarten Students Completely Vaccinated, School Year 2014-2015 ³⁷		
Vaccine Category	State	Region 6
DTaP	97.2%	96.8%
Hepatitis B	98.0%	97.6%
MMR 2	97.4%	96.8%
Polio	97.3%	96.6%
Varicella 2	97.1%	96.6%
Hepatitis A	97.1%	96.7%

Food Access and Nutrition

Limited food access is known to pose developmental effects for children in their first three years of life (National Public Radio, 2009). According to the Houston Food bank in 2014, nearly one in five residents (n=749,260) were food insecure and one in four children in Harris County lived in food insecure households. According to KIDS COUNT, one in four children (26.3%) in Harris County had food insecurity and 12.7% of households receive the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps).

Access to nutritious food is also an issue of concern in Harris County. Malnutrition, defined as nutrient deficiency or under nutrition, and inadequate intake of dietary energy, are two factors which will continue to challenge the well-being of families and communities if left unresolved (DeParle, 2010). According to research conducted by the United States Department of Agriculture, the average diet falls short of the recommended servings of fruits and vegetables with the average American eating only 42% of the recommended serving of fruits and 65% of the recommended serving of vegetables.³⁸ Lack of access to healthy, nutritious foods results in families relying on unhealthy processed foods from convenience stores and fast food restaurants which may explain why fruit and vegetable consumption is lower than the recommended serving.

According to the Harris County Childhood Obesity Prevention Collaborative 54% of households in Harris County live in food deserts and 20% of households live without a car and more than half a mile from a food market.³⁹ In 2010, the Food Trust mapped neighborhoods in the Houston/Harris County area and concluded that the area has “185 fewer supermarkets

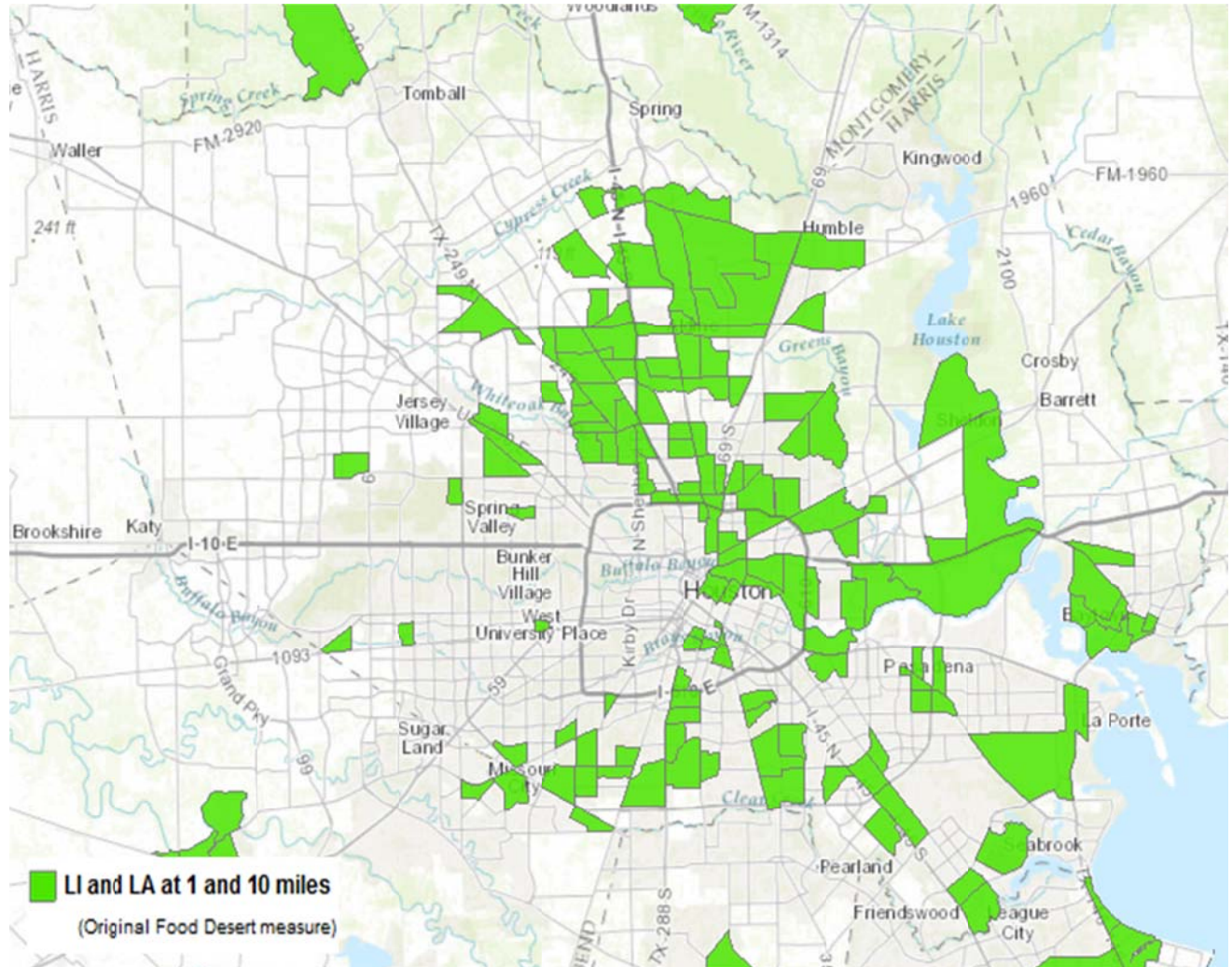
³⁷ Data available from <http://www.dshs.texas.gov/immunize/coverage/schools.shtm> accessed 6/22/16

³⁸ <http://www.ers.usda.gov/data-products/chart-gallery/detail.aspx?chartId=40070&ref=collection&embed=True>

³⁹ http://hcuphes.org/UserFiles/Servers/Server_72972/File/Final-Food-Assessment-Report-for-Web.pdf

compared to national rate of per capita supermarkets.”(HCPHES, 2011).⁴⁰ The map below highlights low-income (LI) areas in Harris County with low-access (LA) to grocery stores:

Food Access Map: Harris County⁴¹



The areas depicted in green are classified as low-income (LI) and low-access (LA), meaning the nearest grocery store is between 1 and 10 miles away. Heavily affected areas are located along I-10 East, within and beyond the 610 East loop, and between US-290 and US-59. In an effort to combat this issue, Houston’s city council and the Housing Redevelopment Authority have joined forces to construct new grocery stores in areas designated as food deserts.

⁴⁰ Harris County Public Health & Environmental Services- Biennial Report, 2011.

⁴¹ United States Department of Agriculture. Food Access Research Atlas (June 14, 2016). Available from <http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>

Harris County Public Health and Environmental Services (HCPHES) manages 12 WIC centers. HCPHES recently expanded its program to include High Risk Individual Counseling by a Registered Dietician and improved upon the WIC food package (according to Texas standards). The food package led to an increase in the amount of food for families (Harris County Public Health and Environmental Services, 2009). Through the National School Lunch Program, the Texas Department of Agriculture (TDA) (supported by USDA) assists participating schools with cash subsidies and supports for each nutritious meal served. The financial support from USDA allows schools to maintain free and reduced-price lunches for children (U.S. Department of Agriculture, National School Lunch Program, n.d.). TDA also provides funding through the Summer Food Service Program (SFSP). The program offers nutritious meals at no charge to all children age 18 and younger (Texas Department of Agriculture, 2010). In Harris County, more than 400 sites operate a Summer Food Service Program.

The Texas WIC program also promotes breastfeeding through activities such as a media campaign, “Breast milk, Every Ounce Counts” that advertises the benefits of breast feeding for babies and mothers as well as their right to breast feed in public. It also offers websites for WIC participants (breastmilkcounts.com and lechematernacuenta.com), breast feeding education and support for new mothers, high quality breast pumps, and other activities that can offer encouragement to mothers, including the Texas Ten Step program for hospitals and facilities that helps improve practices for birthing and support of breastfeeding.

Center for Nutrition Policy and Promotion- Dietary Guidelines

The U.S. Department of Agriculture developed four food plans in 1961 that were based on cost-specific and nutritionally balanced foods; Economy, Low cost, Moderate cost, and Liberal. The economy plan is now the Thrifty Food plan, which is used by the USDA’s Food and Nutrition Service for determining maximum SNAP allotments for families.⁴² Each month, costs are calculated by the Center for Nutrition Policy and Promotion (CNPP) according to the Consumer Price index, across all four plans for individuals by age and gender and families of 2 and 4 that represent costs of food purchased in markets across the US. Only Alaska and Hawaii reflect higher costs based on higher standards of living. These plans are useful as a guide to use in budgeting food purchases.

In addition to these cost guides, the CNPP promotes the *Dietary Guidelines for Americans* that are updated every 5 years by the USDA and Health and Human Services. These guidelines offer “authoritative advice for about consuming fewer calories, making informed food choices, and being physically active to attain and maintain a healthy weight, reduce risk of chronic disease,

⁴² Household Food Security in the United States, 2008/ERR-83;
<http://www.cnpp.usda.gov/USDAFoodPlansCostofFood.htm>

and promote overall health.”⁴³ Along with these Guidelines, nutrition education⁴⁴ and recipes based on maintaining healthy way of eating using use low cost alternatives are available online to print and create individual cookbooks according to the families’ preferences.⁴⁵ Recipes are organized into food categories and can be chosen as a group or individually to create one’s personal cookbooks. These categories include the following:

- Children’s favorites
- Older adults
- Cook it fast
- Hispanic/Latino recipes
- Fruits & Veggie recipes
- Or use own

Homelessness

Homelessness has profound, lasting effects on a child’s health, education and emotional stability. Oftentimes families living in poverty fall into homelessness due to an unforeseen financial challenge such as loss of employment. Other factors such as lack of affordable housing, decline in public assistance, domestic violence, mental illness, and addictive disorders also place families at a greater risk of losing their home. In 2014, The Coalition for the Homeless’ Point-In-Time (PIT) count⁴⁶ found that 5,351 homeless persons resided in Harris County, a 37% decrease from 2011.⁴⁷ According to the 2014 American Community Survey 5 Year Estimates, an estimated 2.1% of families living below poverty with children under age 5 were homeless.

Data for the 2014-2015 academic year revealed that approximately 20,890⁴⁸ (2.1%) students within the county’s 25 independent school districts lacked a “fixed, regular, and adequate nighttime residence.”⁴⁹ The table below shows the number of students per school district who did not have stable housing:

⁴³ <http://www.cnpp.usda.gov/DietaryGuidelines.htm>.

⁴⁴ <http://www.cnpp.usda.gov/KnowYourFarmer.htm>

⁴⁵ Recipe finder database, <http://snap.nal.usda.gov/recipes/about-recipe-finder-database>

⁴⁶ A Point-In-Time count is a federally mandated count of sheltered and unsheltered individuals on a single night in January of each year

⁴⁷ Coalition for the Homeless. 2014 Homeless Count. Available from <http://www.homelesshouston.org/local-data-and-research/>

⁴⁸ Texas Public Education Information Management System. Texas LEA Homeless Count Totals, 2014-2015

⁴⁹ McKinney-Vento Homeless Education Assistance Improvements Act of 2001

Homeless Students by School District in Harris County: 2014-2015⁵⁰			
District Name	Enrollment	Total Homeless Children and Youth*	
		N	%
ALDINE ISD	75802	513	0.68%
CYPRESS-FAIRBANKS ISD	119416	1809	1.51%
HOUSTON ISD	231264	6299	2.72%
KLEIN ISD	52756	219	0.42%
PASADENA ISD	59267	1764	2.98%
SPRING ISD	41324	446	1.08%
TOMBALL ISD	14081	61	0.43%
WALLER ISD	6701	140	2.09%
Total	600611	11251	1.90%

*Homeless children and youth are defined as any students who lacks fixed, regular, and adequate nighttime residence which includes children/youth living in hotels/motels, homeless shelters, and parks⁵¹

The percentage of homeless students ranged from 0.42% (Klein ISD) to 2.98% (Pasadena ISD). To support the academic success of homeless students, school districts and other organizations can utilize the Texas Homeless Education Office as a resource to promote awareness, increase outreach, and provide professional development.⁵²

⁵⁰ Texas Public Education Information Management System. Texas LEA Homeless Count Totals, 2014-2015

⁵¹ McKinney-Vento Homeless Education Assistance Improvements Act of 2001

⁵² <https://www.theotx.org/>

Environmental Health: Harris County

The Houston-Galveston-Brazoria region is designated as a marginal non-attainment area (Environmental Protection Agency, 2016) because the area had not met standards defined by the Clean Air Act. If the region does not meet federal ambient air standards in three years it may lose federal highway funds as a result of this designation (Galbraith, 2011). Urban sprawl has transformed the city of Houston and Harris County since the beginning of the twentieth century (Henson, n.d.). Findings from the 2016 Houston Area Survey revealed that Harris County residents believe “the development of a much-improved mass transit system was very important for the future success of the Houston area” (Kinder Institute for Urban Research, 2016). A growing body of research in public health has sought out to examine the relationship between the built environments, how *we design and build our communities*, and public health (Designing and Building Healthy Places & Urban Sprawl and Public Health). The natural and built environment has a great impact on childhood development. Children under the age of five are most vulnerable as their nervous system has yet to fully develop. In addition, children drink more, eat more, and breathe more air pound-for-pound of body weight when compared with adults (National Research Council, 1993). The effects of the county’s rapid expansion are explored through the quality of air, water, and, urban development.

Air Quality

Outdoor Air Quality

According to the *Downtown Houston Commute Survey Report: August 2009*, the average distance from one’s home to work is 21 miles; the travel time is approximately 39-43 minutes.⁵³ As individuals drive further and longer distances to commute from home, work, or school, motor vehicles and traffic have become significant factors in air pollution. A number of pollutants are released into the air causing respiratory problems for adults and children alike. Pollutants have become so pervasive that even the smallest and routine activities of the day carry a bit of risk. For example, when an automobile has a faulty start, carbon monoxide emits from the tailpipe and produces a compound which can hamper the blood’s capacity to carry oxygen to organs and tissues (Environmental Protection Agency, 1993).

In Harris County and areas alike, residents are not only impacted by motor vehicle emissions, but also by the abundance of manufacturing plants and industries. In 2014, 100 facilities reported the release of 281 toxic chemicals that were manufactured, treated, transported, or released into the environment. Within the Head Start service area there were 72 facilities

⁵³ https://www.downtownhouston.org/site_media/uploads/attachments/2010-04-22/9A-2009_Downtown_Houston_Commute_Survey_Report.pdf

(Environmental Protection Agency, 2014). The largest chemical release, in the county, remains Methanol. As a toxicant, Methanol has been suspected of a number of human health hazards. The EPA reported chronic inhalation of the toxicant to result in headache, dizziness, giddiness, insomnia, nausea, gastric disturbances, conjunctivitis, visual disturbances (blurred vision), and blindness (Environmental Protection Agency, 2007).

Indoor Air Quality

Researchers have found that people spend about 90% of their time indoors (Kinney, 2005). Inadequate ventilation can increase indoor pollutant levels by not bringing in enough outdoor air to dilute emissions from indoor sources and by not carrying indoor air pollutants out of the area. Indoor sources include the use of kitchen gas stoves (combustion of fuels), dry cleaned clothing (evaporation from materials), and vacuuming (re-suspension of settled particles) (Kinney, 2005).

Asthma

Asthma is among the leading chronic childhood diseases in the U.S., and has maintained a high prevalence since the 1990s (Asthma Health Facts, 2008). Asthma is also the leading cause of missed school days due to a chronic illness (Akinbami, 2006) and the third leading cause of hospital admissions for children under age 15. The Texas Behavioral Risk Factor Surveillance System estimated that 91,000 children in Harris County have asthma (American Lung Association, 2014). While the cause of asthma is unknown, indoor and outdoor air pollutants have been identified for setting off asthma attacks (Agency for Toxic Substances and Disease Registry, 2010). See prevalence of asthma in Texas by age for 2014:

Childhood Current Asthma Prevalence (2014): Texas			
County	N	Prevalence %	95% Confidence Interval
Texas (Overall)	479,712	7.0	5.9- 8.4
0-4yr	80,027	5.4	3.3- 8.9
5-9yr	119,316	7.4	5.2- 10.3
10-14yr	147,180	9.9	7.2- 13.4
15-17yr	89,965	8.1	5.5- 11.7

The lowest prevalence is seen for children ages 0-4 years while the highest prevalence is seen for ages 10-14 years. See lifetime prevalence and descriptions of asthma triggers in the following table.

Childhood Lifetime Asthma Prevalence (2007-2010): Harris County				
County	N	Prevalence (%)	Standard Error	95%Confidence Interval
Harris (Overall)	147	11.8	1.1	9.7 -14.0
0-4 yr	15	5.4	1.5	2.4 -8.4
5-9 yr	34	11.4	2.2	7.1-15.7
10-14 yr	56	19.1	2.8	13.6- 24.6
15-17 yr	31	12.8	2.7	7.5- 18.0
Asthma Triggers ⁵⁴				
Secondhand Smoke:	A mixture of smoke from the burning end of a cigarette, pipe or cigar and the smoke exhaled by the smoker			
Dust Mites:	Tiny insects invisible to the naked eye, every home has dust mites			
Mold:	Microscopic fungi that live on plant and animal matter. Molds can be found almost anywhere; they grow on virtually any substance when moisture is present			
Cockroaches and other pests:	Droppings or body parts of cockroaches and other pests can trigger asthma			
Warm-blooded pets:	An animal's dead skin flakes, urine, feces, saliva and hair can trigger asthma			
Nitrogen Dioxide:	A reddish-brown, irritating odor gas that can be a byproduct of indoor fuel-burning appliances, such as gas stoves, gas or oil furnaces, fireplaces, wood stoves and unvented kerosene or gas space heaters			

Lead

In Harris County, approximately 55,000 lead-based homes exist in the area (Harris County Community Services Department, n.d.). Lead can be inhaled as dust, ingested as paint chips, or swallowed by water flowing through lead-based plumbing. Children are at greater risk of lead poisoning, as they are more likely to eat non-nutritional objects. Children can also suffer long term health effects as their brain and nervous system has yet to fully develop. In 2011, 21.2% (85,231) of Harris County's under-six population was tested for lead poisoning. Less than half of a percent (0.4%, n=323) were found to have an elevated blood lead level (Texas Department of State Health Services, 2012).

Children younger than 6 years of age: Harris County						
Location	Population ²	Tested	% Tested	Elevated ³	%Elevated ⁴	%Diagnostic ⁵
Harris	401,686	85,231	21.2%	323	0.4%	0.2%

1. Unduplicated children age 0-5 years and 0-14 years at date of test. Updated 08/15/12.

⁵⁴ CDC's Healthy Schools, Healthy Youth! (n.d.)

2. U.S. Census 2010 population counts.
3. Children with an elevated blood lead level (capillary, unknown, or venous sample type, 10 mcg/dL or greater).
4. Percentage of children tested with an elevated blood lead level. ~ designates 0 children tested.
5. Percentage of children tested with an elevated diagnostic test (venous only). ~ designates 0 children tested.

Water Quality

Drinking Water

Within Harris County there are 1,200 public water systems (Harris County Public Health , n.d.). The City of Houston is the state’s largest system serving 2,200,000 residents. Each water system must adhere to the guidelines established by Federal Safe Drinking Water Act (SDWA). EPA announced an effort to enforce stricter regulations as the law has struggled to keep up with the pace of emitted pollutants into water systems and scientific technologies. Stricter regulations are placed on lead, copper, arsenic, and atrazine, an herbicide (Duhigg & City of Houston, n.d., 2009). As of 2014, Houston met or exceeded the EPA requirements for safe drinking water.⁵⁵ The table below contains the average levels of contaminants found in the City of Houston.

Regulated Contaminants: City of Houston (2014)		
	MCL*	Average
Lead (ppb)***	90% below 3.72	90% below 3.72
Copper (ppm)**	90% below 1.3	90% below 0.255
Arsenic (ppb)***	10.0	1.4
Atrazine (ppb)***	3.0	0.2
* Maximum Contaminant Level (MCL): The highest level of a contaminant that is allowed in drinking water.		
** Parts Per Million (ppm) per milligrams per liter (mg/L)		
*** Parts Per Billion (ppb) per micrograms per liter (mg/L)		

Watersheds

Watersheds are land areas that drain rainfall. The water is collected from storm sewers and remains untreated before reaching a waterway. Harris County has 22 major watersheds and 22 major waterways which include Buffalo Bayou and Galveston Bay. Each is within one of four types of floodplains unique to Harris County.

Harris County Floodplains⁵⁶

⁵⁵ City of Houston (n.d.) Drinking water quality report. Department of Public Works & Engineering. Retrieved from <https://www.publicworks.houstontx.gov/sites/default/files/images/utilities/wq2014.pdf>

⁵⁶ Harris County Flood District (n.d.)

Valley:	Located in the northwest region of the county, "ground is more defined with creek valleys"
Major River:	Located in the northeast region, near the San Jacinto River, "the plain is deep and swift"
Shallow:	Exists throughout much of Harris County
Coastal:	Located in the southeast region, closer towards the Gulf of Mexico where a high tide can cause flooding
Ponding:	Can happen anywhere where intense rainfall exceeds storm sewer or roadside ditch capacity

In May of 2015, Harris County activated its first level one emergency management plan since Hurricane Ike in 2008.⁵⁷ The historic Memorial Day flood resulted in 11 inches of rain-fall in some areas and an average rainfall of 5.3 inches across the county. The flood became the worst flood since Tropical Storm Allison in 2001 and cost an estimated \$45 million in damages.

Neighborhood Nuisances

Researchers have documented the negative impacts of urban blight, which include alienation, social disorder and vandalism (Semenza, 2003). The consequences of dilapidated structures also have an influence on the health of the community. With the support of Texas Neighborhood Nuisances Abatement Act, citizens and local authorities can take the appropriate steps to hold property owners accountable for violations that may bring harm to individuals and communities at large (Harris County Public Health and Environmental Services, 2012).

Public Nuisance Categories
1. Keeping, storing or accumulating refuse on premises in a neighborhood unless the refuse is entirely contained in an enclosed receptacle.
2. Keeping, storing, or accumulating rubbish or any unused, discarded or abandoned object, including newspapers, vehicles, tires and cans on premises in a neighborhood for ten days or more, unless the rubbish or object is completely enclosed within a building or is not visible from a public street.
3. Maintaining premises in a manner that creates an unsanitary condition likely to attract or harbor mosquitoes, rodents, vermin or disease-carrying pests.
4. Allowing weeds to grow on premises in a neighborhood if such weeds are located within 300 feet of another residence or commercial establishment.
5. Maintaining a building in a manner that is structurally unsafe or constitutes a hazard to safety, health or public welfare because of inadequate maintenance, unsanitary

⁵⁷ Erdman, J. (2015). Houston Flood 2015: How does it compare to Allison and Other Historic Floods? <https://weather.com/storms/severe/news/houston-flood-history-may2015-allison>

condition, dilapidation, obsolescence, fire hazard, disaster, or abandonment.

6. Maintaining a swimming pool or unoccupied property in a neighborhood that is not protected with a fence that is at least four feet high and that has a latched gate that cannot be opened by a child, or protected by a cover over the entire swimming pool that cannot be removed by a child.

Public Safety

According to the Kinder Houston Area Survey, 21% of respondents felt that crime was the biggest problem facing Houston Area residents and even more respondents (29%) worried that they or a loved one would become the victim of a crime (Klineberg, 2016). To ease these fears, crime prevention programs such as Weed and Seed work to reduce crime rates in Harris County. Weed and Seed is a federal program partially funded by the U.S. Department of Justice and sponsored by the U.S. Attorney’s office that links law enforcement, community service and residents efforts to prevent and control violent crime, gang activity and drug abuse in targeted neighborhoods.⁵⁸ The program is described as a two-pronged approach to first “weed out” criminals and then introduce human services into the targeted area to plant a “seed” for prevention, intervention, treatment, neighborhood revitalization. Currently, two active sites exist within Harris County. These sites are located in west and northwest Houston.

The Federal Bureau of Investigation (FBI) collects data on violent and property crimes committed throughout the country through the Uniform Crime Reporting program. The FBI defines violent crime as four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime is defined as burglary, larceny-theft, motor vehicle theft, and arson. The tables below provide the most recent data on crimes that occurred in Houston and Texas from 2012 to 2014.

City of Houston Crime Rates 2012-2014 ⁵⁹				
Year	Violent Crime		Property Crime	
	N	Rate per 100,000	N	Rate per 100,000
2012	21,610	992.5	107,678	4,945.5
2013	20,993	962.71	110,919	5,086.6
2014	22,008	1037.2	104,197	4,693.7

Harris County Reported Crimes 2012-2014*

⁵⁸ United States Attorney’s Office, Southern District of Texas. <https://www.justice.gov/usao-sdtx/community-outreach>

⁵⁹ Federal Bureau of Investigation. *Uniform Crime Reporting Program*. Available from <https://ucr.fbi.gov/crime-in-the-u.s>. Accessed 7/11/2016

Year	Number of Violent Crimes	Number of Property Crimes
2012	7,416	52,551
2013	8,589	50,729
2014	8,668	48,689

*Data table reflects offenses reported in unincorporated areas of the county and does not reflect county totals. Crime rates are unavailable.

Texas Crime Rates 2012-2014 ⁴⁹				
Year	Violent Crime		Property Crime	
	N	Rate per 100,000	N	Rate per 100,000
2012	109,476	408.6	876,059	3,361.8
2013	107,998	408.3	861,734	3,258.2
2014	109,414	405.9	813,934	3,019.4

From 2012 to 2014 Houston’s violent crime was more than twice the rate of the state. During those three years, violent crime rates at the state level remained relatively constant and decreased slightly in 2014. Harris County, showed a steady increase in violent crime from year to year. Houston, however did not follow that same trend. Violent crimes in the city decreased in 2013 but increased in 2014. Property crime rates in Houston were also higher than the state. At the state and county level, property crimes decreased from year to year, and at the city level, property crimes increased in 2013 and decreased in 2014. Information on specific crimes committed by date and location is available from <http://www.houstontx.gov/police/cs/index-2.htm>.

Toxic Release Inventory

Another aspect of environmental health is exposure to hazardous chemicals. The Texas Commission on Environmental Quality is the regulating agency for facilities housing hazardous chemicals, also referred to as Tier II chemicals. Additionally, the agency oversees the clean-up of sites contaminated by hazardous waste called superfund sites.⁶⁰

In the May 6th, 2016 an article in the Houston Chronicle focused on the potential dangers of Tier II Chemicals. The article featured a research study conducted by reporters from the Houston Chronicle and researchers from the Mary Kay O’Connor Process Safety Center at Texas A&M University. Data was collected by Local Emergency Planning committees throughout the Houston/Harris County area. “Researchers ranked the potential of each facility to kill or injure people and cause property or environmental damage should an incident occur. The analysis

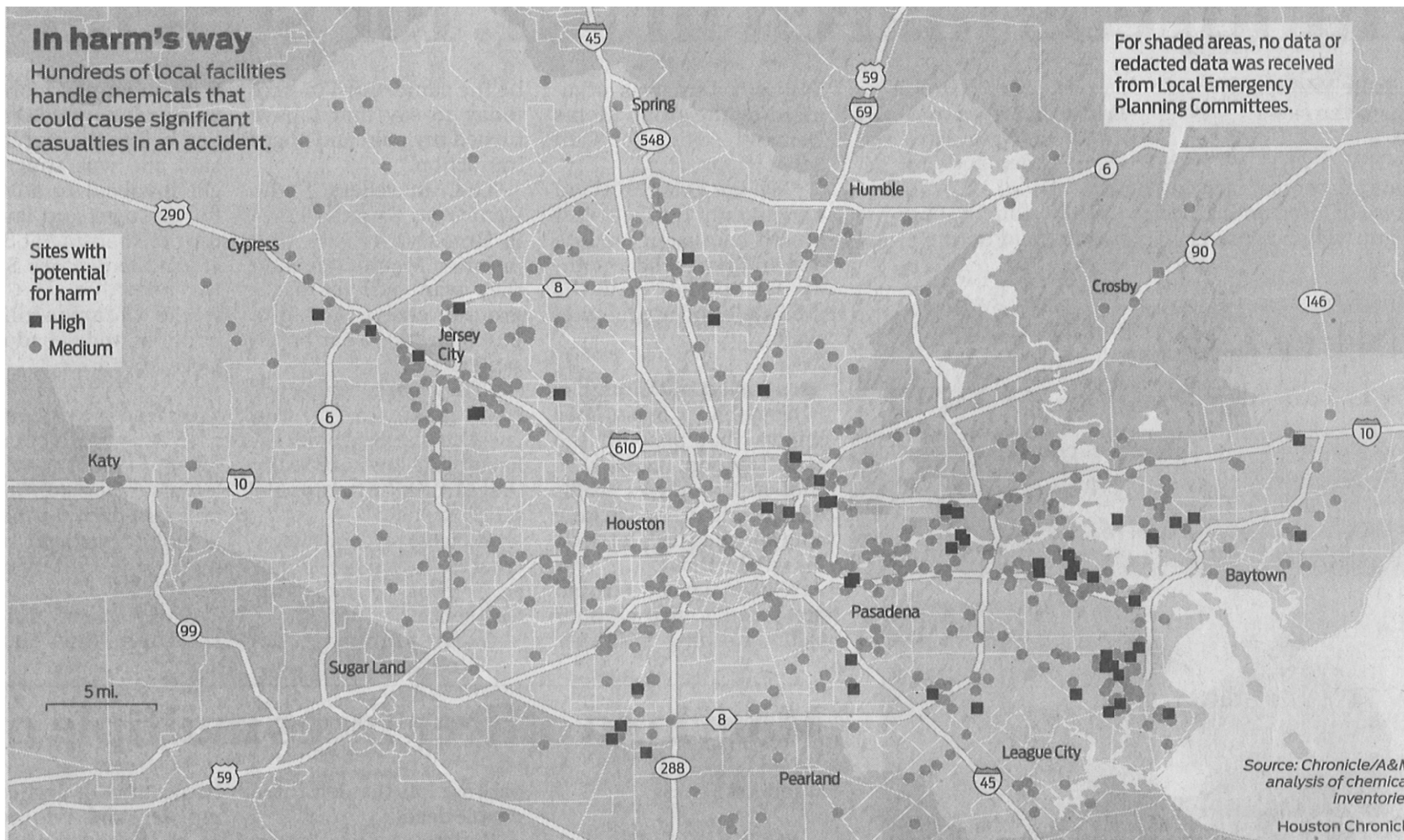
⁶⁰ <https://www.tceq.texas.gov/>

was based on the properties and quantities of the chemicals and the size of the surrounding population...and found 55 facilities with the highest potential for harm to the public. Close to 600 scored in the medium tier..."⁶¹ Chemicals pose a threat by being flammable, reactive (chemicals that become unstable in certain circumstances) and toxic which means that human health or the environment can be threatened when exposed to the chemical. In addition, researchers took into account the regulatory history of the facilities. Ratings were classified into three groups based on the size of a threat: low 2- 6, medium 6-10, and high 10-14. The following maps show the toxic release facilities and superfund sites located throughout the Harris County area and in HCDE's Head Start service area I. The maps show the number of facilities rated as a high or medium threat within the grantee's service area that are within a 2 mile radius of the centers. The grantee maps also include Superfund sites (sites contaminated by hazardous waste) within the service area. The tables that follow each grantee map show the address of the facility along with the chemical substance and how they were rated. Additionally, tables of the superfund sites are included with the address, area, threat posed and the clean-up efforts.

⁶¹ Collette, M., & Dempsey, M. (2016, May 8th). Chemical Breakdown. *Houston Chronicle*, pps. A1 & A25

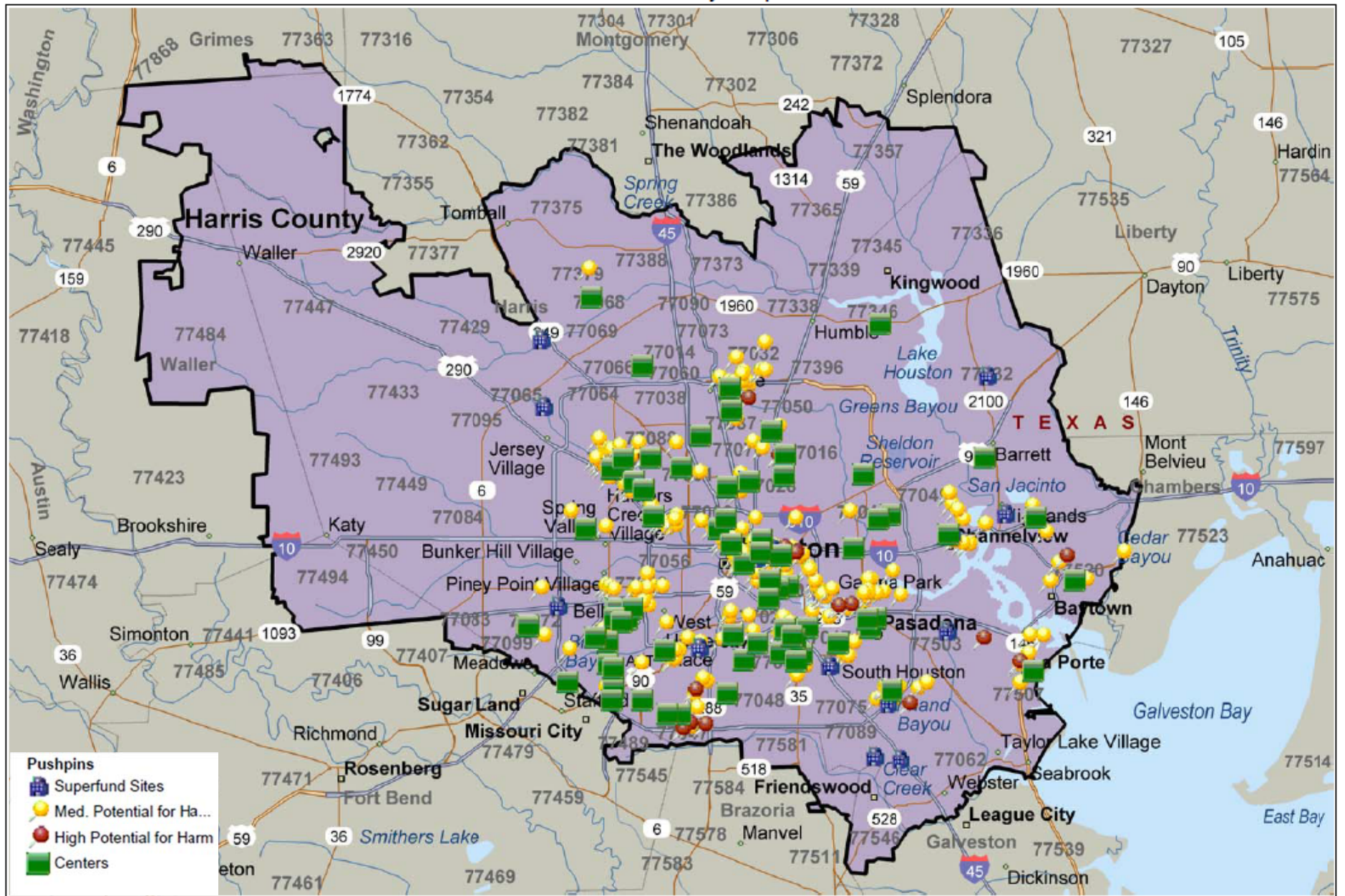
Tier II Facilities ranked by The Mary Kay O'Connor Process Safety Center at Texas A&M University

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Collette, M., & Dempsey, M. (2016, May 8th). Chemical Breakdown. *Houston Chronicle*, pp. A25

Harris County Map



AVANCE List of facilities with Hazardous Chemical with a Medium Impact Score

Name	Street Address	Zip Code	Chemical Substance	Impact Score
A-B Gas Company, Inc.	1900 Silber Road	77055	Propane	6.48
AES Deepwater LLC	701 Light Company Road	77506	Caustic	7.2
Airgas USA, LLC - Gulf Coast - Houston Aldine Bender	510 Aldine Bender	77060	Propane	6.48
Airgas USA, LLC - Southwest - Houston Hempstead	13636 Hempstead Hwy	77040	Acetylene	8.64
Alfa Laval Ashbrook Simon-Hartley, Inc	11600 East Hardy Road	77093	Chromium, Manganese, Nickel, Copper	6.48
American Warehouses Ltd	1918 Collingsworth	77009	Toluene 2,6 Diisocyanate	7.56
AmeriGas Propane 1544-Spring	18402 Stuebner Airline Rd	77379	Propane	7.2
ATI Firth Sterling	4435 W. 12th Street	77055	Copper	9.72
Azteca Gunitite Company	6626 Flintlock	77040	Sand	7.2
BWI Companies, Inc., BWI - Houston	1229 North Post Oak	77055	Fertilizer	6.48
Calpine Channel Energy Center	12000 Lawndale	77017	Sodium Hydroxide	7.2
CAPITOL CENTRAL OFFICE - WK6704	1121 CAPITOL	77002	Sulfuric Acid	6.48
CEMEX Construction Materials South, LCC - Ellington	6007 Farley	77054	Silicone Dioxide (Sand)	7.2
Central Repair Shop	12307 Kurland Drive	77034	Lead-Acid battery	6.48
Century Asphalt Materials, Ltd. - Genoa	9519 Old Galveston Rd.	77034	Sand	7.2
CLAY DIAL BUILDING - WK2318	1200 CLAY	77002	Sulfuric Acid	6.48
COH PWE DWO ACRES HOMES PLANT	1810 DOLLY WRIGHT	77088	Chlorine	6.48
COH PWE DWO SOUTHEAST PURIFICATION PLANT	3100 GENOA RED BLUFF	77034	Sodium Hydroxide, Caustic Soda	7.2

Crown Lift Trucks - Houston	1650 North Sam Houston Parkway East	77032	Sulfuric Acid	6.48
Dee Foundries, Inc.	2408 Everett Street	77009	Copper	8.64
Dorsett Bros. Concrete - Plant 9	11206 F. M. 529	77040	Quartz - Sand	7.2
Eastex Forest Products	5429 Hartwick Rd	77093	ACQ	9.72
Ellington Plant #2008	10715 HWY 3	77034	Natural Sand or Gravel	7.2
ExxonMobil	1301 Fannin	77002	Sulfuric Acid	6.48
FAIRBANKS CO - WL4023	14101 ASTON	77040	Sulfuric Acid	6.48
Ford Motor Company - Houston High Velocity Center	7909 Northcourt Suite 100	77040	Lead Acid Batteries	6.48
Fulton Plant #2004	302 Bennington Street	77022	Natural Sand or Gravel	7.2
G & K SERVICES - NW Houston (DPC 165)	7355 Denny Street	77040	Sodium Hydroxide (in Ecolab Turbo Charge II)	6.48
GE Oil and Gas Hydril	3300 North Sam Houston Pkwy East	77032	Propane	6.48
Goodman Manufacturing	6900 Overmyer	77008	Propane	6.48
Green Earth Fuels of Houston	550 Clinton Drive	77547	Methanol	7.2
GREENS BLUE FLAME GAS CO., INC. #1	13823 Packard St.	77040	Liquefied Petroleum Gas	7.2
Gulf Coast Waste Disposal Authority-Washburn	1002 N. Richey	77506	Peroxyacetic Acid	7.2
Halliburton North Belt Facility	3000 N. Sam Houston Pkwy E	77032	Silica sand	6.48
Hanson Pipe & Precast LLC. - Helmerts Plant	6800 Helmers Street	77022	SiO2 (Quartz)	6.48
HOUSTON TS	8413 HEMPSTEAD RD	77008	Sulfuric Acid	6.48
HOUSTON, TX" NEXTEL MSO	1412 E. North Sam Houston Parkway	77032	Sulfuric Acid	6.48
Interline Brands Houston DC3	7110 Old Katy Road	77024	Sulfuric Acid	6.48
KM Liquids Terminals, LLC - Galena Park Terminal	405 Clinton Dr.	77547	Dicyclopentadiene	7.2
KM Liquids Terminals, LLC - Pasadena Terminal	530 North Witter	77506	Vinyl Acetate	7.2

KM Liquids Terminals, LLC - Pasadena Truck Rack Terminal	400 North Jefferson St.	77506	Butane	7.2
Labatt Food Service Houston	6650 Pine Vista	77092	Lead Sulfuric Acid battery	6.48
MacDermid	504 N. Richey	77506	Diethanolamine 85%	6.48
Madden Galvanizing LLC	13420 Hempstead Highway	77040	Molten Zinc	7.2
Matheson - Houston	2200 Houston Avenue	77007	Hydrogen	7.2
MCI- ALDITX" (VZB- TX"ALDITX"	14503 LUTHE RD	77039	Lead Acid Batteries	7.2
MCI- HOJTIX" (VZB- TX"HOJTIX")	1701 LYONS AVE	77020	Lead Acid Batteries	7.2
MCI- HSDCTX" (VZB- TX"HSDCTX")	1701 PROVIDENCE ST	77020	Lead Acid Batteries	7.2
MCI- HSUHTX" (VZB- TX"HSUHTX")	600 TRAVIS ST STE 1950	77002	Lead Acid Batteries	6.48
MCI- HXTNTX" (VZB- TX"HXTNTX")	1515 ALDINE MEADOWS RD	77032	Lead Acid Batteries	7.2
Merchants Metals	4901 Langley Road Houston	77093	Molten Zinc	7.2
Nexeo Solutions, LLC - Houston Facility	8901 OLD GALVESTON ROAD	77034	Formaldehyde	7.56
Northcourt Plant #2016	8229 North court	77040	Natural Sand and Gravel	6.48
Oxford CO 692-W78080	710 BERRY RD	77022	Sulfuric Acid	6.48
Pasadena Refining System, Inc.	111 Red Bluff Road	77506	Dimethylamine	9.72
PPG Architectural Coatings	3530 Lang Road	77092	Formaldehyde (Solution)	7.56
Rentech Nitrogen Pasadena, LLC	2001 Jackson Road	77506	Ammonium Thiosulfate	6.4
Republic National Distributing Company- Houston	8045 North court Road	77040	Sulfuric Acid	6.48
Royal Baths Mfg. Co., Ltd	1144 Buschong Road	77039	Styrene	6.48
Royal Baths Mfg. Co., Ltd	14635 Chrisman Road	77039	Styrene	6.48
Salem Nationalease - Houston Facility	6150 LUMBERDALE ROAD	77902	Acetylene, Compressed	7.56
SCP Distributors #226 DBA National Pool Tile	4300 Pine Timbers Suite 100	77041	Hydrochloric Acid	6.48
SCP Power Systems LLC - Houston	3530 West 12th ST	77008	Copper	9.72

Plant				
Sekisui Specialty Chemicals America, LLC	1423 Highway 225	77506	Methane	6.48
South Houston Concrete Pipe, Inc.	828 Old Genoa Red Bluff Rd.	77034	Sand	7.2
Stella Environmental Services	10013 Koenig	77034	Acetylene	7.56
Sunbelt Rentals PC #147/231	330 Richey St	77506	Batteries Wet Filled with Acid	6.48
Sunbelt Rentals PC #262	12416 Hempstead Highway	77092	Batteries Wet Filled with Acid	6.48
Symons Corporation	1989 Peachleaf	77039	Grouts	6.48
Texas Tile Manufacturing LLC	1705 Oliver St.	77007	Titanium Dioxide Pigment	6.48
Texcast, Inc.	706 Lehman	77018	Cobalt Alloy (Stainless Steel)	9.72
The RectorSeal Corporation	2601 Spenwick Drive	77055	Graphite	7.2
Tommie Vaughn Ford	1145 N. Shepherd	77008	Motor Oil (New)	6.48
Turn-Key Coatings	8411 Rannie Road	77080	Sodium Hydroxide 50% Solution	7.2
Underwood Central Office 861-WL9183	750 HEIGHTS BLVD	77007	Sulfuric Acid	6.48
Uni-Select Houston Uni-Select USA Inc.	2500 Center Street	77007	Battery Acid	6.48
United Airlines, Inc. - Smith Street Office Building	1600 Smith Street	77002	Sulfuric Acid	6.48
United Structures of America, Inc.	1912 Buschong	77039	Acetylene, Ethyne	7.56
USA Environment, LP	10234 Lucore St	77017	Fuel Oil [NO. 1]	6.48
Venturetech Corp International	6901 Alabonson	77088	Acetylene	7.56
Walgreen Co. Houston TX" - DC (041)	1805 Greens Road	77032	Sulfuric Acid	6.48
WEST LOOP MSC - ZX01Y8	1195 WEST LOOP NORTH, STE 100	77055	Sulfuric Acid	6.48
Wilbert Vaults of Houston, LLC.	10645 Aldine Westfield Rd.	77093	Natural Sand	7.2

A total number of 83 facilities with medium impact hazardous chemicals exist inside of AVANCE’s service area which are within a two mile radius of one of the centers. The impact scores range from 6.4 to 9.72 and the average impact score is 7.05.

AVANCE List of facilities with Hazardous Chemicals with a High Impact Score				
Name	Address	Zip Code	Chemical Substance	Impact Score
International Paint Houston Manufacturing	6001 Antoine Drive	77091	Copper (I) Oxide	10.8
R.C. Transportation	10120 Hirsch Road	77016	Hydrazine Aqueous Solution	11.52
Appleton Electric	13639 Aldine Westfield Rd.	77039	Aluminum	10.8
CPI Engineering, Division Of The Lubrizol Corp.	10429 Koenig St	77034	Hydrogen Sulfide	10.8
Ellington Field Joint Reserve Base	14657 Sneider Street	77034	Hydrazine	10.08
Lyondellbasell - Houston Refining	12000 Lawndale St.	77017	Methyl Mercaptan	11.8

A total number of 5 facilities with high impact hazardous chemicals exist inside of AVANCE’s service area which are within a two mile radius of one of the centers. The impact scores range from 10.08 to 11.80 and the average impact score is 10.97.

AVANCE List of Superfund Sites					
Name of Site	Address	ZIP	Area	Hazardous Materials	Follow Up
Many Diversified Interests, Inc.	3617 Baer Street	77020	35-acre tract of land: Formerly a foundry from 1926 to 1992.	EPA believes that air may have contaminated soils on and off site.	Following cleanup, EPA took part of the site off the Superfund program’s National Priorities List (NPL) in 2010. Monitoring is ongoing.
South Calvacade		77020	66-acres	Contaminated soil	Following cleanup,

Street			south Calvacade: Formerly wood-treating plant and coal tar distillation plant between 1910 and 1962.	and groundwater with volatile organic compounds (VOCs), polycyclic aromatic hydrocarbons (PAHs) and metal salts such as arsenic, chromium, copper, lead, and zinc.	operation and maintenance activities monitoring is ongoing.
Jones Road Ground Water Plume		77064	A northwest portion of Harris County. A former Bell Dry Cleaners facility, in operation from 1988 to 2002.	Chlorinated volatile organic compounds (VOCs) are the primary contaminants in groundwater.	EPA selected a remedy for the site in 2010. The design of the remedy is currently underway.
North Calvacade Street		77070	721-acres North Calvacade: Formerly a Creosoting Company from 1946 to 1961.	contaminated the site with hazardous chemicals	Following construction of the site's remedy, long-term groundwater cleanup is ongoing.
Brio Refining Inc.	2501 Dixie Farm Road	77089	A 58-acre tract of land Brio formerly a chemical reprocessing and refining facility from the 1950s to 1982.	Chemical disposal practices contaminated groundwater, surface soils and subsurface soils with hazardous chemicals.	Following cleanup, EPA took the site off the Superfund program's National Priorities List (NPL) in 2006.

Geneva Industries/Fuhrman Energy	9334 Caniff RD	77017	13.5-acres of Geneva Industries:	Formerly used for petroleum exploration & petrochemical production.	The site is drained by the Harris County Flood Control District Channel, which runs along the eastern boundary of the site.
Harris Farley Street	Genoa Bluff Road	77034	The 2-acre tract of land formerly an abandoned landfill containing tars and sludge.	Waste disposal activities contaminated soil with hazardous substances.	Support provided by a third party to EPA regions to conduct response activities was given in 2006.
U.S Oil Recovery	400 N Richey Street	77506	This is a U.S. Oil Recovery (USOR) property.	removal/disposal of more than 1,100 containers (drums and totes) and their contents from within the USOR warehouse.	The Potentially Responsible Parties (PRP) Group anticipates initiating the removal of remaining residual wastes from the ASTs and former process equipment in April 2016. ⁶²

⁶² <https://www.tceq.texas.gov/remediation/superfund/sites/county/harris.html>

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Community Assets: AVANCE Houston

Public Pre-K

As stated previously in the eligible/available children section, the number of children in Pre-K abstracted from TEA's AEIS and reported on the school district data sheets is confounded by several elements and therefore, cannot be used in the calculation of eligible and available children. However, this data is useful to collect and report as it indicates the schools and corresponding zip code areas that do not offer the service. Of the 53 reported zip codes served by AVANCE and its delegate, eleven (20.8%) had no Pre-K numbers to report. Pre-k numbers are not only a mix of children of low income and fee paying families but also, include children with disabilities and LEP students despite their income status. Some of these zip codes without pre-K/early childhood appear to be located in the Aldine ISD area, thereby highlighting an area that not only has high concentration of poverty, but also shows to be underserved by Head Start and could be one to focus on for expanding funding.

Child care subsidized by Workforce Solutions

Parents can receive help with child care separate from Head Start. To qualify, parents need to meet the following criteria: (1) Live within the thirteen counties in the Region; (2) work at least 25 hours a week or go to school full time, or go to work and school for a combined at least 25 hours a week; (3) meet family income guidelines (200% of federal poverty guidelines and number of persons in the family). Provider addresses for subsidized Child care locations and homes within the zip code areas served by AVANCE were retrieved through the Workforce Solutions and the Collaborative for Children website and are mapped above along with AVANCE's centers.¹ A total of 380 providers met criteria for AVANCE's service area and accept subsidized payments and reduced parent fees according to income. Only 1.6 (n=6) centers and homes met the highest standard of quality and were fully certified through the Texas Rising Star program, which documents training and other requirements that support improvement of quality child care. Slightly more centers (9.7%, n=37) met high quality standards or exceeded the minimum licensing requirements.

¹ www.wrksolutions.com/aid/fin_aid_child_care.html; www.collabforchildren.org/Qualifind

Eligible and Available Head Start Children

The American Community Survey estimates that in 2014 one-fourth of children under the age of 5 in Harris County are living in poverty.² One of the tasks of the Triennial Community Assessment is to locate and calculate the percent saturation levels of these eligible and available children served in each Early Head Start /Head Start grantee service area. This calculation as described in the methodology section uses a multistep procedure that starts with the number of estimated children under the age of five who live below poverty in these communities. The tables and maps that follow in this section reflect Census 2010 data and information collected through the American Community Survey (five year estimates for 2010-2014). This most recent data on children living below poverty was retrieved using the ZCTAs (zip code tabulation areas) for the grantees’ service areas through the American factfinder website³. For AVANCE, this step determines the number of children eligible for EHS/HS services in the funded enrollment areas of the Northwest and Southeast areas of Harris County (U.S. Census Bureau, 2010; American Community Survey 2010-2014). From 2010 to 2014 the overall population in Area I grew by 23.2% while the population of children under age 5 living below the Federal Poverty Line grew by 5.5%.

The following table summarizes the numbers and percent of projected eligible and available children served by AVANCE for 2011-12 and 2013-14; the latter year is presented with detailed results by zip code.

Summary AVANCE % of Eligible and Available Children Served						
Eligible children	Served by Child Care	Eligible/ Available Children (AVANCE)	Funded Enrollment (FE)	% Eligible/ Available children served (FE)	Cumulative/ Actual Enrollment (AE): from PIR/ by zip code	% of Eligible/ Available children served (AE)
2011-12						
46,264	21,135	25,129	2,229	8.1%	2,775/2,597	11% (10%)
2013-14						
46,209	15,460	30,749	2,157	7%	2,588 (2,588)	12.9% (12.9%)

² U.S. Census Bureau, 2010-2014 American Community Survey 5 Year Estimates. Poverty Status By Sex By Age. Data Table B17001.

³ http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml; ZCTAs are “ geographic areas that approximates the delivery area for a five-digit or a three-digit zip code in Census 2000 and 2010. In Census 2000, ZCTAs did not precisely represent the area within which mail deliveries associated with that zip code occur. However, for the 2010 Census, ZCTAs are better approximations of the associated five-digit ZIP Code for an area”³.

Therefore, based on this data as the most recent available, **46,209 children** under the age of five were **estimated to be living below poverty in AVANCE’s service area, and were therefore, eligible for Early Head Start/Head Start services.** To determine the number of available children, the next step involved subtracting the number of children in the service area receiving subsidized child care⁴ (21,135) from the eligible group. **This left approximately 30,749 children available for AVANCE Early Head Start and Head Start program in 2013-2014.** During that year, AVANCE had a total funded enrollment of 2,157 (HS+AISD+EHS) participants and served 2,588 infants, children and women (PIR 2013-14). **Therefore, the agency served approximately 13% of its total eligible and available population which is less than the saturation level of 85% (Buckley and Watkins, 2003). The overall saturation level determined for this report is more than in the previous report (was 10-11%).**

Fifty-three zip code areas have resulted in saturation levels that are less than 85% and therefore, determined to be underserved for this report. After the full chart with details by zip code, follows a list of these **Underserved Zip Code Areas Served by AVANCE.** Two more maps follow that show **AVANCE’s Centers Proximal to Service Areas with Eligible Children living below poverty** and **Subsidized Child Care locations/homes Proximal to AVANCE’s EHS/HS centers.**

AVANCE Percent of Eligible and Available Children Served 2013-2014									
Zip Code	Total population Under 5 years (2014)		Below poverty level; Under 5 years (2014)		# Of Children in Pre-K (2013-14)	# of children under 5 yrs. in Sub Child Care (2013-14)	# of Eligible/ Available children to HCDE (only sub child care removed)	# Of Children Served by HCDE 2013-14	% Of Eligible/ Available Children Served by HCDE
	%	N	%	N					
77007	5%	1612	7.3	117	197	24	93	6	6.5%
77008	7.2%	2256	15.3	346	278	32	314	5	1.6%
77009	7.7%	3030	38.1	1154	525	181	973	361	37.1%
77014	9.8%	3128	43.4	1359	347	652	707	7	1.0%
77015	9.6%	5348	34.3	1837	608	435	1402	1	0.1%
77017	8.2%	2789	36.1	1007	463	142	865	1	0.1%
77018	8.3%	2239	16.0	358	291	51	307	25	8.1%
77022	7.6%	2087	35.1	733	502	183	550	159	28.9%
77026	8.2%	1911	57.8	1105	272	234	871	23	2.6%
77032	12.9%	1653	54.2	896	0	301	595	48	8.1%

⁴ Texas Workforce Commission for 2011

77034	10.8%	4097	35.6	1460	203	327	1133	16	1.4%
77037	8.3%	1738	45.6	792	0	55	737	97	13.2%
77038	10.1%	2826	41.7	1179	0	280	899	63	7.0%
77039	9%	2578	49.7	1282	0	142	1140	127	11.1%
77040	8.1%	3816	28.1	1072	317	259	813	192	23.6%
77060	11.9%	5207	62.5	3255	43	552	2703	180	6.7%
77061	9.4%	2387	37.8	902	0	196	706	0	0.0%
77064	7%	3239	14.7	477	355	325	152	6	3.9%
77065	6.6%	2547	16.2	412	206	422	-10	3	-30.0%
77066	7%	2274	18.9	430	0	330	100	11	11.0%
77067	9.2%	2876	40.3	1158	194	728	430	37	8.6%
77068	6.7%	723	15.2	110	95	100	10	2	20.0%
77069	5.2%	867	19.6	170	144	96	74	1	1.4%
77070	8.1%	3886	19.9	775	104	312	463	4	0.9%
77073	11%	4520	25.9	1169	0	712	457	48	10.5%
77075	11%	4529	26.1	1180	84	338	842	7	0.8%
77076	10.6%	3682	63.1	2325	377	202	2123	79	3.7%
77086	9.4%	2719	33.6	913	0	287	626	25	4.0%
77088	8.9%	4773	41.7	1989	371	696	1293	166	12.8%
77089	7.1%	3686	20.8	765	246	356	409	13	3.2%
77090	11.1%	3865	38.0	1470	250	1077	393	13	3.3%
77091	6.4%	1509	55.9	843	142	426	417	158	37.9%
77092	8.9%	3132	29.2	916	398	206	710	147	20.7%
77093	9.3%	3914	45.2	1768	423	307	1461	348	23.8%
77336	6.9%	810	2.6	21	0	49	-28	0	0.0%
77338	8.3%	3022	22.6	683	141	585	98	0	0.0%
77373	8.6%	4759	13.7	650	225	651	-1	4	-400.0%
77375	10.1%	4351	25.0	1089	141	265	824	11	1.3%
77379	6.4%	4678	5.0	236	247	198	38	19	50.0%
77388	7.3%	3057	7.9	242	106	168	74	6	8.1%
77389	8.5%	2227	3.9	87	43	56	31	1	3.2%
77396	9%	4287	17.8	763	0	553	210	15	7.1%
77429	7.4%	5634	6.2	348	340	300	48	3	6.3%
77447	7.7%	1013	17.2	174	58	68	106	1	0.9%
77484	8%	915	10.4	95	63	12	83	0	0.0%
77502	10.1%	3776	36.5	1380	420	323	1057	38	3.6%
77503	7.4%	1874	26.4	494	167	234	260	15	5.8%
77504	7.6%	1842	43.4	799	114	255	544	22	4.0%
77505	6.6%	1537	15.2	233	107	99	134	5	3.7%
77506	10.8%	3919	44.5	1742	543	334	1408	58	4.1%
77581	7.1%	3143	11.4	359	0	41	318	0	0.0%
77587	8.5%	1450	45.4	659	400	111	548	11	2.0%
77598	8.8%	2158	20.0	431	94	192	239	0	0.0%

TOTAL				46,209	10,644	15,460	30,749	2,588	12.9%
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AVANCE Underserved Zip Codes			
Zip Code	Neighborhood/Area	Child Poverty Rate	% Of Eligible/Available Children Below Poverty Served by AVANCE
77007***		7.3%	6.5%
77008		15.3%	1.6%
77009	Northside Village	38.1%	37.1%
77014		43.4%	1.0%
77015**		34.3%	0.1%
77017	Meadowbrook/Allendale	36.1%	0.1%
77018		16.0%	8.1%
77022	Northside/Northline	35.1%	28.9%
77026**		57.8%	2.6%
77032	IAH/Airport/Aldine	54.2%	8.1%
77034**		35.6%	1.4%
77037	Northside/Northline	45.6%	13.2%
77038	Aldine	41.7%	7.0%
77039**	Aldine	49.7%	11.1%
77040		28.1%	23.6%
77060	Greater Greenspoint	62.5%	6.7%
77061		37.8%	0.0%
77064		14.7%	3.9%
77065		16.2%	-30.0%
77066		18.9%	11.0%
77067		40.3%	8.6%
77068		15.2%	20.0%
77069		19.6%	1.4%
77070		19.9%	0.9%
77073	IAH/Airport/Aldine	25.9%	10.5%
77075**		26.1%	0.8%
77076	Eastex-Jensen	63.1%	3.7%
77086		33.6%	4.0%
77087****		41.7%	12.8%
77088		20.8%	3.2%

77089**		38.0%	3.3%
77090		55.9%	37.9%
77091	Acres Homes	29.2%	20.7%
77092	Oak Forest/Garden Oaks	45.2%	23.8%
77093**	Eastex-Jensen	2.6%	0.0%
77336		22.6%	0.0%
77338		13.7%	-400.0%
77373		25.0%	1.3%
77375	Tomball	5.0%	50.0%
77379		7.9%	8.1%
77388		3.9%	3.2%
77389		17.8%	7.1%
77396**		6.2%	6.3%
77429		17.2%	0.9%
77447	Cy-Fair	10.4%	0.0%
77502	Pasadena	36.5%	3.6%
77503**		26.4%	5.8%
77504	Pasadena	43.4%	4.0%
77505**		15.2%	3.7%
77506****	Pasadena	44.5%	4.1%
77581		11.4%	0.0%
77587	South Houston	45.4%	2.0%
77598**		20.0%	0.0%

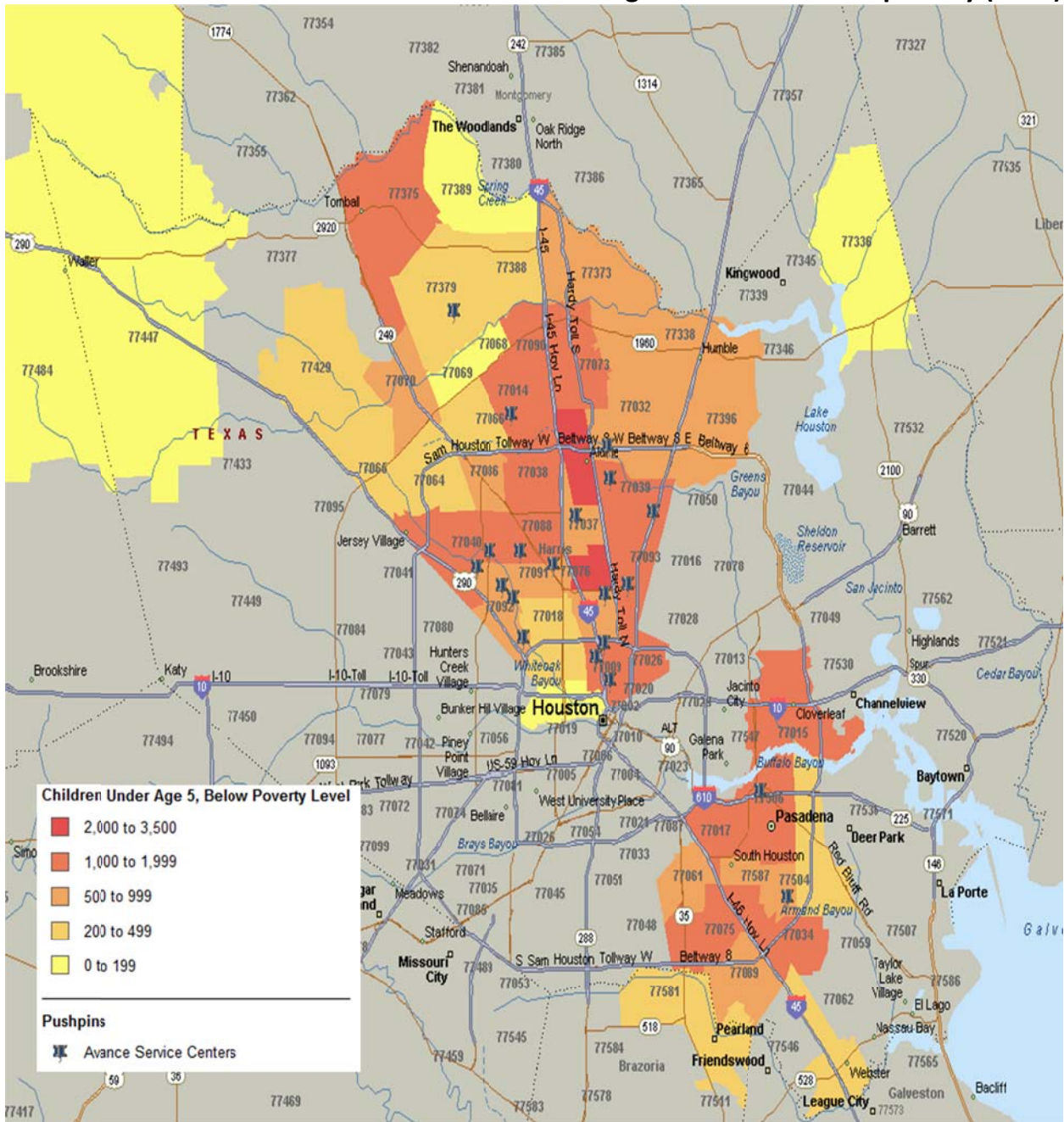
*Shares this zip code with AVANCE

***Shares this zip code with NCI

**Shares this zip code with HCDE

****Shares this zip code with GCCSA

AVANCE Centers Proximal to Service Areas with Eligible Children below poverty (2014)



Areas with the greatest concentration of children under the age of five living below poverty seem to include areas north- central up to the Beltway from 290 to Hwy 59. Aldine has the highest concentration in that section. Pasadena/South Houston and areas south of Buffalo Bayou also have high concentrations of children.

Children under Age 5 with Disabilities - AVANCE

The American Community Survey estimated the overall rate of disability in the U.S. civilian population was 12.6% for both 2013 and 2014, and varies by state.¹ Overall rates in the nation ranged from 9.6% in Utah to 19.9% in West Virginia. In Texas, percentages ranged from 11.5% - 12.7%. As rates are seen to increase with age, disability in children less than 5 years ranges from .0% to 1.9% across the nation. In Texas, less than one percent (0.8%) of the state's under-five population lived with a disability in 2014.

Birth to Three:

The Department of Assistive and Rehabilitative Services (DARS) and the Texas Education Agency (TEA) both assess and serve children under the age of 5, who may be in need of disability services.² DARS, through the Early Childhood Intervention (ECI) program takes the lead in implementing and coordinating services for children birth to three with developmental delays or disabilities and their families under Part C of the Individuals with Disabilities Act (IDEA). DARS contracts with local community centers, regional Education Service Centers, school districts, and nonprofits to deliver ECI services to children and families. Referred children are evaluated by an appropriate team of therapeutic and diagnostic professionals to determine an eligible diagnosis for service. Based on an Individual Family Service Plan (IFSP), services are scheduled and delivered where the child is – at home, in a day care facility, at a local center, etc.

Since revisions in 2011-2012, eligible disability categories for ECI services in Texas include Atypical Development, Developmental Delay (assessed by the BDI-2), Developmental delay-qualitative, Medical diagnoses, and Hearing/Vision. In 2015, across the state, of the total birth to 3 population (n=1,637,681), 3.31% were served with comprehensive ECI services (n=52,862). Developmental Delay continues to represent the greatest percentage (81%) of diagnosed children.³ Of those with developmental delay or hearing/vision, 79% for speech and communication, 51% for physical motor, 49% for cognitive, 39% for adaptive and self-help, 30% for personal and social, 2% for hearing, and 1% for Vision. Totals do not add to 100% because children may have more than one disability. Children with atypical development may perform

¹ Kraus, L. (2015). 2015 Disability Statistics Annual Report. Durham, NH: University of New Hampshire. Retrieved from <http://disabilitycompendium.org>; 8/22/2016

² Texas Education Agency. (2014). Early Childhood Memorandum of Understanding; retrieved from <http://tea.texas.gov/index4.aspx?id=2147494988>; 8/23/2016.

³ ECI Consumer profile 2015, ECI data and reports. Retrieved from <http://dars.state.tx.us/ecis/reports/index.shtml>, August 23, 2016.

in their age range, but have different patterns of development from their peers. In addition, 18% were diagnosed with a medical condition based on the International Statistical Classification of Diseases and Related Health Problems (Ninth Edition).

DARS reports that for FY 2015, in Harris County, 2.12% (6,028) of the 284,164 children birth to 3 population were served with comprehensive Early Childhood Intervention Services.⁴ Currently, four local ECI providers serve residents in Harris County either directly or through referral from doctors or community based agencies in the county, such as Early Head Start/Head Start programs. The Keep Pace ECI program conducted by HCDE was phased out by early 2013 due to funding cuts by the state. The current providers include:

- Bay Area Rehabilitation Center
- Easter Seals Greater Houston
- Katy Independent School District Project Tyke
- MHMR Authority of Harris County

Agency reports were obtained in order to examine the extent to which children in Harris County received services. The numbers served by ECI programs by eligibility type 2013-15 are displayed in the following table.⁵ (Some programs may serve children living outside of Harris County.)

Numbers of Children, Birth to 3 years per Eligibility type served by selected ECI programs in Harris County across three years (2013-2015)						
ECI Contractors	Eligibility Types					
FY 2013 (yr. 2012-2013)	Atypical Development	Developmental Delay-BDI2	Developmental Delay-Qualitative	Medical Diagnoses	Hearing/Vision	Totals
Bay Area Rehabilitation Center	0	682	10	247	21	960
Easter Seals of Greater Houston, Inc.	1	1041	23	250	18	1333
Katy ISD - Project Tyke	0	444	27	104	21	596
MHMR Authority of Harris County	0	1632	27	602	73	2334
Totals	1	3799	87	1203	133	5223
FY 2014 (yr. 2013-2014)						
Bay Area Rehabilitation Center	0	679	11	232	18	940
Easter Seals of Greater	0	1409	25	362	31	1827

⁴ ECI data and reports, ECI services by County. Retrieved from www.dars.state.tx.us/ecis/reports/index.html, 6/27/16

⁵ Info from public information request (7/14/2016): Lynch, Cecilia (DARS) <cecilia.lynch@dars.state.tx.us>

Houston, Inc.						
Katy ISD - Project Tyke	0	460	26	106	16	608
MHMR Authority of Harris County	0	1589	34	597	68	2288
Totals		4137	96	1297	133	5663
FY 2015 (yr. 2014-2015)						
Bay Area Rehabilitation Center	0	732	18	222	25	997
Easter Seals of Greater Houston, Inc.	0	1820	23	543	48	2434
Katy ISD - Project Tyke	0	490	23	99	15	627
MHMR Authority of Harris County	0	2119	28	684	73	2904
Totals	0	5161	92	1548	161	6962

From 2013 to 2015, the total children served each year by the four main programs in the county decreased from 9,485 in 2012⁶ to 5,223 in 2013, then increasing to 5,663 in 2014 and 6,962 in 2015.⁷ The decrease in 2013 was most likely due to funding cuts in 2011 and 2012 and changes in diagnostic criteria for eligibility categories that expanded from 3 to 5 categories. This resulted in less children eligible overall for ECI services⁸ and not necessarily to an actual decrease in true disorder. When the State legislature cut funding to DARS in 2012 the agency still needed to comply with the law stipulating the necessity to provide ECI services to the highest need children birth to 3 years with diagnoses. Additional funding cuts were approved during the 2015 Legislature session but controversy exists as to how the state will address them.⁹

Children, Ages 3 - 5

As children in the ECI program (or referred by another provider or directly by parents/guardians) approach their third birthday, they can apply for services from the public schools. Eligible children with disabilities ages 3 – 5 can access free appropriate public education under Part B of IDEA¹⁰ through the Preschool Programs for Children with Disabilities (PPCD). Services can be provided in a variety of settings such as pre-kindergarten, preschools and Head Start. Upon referral, an assessment is conducted by an appropriate diagnostic team

⁶ Head Start Triennial Community Assessment 2010-2012 (2013). Harris County Department of Education, Research and Evaluation Institute.

⁷ Info from public information request (7/14/2016): Lynch, Cecilia (DARS) <cecilia.lynn@dars.state.tx.us>

⁸ Info from personal communication (4/2/13) ECI Information from Legislative Appropriations Report 2011; J. Bailey, former Director of HCDE ECI Keep Pace.

⁹ Bufkin, Alice, (Aug 2015). Opinion - Cuts risk access to early intervention services, Houston, Texas: Houston Chronicle.

¹⁰ TEA, Services for Texas Students with Disabilities ages 3-5; retrieved from <http://tea.texas.gov/index4.aspx?id=21474988>, 8/23/2016

and if the child is determined eligible with an educational need the team shares the information with the parent who can choose the services they will accept. As ECI is family focused and follows a medical model, PPCD is educationally focused and considers the child's ability to participate and function in the classroom.¹¹ Services focus on promoting individual skills such as for self-help, self-care, social-emotional development, movement, logistics, writing legibly, and verbalizing.

Service Area II - AVANCE

The Head Start standards require at least 10% of a program's enrollment to include children with a diagnosed disability.¹² To facilitate enrollment, AVANCE Early Head Start and Head Start programs recruit referrals of children already eligible, by partnering with two ECI programs that serve Harris County - Bay Area Rehabilitation Center and MHMRA Authority of Harris County. Furthermore, AVANCE's Head Start conducts developmental assessments of children at three time points throughout the year using the Gold Assessment system, to help screen children and increase referrals to their home schools for evaluations and PPCD services.¹³

In order to estimate the number of possible children available with disabilities for Head Start (ages 3-5) living in AVANCE's service area, the numbers of children served by local ECI partner programs and the PPCD programs at the local school districts are examined. In FY 2013 – 2015, AVANCE's ECI program partners served a total of 3,294 (year 2013), 3,228 (year 2014), and 3,901 (year 2015) children in Harris County.

As recent pre-k specific data (for ages 3-5) is difficult to locate, the percentage of children IDEA eligible and served in the Harris County area is estimated by examining the overall special education percentages reported by school districts and pre-k data reported by the Office of Civil Rights data collection. For instance, the 2014-2015 Facts and Figures report from Houston ISD, a large school district in the AVANCE service area reported 7.5% of all students were enrolled in Special Education. The Office of Civil Rights reported the most recent data (2010-2011) for children in pre-k programs in the AVANCE service area, who are eligible for disability services.¹⁴ Of the 197 public schools located in AVANCE's service area, 154 had an Early Childhood/Pre-K program. The total enrollment in the public schools in the area was 148,329 with 10,393

¹¹ Info from personal communication (7/8/2016). Explanation of services from PPCD, Jean Polichino, Director of HCDE School based Therapy services; jpolichino@hcde-texas.org

¹² Head Start Performance Standards, 1308.3(b), 1308.3 (i), Head Start Act 42 U.S.C. 9837, Section 640(d)(1), James Stancil, Education and Special Services Manager, HCDE Head Start

¹³ Personal communication with Christiana Bekie, Director of Research, Quality Improvement, and Compliance, Summer, 2016.

¹⁴ Office of Civil Rights Data Collection: <http://ocrdata.ed.gov/DistrictsSchoolSearch>; February 2016

designated as special education (7.01%). The Pre-K programs in Head Start Area II served 10,786 children ages 3 and 4 in 2011 (percent of pre-k not available).

From 2013-2015, AVANCE’s Head Start, Aldine, and Early Head Start respectively served the following numbers/percentages of children identified with disabilities compared to the cumulative enrollments (CE) each year:¹⁵

AVANCE Program	2013			2014			2015		
	CE	N	%	CE	N	%	CE	N	%
Head Start	1,751	152	8.7%	1,528	110	7.2%	1,705	95	5.6%
Aldine	586	55	9.4%	581	70	12%	607	35	5.8%
Early Head Start	495	36	7.3%	449	34	7.6%	454	36	7.9%

The percent of children with disabilities in the AVANCE programs across this three year period ranged from: Head Start 8.7% - 5.6%, Aldine 9.4% - 5.8%, and Early Head Start 7.3% - 7.9%. For children ages 3 - 4, Aldine may have had higher rates because the program is operated by the school district. The majority of Head Start children (ages 3 and 4) with disabilities were determined to have a speech impairment that ranged across the three years from 94.7% to 83.2% with the remaining children diagnosed with autism (n=2-5), health impairments, non-categorical disabilities, and emotional disturbance. The majority of Aldine children ages 3-4 also had a speech impairment (92.7% to 88.6%) with 7% determined to have autism (n=5-3) and remaining hearing and visual impairment. Non-categorical disabilities refer to general delays in their physical, cognitive, communication, social, emotional, or adaptive development.

Response to Intervention and role in identifying children with disabilities

Head Start programs are having difficulties enrolling and maintaining the required 10% of their students with a diagnosed disability. IDEA does not require or encourage schools or community based programs such as Head Start to use a Response to Intervention (RtI) process before referring for evaluation.¹⁶ “IDEA Child Find permits referrals from any source, including Head Start, which suspect a child may be eligible for special education and related services.”¹⁷ Once a school (LEA) receives a referral they need to conduct the initial evaluation within 60 days of parental consent or a timeframe set by the state. Even though the LEA can deny the request if they suspect the child does not have a disability, they must provide their reason in writing. Delaying or rejecting a referral on the basis that a community based early childhood program

¹⁵ Program Information Reports 2013,2014, 2015, AVANCE Head Start/Early Head Start/Aldine delegate

¹⁶ Response to Intervention document, Texas Education Agency, retrieved from http://tea.texas.gov/Curriculum_and_Instructional_Programs/Special_Education/Programs; June 29, 2016.

¹⁷ Head Start letter dated June 2, 2010 from Alexa Posny, PhD. Acting Director, Office of Special Education Programs, Department of Education. Retrieved from *ibid*.

such as Head Start had not tested the child with a RTI process and reported the results to them is not a valid reason.

Schools are more cautious about serving students age 3 – 21 with special education services, since 2006 when schools served more than 14%.¹⁸ In fact, a recent investigation by Brian Rosenthal for the Houston Chronicle disclosed that the state of Texas “arbitrarily decided what percentage of students should get special education services- 8.5%- and since then have forced schools to comply by strictly auditing those serving too many kids.” This is far below the 12.7% (CI 9.4%-17.0%) of kids ages 2-8 diagnosed with a mental, behavioral, or developmental disorder as reported in a study (collected by National Survey of Children’s Health 2011-12) by the federal Centers for Disease Control and Prevention (CDC).¹⁹

Reauthorization of IDEA of 2004 included RtI as it was felt that many students in special education did not need to be there because of concerns about IQ tests and culturally associated behaviors.²⁰ RtI was seen as an approach that allows teachers to teach children in multiple ways for individualized learning and monitor their progress. Using RtI was seen as a way to focus on those children who are truly eligible for Special Education. However, as early intervention services are shown to benefit children as they grow, limiting the opportunities for young children who need some extra help may be causing more problems for the future.

¹⁸ Personal communication with J. Polichino, Senior Director, School Based Therapy Services, HCDE, jpolichino@hcde-texas.org; 7/8/2016.

¹⁹ Bitsko RH, Holbrook JR, Robinson LR, et al. Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders in Early Childhood — United States, 2011–2012. *MMWR Morb Mortal Wkly Rep* 2016;65:221–226. DOI: <http://dx.doi.org/10.15585/mmwr.mm6509a1>; CI=Confidence Interval

²⁰ Response to Intervention and Learning Disability, RtI document TEA, *ibid*.

Characteristics of Early Head Start and Head Start Children and Families: AVANCE Houston Inc.

AVANCE Inc. is a nationally renowned non-profit, community-based organization established in California, New Mexico, and Texas. It was conceptualized as a parent-child education program that facilitates positive family well-being. In addition to early childhood education programs, local chapters serve their community by offering parenting education, adult education, and support services. The AVANCE model embraces systems integration and connecting caregivers and children to other community resources that strengthen families.

AVANCE-Houston Inc. offers the following programs for families and children (Programs, 2016):

- Early Childhood Education and Development - center-based Head Start and Early Head Start, and also serves 82 Early Head Start participants in a home-based option
- Family Support and Education Services
- Healthy Marriage
- Fatherhood
- Adult Education
- Computer Literacy
- Workforce

History

AVANCE, which translates into “advance” or “progress” in Spanish, was conceived by graduate students at Cornell University under the auspices of Dr. Urie Bronfenbrenner, a renowned scholar in human development and co-founder of Head Start (*Preschool Matters*, 2006). Through the Zale Foundation, a program was launched in Dallas, Texas in 1972. A year later, a San Antonio chapter was developed and flourished under Dr. Gloria G. Rodriguez, who later became the Chief Executive of the national office for AVANCE. In 1995, the Texas State Legislature appropriated \$1,000,000 for the expansion and replication of the AVANCE, Inc. Family Support and Education Program to four communities: Dallas, El Paso, Laredo, and Corpus Christi, and since then, AVANCE has grown to 11 chapters. By 1988, a Houston chapter was formed under the direction of Sylvia G. Garcia, who later became President and CEO of the national structure. Rick Noriega currently serves as the Chief Executive Officer of the national headquarters in San Antonio (AVANCE’s History, 2016).

Mission

AVANCE unlocks America's potential by strengthening families in at risk communities through effective parent education and support programs.

The AVANCE-Houston Head Start and Early Head Start programs nurture the optimal development of children by focusing on their educational success, and fostering the personal and economic success of their families (Programs, 2016).

Early Head Start and Head Start

Program Options:

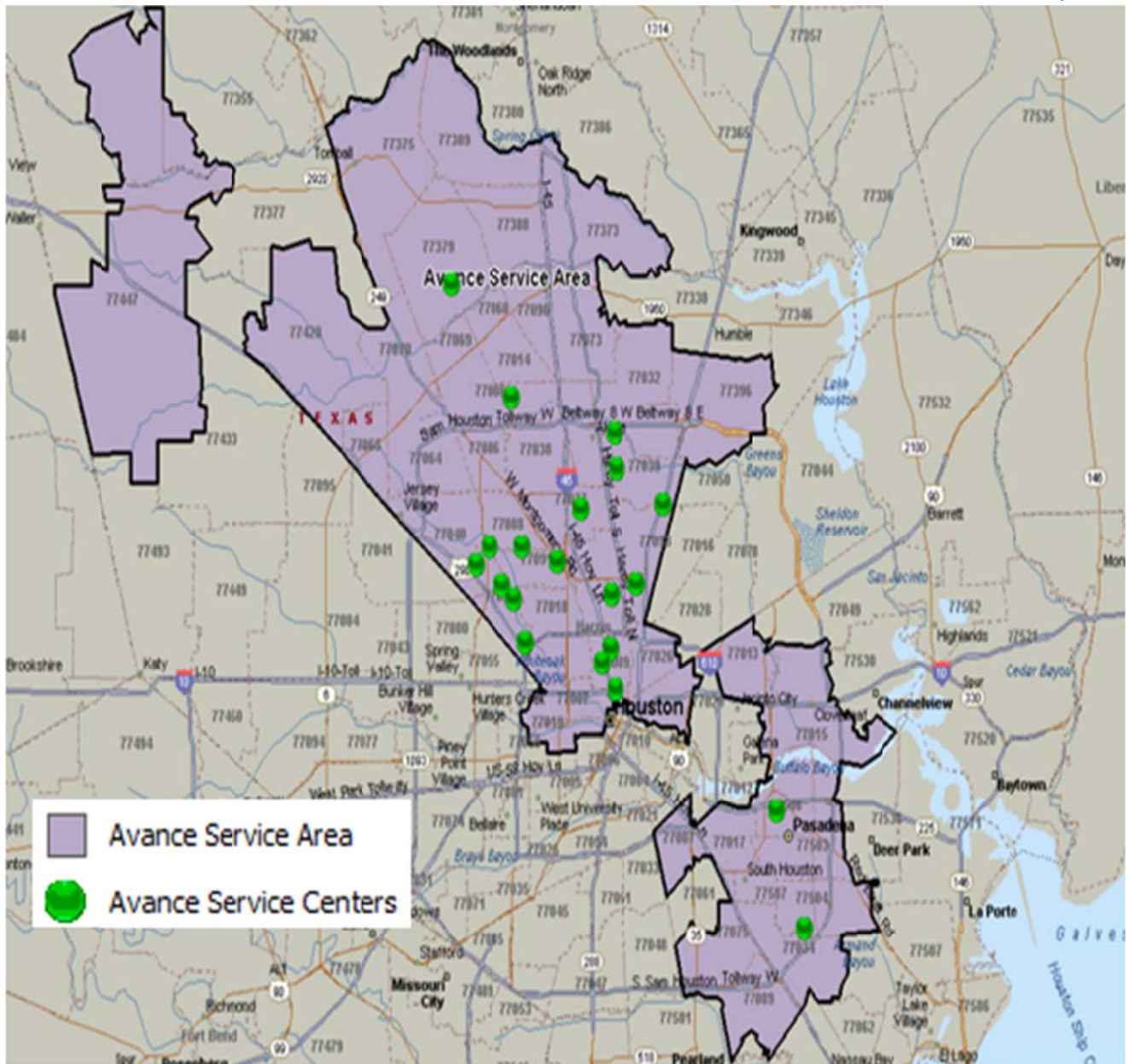
AVANCE Houston Early Head Start offered a full-day center-based program, and a home-based program participants throughout the school year (AVANCE EHS PIR, 2015). Head Start center-based participants can receive full and extended day services at all centers, 10 months per year (AVANCE HS PIR, 2015). Aldine ISD also offers full day services at all centers and follows the district's traditional school calendar (Aldine ISD HS Website, 2016).

Service Area

In 1998, the agency was awarded the Head Start grant along with HCDE and Neighborhood Centers. Seventeen Early Head Start and Head Start sites are collectively managed by AVANCE Houston with Aldine Independent School District serving as a delegate for four centers. AVANCE's service area is Harris County Area II which includes Northwest Houston, the cities of Jersey Village, and Tomball. AVANCE also provides Early Head Start services in the City of Pasadena, located southeast of Houston.

AVANCE Center	Street Address	AVANCE Center	Street Address
Acres Homes	6719 W. Montgomery Rd, 77091	Oakwood	7211 Oakwood Glen, 77022
Browning	607 Northwood, 77009	Oxford	605 Berry Road, 77022
Golden Forest	5750 Golden Forest , 77092	Tegeler EHS (Pasadena)	4949 Burke, 77504
Holbrook	6402 Langfield Rd, 77092	Wesley EHS	1417 Noble St, 77009
Jefferson	5000 Sharman, 77009	Early HS -Dacoma	4301 Dacoma, 77092
Jensen Drive	2702 Aldine-Westfield, 77093	Early HS -Kruse (Pasadena)	400 Park Lane, 77506
Ketelsen	600 Quitman, 77009	De Santiago (Aldine ISD)	1420 Aldine Meadows, 77032
Lincoln Park	790 W. Little York, 77091	Keeble (Aldine ISD)	203 West Gulfbank RD, 77037
Mangum HS/EHS	4503 Mangum Rd., 77092	Vines (Aldine ISD)	7220 Inwood Park Drive, 77088
Mt Houston	11703 East Freeway, 77039	Hinojosa (Aldine ISD)	1620 Lauder Rd., 77039

AVANCE Service Area and Centers (2015)



Eligibility Criteria

Criteria for children's eligibility for services is first based on age, residence, income, and whether they are homeless or in foster care. Age and pregnancy status determines whether they are eligible for Early Head Start (children birth to 3 years and pregnant women) or Head Start (children between the ages of 3-5 years). For each program at least 90% of families must have incomes at or below 100% of federal poverty guidelines. AVANCE has enrollment priorities that help determine families with the greatest needs. These include:

- A point-based ranking system is used for all applicants

- 10% with a disability (an identified disability on an IEP – Individualized Education Plan) or compete with others once 10% is surpassed.
- Transfers or transitioning from other Head Start or Early Head Start programs
- First come, first served (i.e. siblings)
- Selected demographic factors such as teen or incarcerated parent, grandparent guardian and others
- If a family’s income is above 100% of the federal poverty line (but below 130% of poverty guidelines), AVANCE will give consideration for admittance based on child/family income level, age, household demographics, and factors related to the welfare of the child and family. This selection process confers priority for admission to the children and families that are most in need (AVANCE Ranking Sheet, 2012).

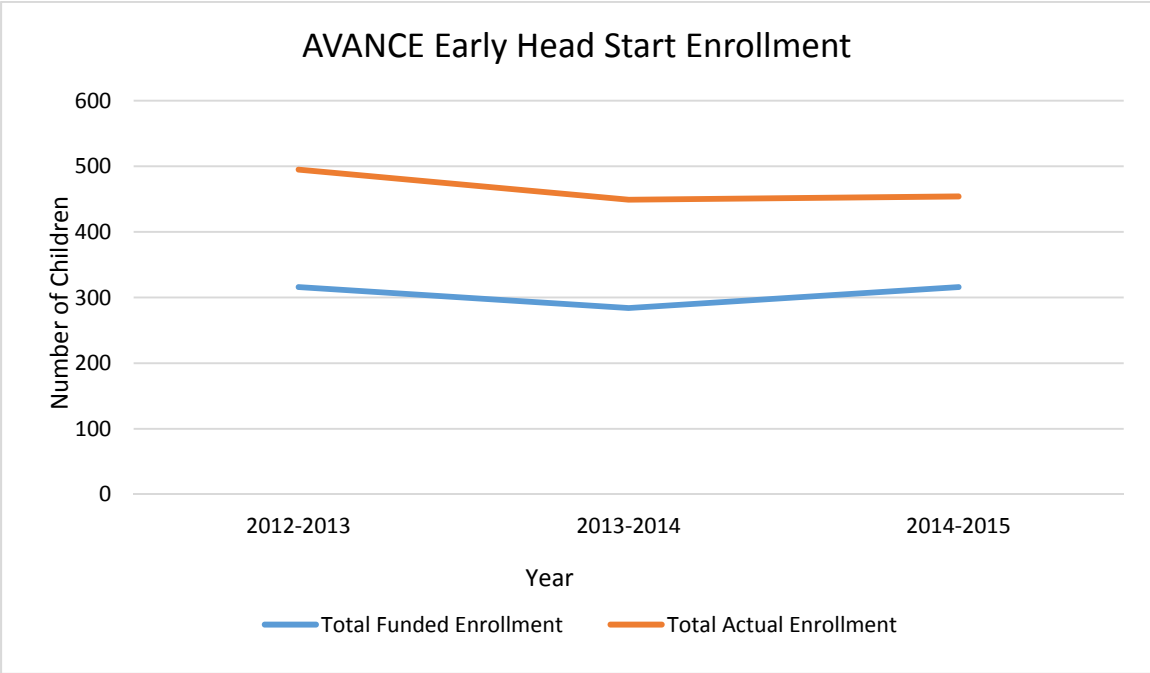
Enrollment

Over the past three-year period, total funded enrollment for Early Head Start decreased by 32 children in 2014 and increased by 32 children in 2015. The actual enrollment decreased from 495 to 454. In 2014/2015 program year, EHS served at total of 454 participants. In 2014-2015, a waitlist ranged from 238 to 503 children with an average monthly waitlist of 373 children (AVANCE EHS Program Information Reports 2013, 2014, 2015).

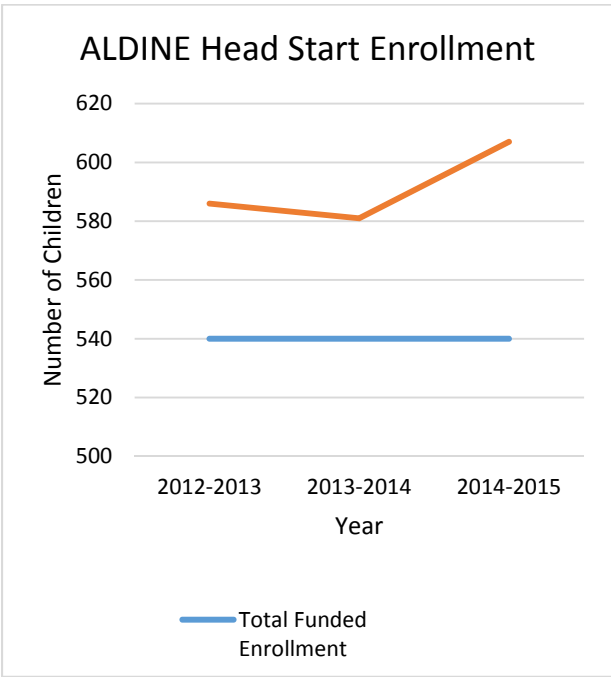
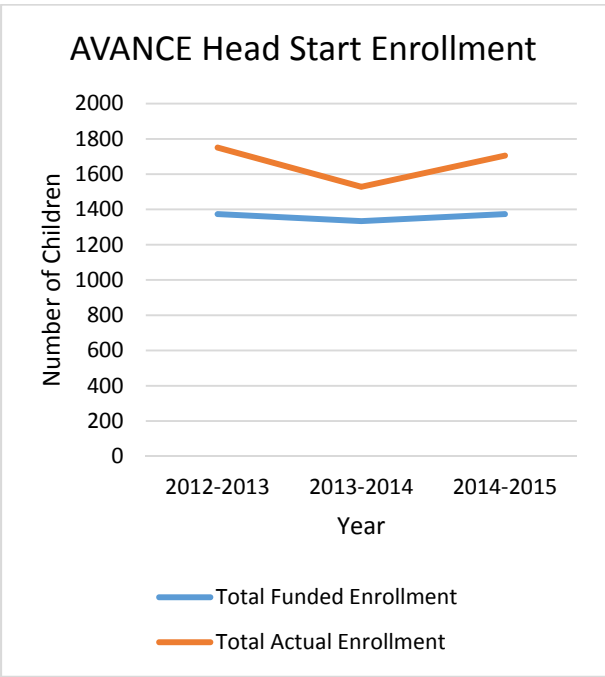
Over the past three years, the Head Start program was funded for a total enrollment of 1,373 and 1,333 children. At the start of the 2014-2015 program year, AVANCE Head Start had enrolled a cumulative total of 1,705 children in 20 Head Start sites. All program sites were operating at capacity. The waitlist for Head Start ranged from 2,554 to 3,803 children with a monthly average of 3,212 children in 2015 (AVANCE HS Program Information Reports 2015)

Aldine ISD, as a delegate, had a steady funded enrollment of 540 each year. In 2014, cumulative enrollment decreased from 586 to 581, but by 2015 the enrollment slightly decreased to 607 children. Numbers for the three program options across the three year period are displayed in the following table:

Three Year Enrollment Trend										
AVANCE	Early Head Start						Head Start		Aldine Head Start	
Year	Funded	Cumul ative Actual	Children enrolled		Pregnant women enrolled		Funded	Cumul ative Actual	Funded	Cumul ative Actual
			N	%	N	%				
2012-13	316	495	475	96.0	20	4.0	1373	1,751	540	586
2013-14	284	449	428	95.3	21	4.7	1333	1528	540	581
2014-15	316	454	439	96.7	15	3.3	1373	1,705	540	607



Seen in the above figure, over the three year period, funded enrollment for AVANCE’s Early Head Start program dipped in 2013-2014 while its actual cumulative enrollment decreased by 8.2% from yr 2013 to yr 2015.



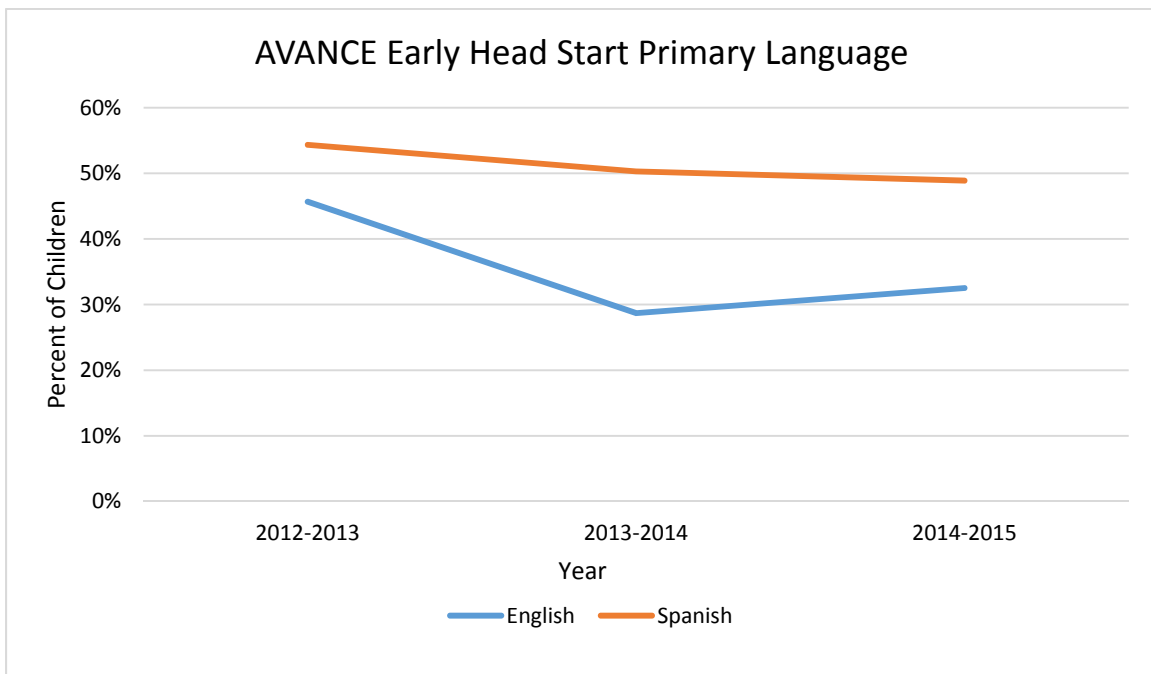
As seen in the above figures, the funded enrollment for AVANCE Head Start dipped in 2013-2014. The actual cumulative enrollment also followed a similar trend. Aldine ISD, as a delegate, had a steady funded enrollment of 540 each year, but its actual cumulative enrollment increased from 586 in 2013 to 581 in 2014, and increased to 607 children by 2015.

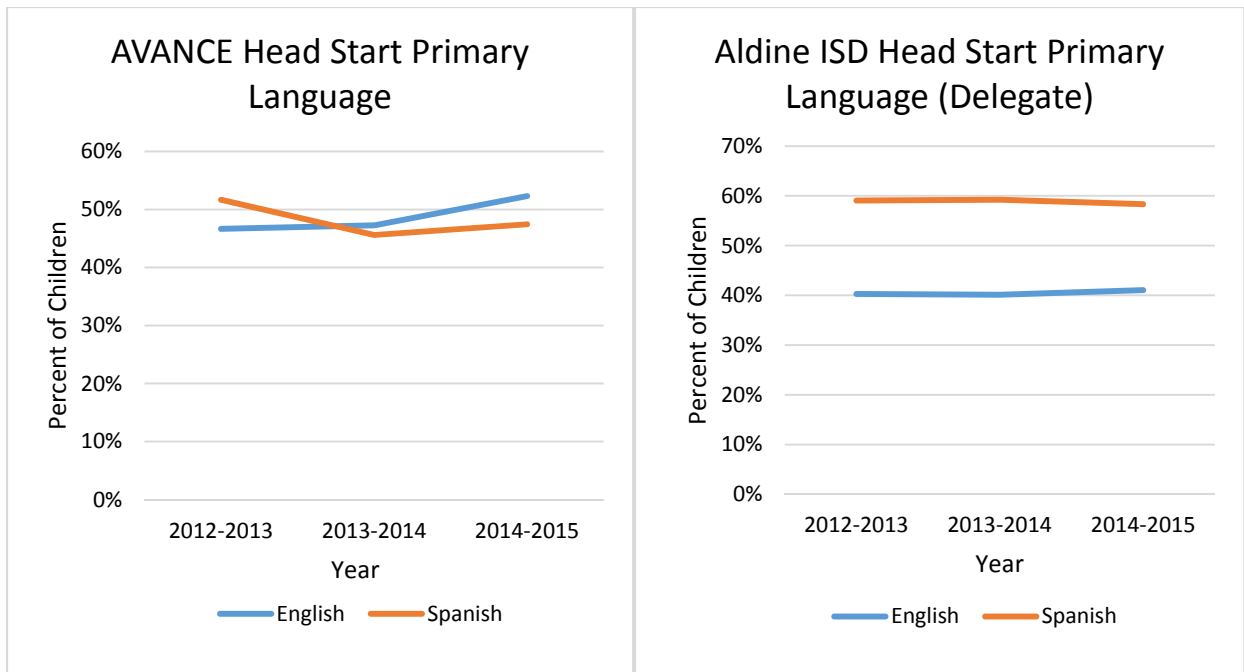
Cultural and Linguistic Characteristics

For the 2014-2015 program year, nearly all of AVANCE’s Houston Early Head Start participants identified as Hispanic or Latino and 88.5%, 7.9% are Black/African American, 0.7% are White (non-Hispanic), and 1.8% are Bi-racial. Children in Head Start are 68.9% Latino/Hispanic origin; 26.9% Black/African American; 1.1% White; and 2.6% Bi-racial. Aldine ISD Head Start reported 75.8% of Latino/Hispanic origin; 23.4% Black/African American; 74.1% White (mostly of Hispanic or Latino origin); 0.8% Asian; and 1.3% Bi-racial. The most common primary languages used in the home for participants of AVANCE Head Start, Early Head Start and Aldine ISD were English and Spanish (AVANCE EHS, HS, & Aldine ISD HS Program Information Reports, 2013, 2014, 2015).

Three Year Primary Language Trend

Over the course of the three year period, AVANCE Early Head Start reported a greater percentage of children speaking Spanish as their primary language with 53.3% reporting in 2015. AVANCE Head Start has had two dominate languages spoken in the home of participants, English and Spanish. In 2015, a greater percentage of children spoke English. Aldine ISD, on the other hand, had a greater percentage of Spanish speakers in all three years (AVANCE EHS, HS, & Aldine ISD HS Program Information Reports, 2013, 2014, 2015)





Family Structure, Employment, and Educational Attainment

During the past three years, AVANCE EHS households contained mostly one-parent families. For instance, in 2014-2015, AVANCE EHS served a total of 393 families with over half (54.2%) representing two-parent households. Among the single-parent families, 25.4% of parents were employed while 74.7% were not working. In two-parent families, 46.1% had both parents working, 44.4% had one-parent working, and 9.4% had neither parent working. Caregivers, either married or single were also more likely to have less than a high school education (52%). Over one-quarter of families had a caregiver who obtained a high school or general equivalency diploma (AVANCE EHS, HS, & Aldine ISD HS Program Information Reports, 2013, 2014, 2015).

The Head Start program, not including Aldine ISD, had a larger percentage of single-parent families. In 2015, the HS program served 1,594 families with 60.9% headed by a single-parent. Also, a greater number (49.5%) of two-parent families had one caregiver working. In single-parent homes, about one-third was employed. In the Aldine ISD program, two-thirds of families were headed by two-parents. In 2012, the school district served 605 families. Among the two-parent families, 73.6% reported one parent was employed while in single families, 61.1% of caregivers worked (AVANCE EHS, HS, & Aldine ISD HS Program Information Reports, 2013, 2014, 2015).

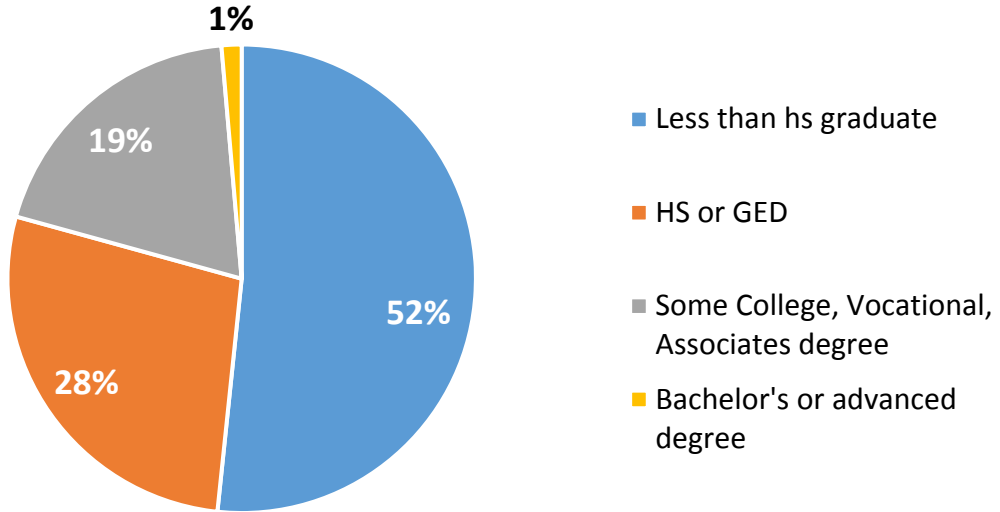
The eligibility criteria of Early Head Start revealed that in 2015, 77.8% of participants were enrolled based on income and 20.9% received public assistance. In AVANCE Head Start, 42.3% were enrolled based on income, 7.8% were between the incomes of 100% and 130% of the

federal poverty line, 6.6% were over-income and ineligible for public assistance, 41.9% were enrolled based on public assistance, 1.2% were foster children, and 0.2% were homeless. For Aldine ISD, 75.8% were enrolled based on income eligibility and 16.6% had public assistance (AVANCE EHS, HS, & Aldine ISD HS Program Information Reports, 2013, 2014, 2015).

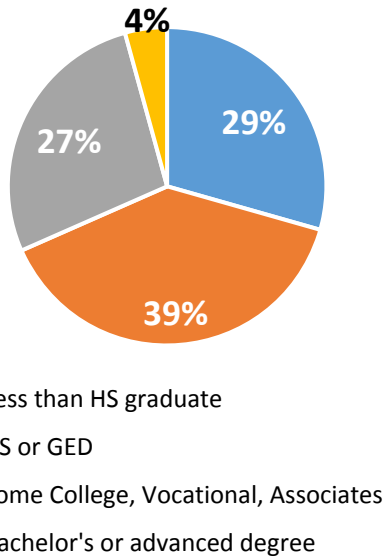
AVANCE Parent Employment Status (2014-2015)			
	EHS	HS	Aldine
Total Number of Enrolled Families	393	1,594	605
Two-Parent Families			
Total Number of Two-Parent Families	180 (45.8%)	624 (39.1%)	379 (62.6%)
Both parents/guardians are employed	46.1%	7.2%	15.8%
One parent/guardian is employed	44.4%	49.5%	73.6%
Both parents/guardians are not working	9.4%	43.3%	10.5%
Single Parent Families			
Total Number of Single Parent Families	213 (54.2%)	970 (60.9%)	226 (37.4%)
Single parent/guardian is employed	25.4%	36.0%	61.1%
Single parent/guardian not working	74.7%	64.0%	38.9%

Less than half of families served by the AVANCE-operated Head Start program had less than a high school education (39%). About a third of the families had a caregiver with a high school or general equivalency diploma (29%), 27% had some college, vocational schooling, or received an Associate’s Degree, and 4% had a bachelor’s or advanced degree. In AVANCE Early Head Start, over half of the families had less than a high school education (52%) and roughly 28% caregivers received a high school or general equivalency diploma. Additionally, 19% received some college, vocational schooling, or received an Associate’s Degree. In Aldine, about one-third of families served by the AVANCE-operated Head Start program had less than a high school education (33%). A similar proportion of families had a caregiver with a high school or general equivalency diploma (51%), 14% had some college, vocational schooling, or received an Associate’s Degree, and 2% had a bachelor’s or advanced degree. (AVANCE EHS, HS, & Aldine ISD HS PIR for 2013, 2014, 2015).

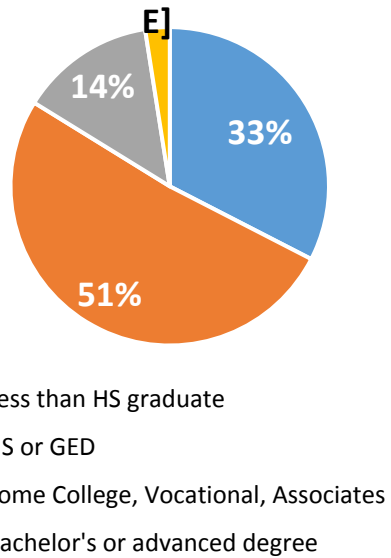
AVANCE EHS Parent Educational Attainment (2014-2015)



AVANCE HS Parent Educational Attainment (2014-2015)



Aldine HS Parent Educational Attainment (2014-2015)



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Perceptions of Program Parents, Community Service Providers, and Opinion Leaders: AVANCE Houston, Inc

Perceptions of the strengths and needs of Harris County families eligible for Head Start and Early Head Start services were collected from three different groups. These included the grantee families, the family service workers (FDWs) who refer them for services, and the community partners (CP survey results will be sent out in a separate report) who provide those services in the community. Data was collected using three separate yet similar surveys to each of these groups during October-November of 2014 (families), January 2015 (FDWs), and February 2015 (Community Partners).

Surveys explored the needs of families for 69 services grouped into ten categories: disabilities, education, employment, family education/parenting, financial literacy, health & nutrition, mental health, social services, other public services, and transportation. Surveys were completed by 1,213 families (88% of enrolled families), 20 FDWs, and 9 Community Partners.

HS/EHS Family Strengths and Needs

Response Rate

For AVANCE, 1213 caregivers completed the Head Start/Early Head Start Family survey, representing 88% of the 1373 HS/EHS families whose children are enrolled during the 2014-2015 program year.

Respondent Characteristics

Based on AVANCE's 2014-2015 Program Information Report of children and families' enrollment, most Early Head Start (88.5%), Head Start (68.0%), and Aldine Head Start (75.8%) participants identified as Hispanic/Latino. Black/African American was the second largest group served by each program. Spanish was also the dominant language spoken in the homes of Early Head Start and Aldine Head Start families. The majority of AVANCE's Head Start families reported English as their primary language.

Survey Information

Not all surveys received from families contained complete data. Therefore, the number of responses for each category is less than the overall number of surveys received for each grantee. To help understand the level of missing responses for each category, descriptions begin with the range of responses for service items in that category and percent out of the number of surveys submitted. Survey results for each service category are then displayed in

tables with short narratives that summarize the greatest service needs and strengths of Head Start/Early Head Start families.

The table for each service category displays the number of families who chose whether the service was an immediate need, need, not needed or N/A. Based on the distributions for each service, combined needs are highlighted if 25% or more and services not needed at a level of 75% or more are highlighted as strengths. In order to highlight the highest percentage of immediate need/needed/ not needed for each service the results are shaded in pink if immediate need, yellow if a need, and light green if not needed. N/A means it is a service irrelevant to their lives and is considered as “missing” in calculations.

AVANCE Family Survey Data Tables

Disabilities

The response rates for the Disabilities section ranged from 59% (n=714) to 62% (n=755).

Disabilities – AVANCE Families								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Support for a family member with disabilities	739	8	1.1	38	5.1	693	93.8	439
Child care for children with disabilities	725	7	1.0	27	3.7	691	95.3	447
Help identifying if my young child may have a disability	755	14	1.9	48	6.4	693	91.8	440
Special education services through my local public school	754	9	1.2	47	6.2	698	92.6	432
Assisted technology services (i.e. wheelchair, hearing aids, etc.)	714	6	.8	20	2.8	688	96.4	466

Disability Service Needs: The overall percentage of caregiver respondents who reported a need for disabilities services are low, most likely due to in part to the small number of children enrolled with a disability. As a result, most parents may have felt they did not need these services or saw them as irrelevant to their child’s needs.

Strengths: The top strengths (did not need or need is met) of the majority of respondents (over 75%) were *Assisted technology services, Child care for children with disabilities, Support for a family member with disabilities and Special education services through my local public school.*

Education

The response rates for the Education section ranged from 70.2% (n=852) to 76.8% (n=931).

Education - AVANCE Families								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
C-Affordable education for birth-5 yrs from a pre-K, Head Start program, or daycare	912	65	7.1	256	28.1	691	64.8	269
C- Quality education for birth-5yrs from a pre-K, Head Start program, or daycare	890	70	7.9	230	25.8	590	66.3	280
C- Affordable before & after school care	902	69	7.6	184	20.4	649	72.0	262
C-Helping children with their school work (i.e. tutoring)	907	51	5.6	165	18.2	691	76.2	266
A- Adult Basic Education	852	36	4.2	147	17.3	669	78.5	308
A- Help enrolling and/or staying in college	881	44	5.0	172	19.5	665	75.5	282
A- English as a Second Language classes	924	60	6.5	240	26.0	624	67.5	251
A- Help learning to read/becoming a better reader (adults)	865	31	3.6	113	13.1	721	83.4	303
A- Computer classes	931	60	6.4	248	26.6	623	66.9	237

Education Service Needs: AVANCE families saw the most need for five out of nine Educational services. The top three needs for children were *Quality and affordable education for birth-5yrs from a pre-K, Head Start program, or daycare (33.7%- 35.2%), and Affordable before & after school care (28%)*. The top needs for adults were *Computer classes (33%) and ESL Classes (32.5%)*.

Strengths: The top strengths (did not need or need is met) of the majority of respondents (over 75%) were *Help learning to read/becoming a better reader (adults), Adult Basic Education, Helping children with their school work (i.e. tutoring), and Help enrolling and/or staying in college*.

Employment

The response rates for the Employment section ranged from 74.1% (n=899) to 78% (n=946).

Employment - AVANCE Families								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Classes to help me learn a trade or profession	946	66	7.0	227	24.0	653	69.0	233
Help with my resume, interview skills, professional clothing	899	46	5.1	150	16.7	703	78.2	261
Help finding and getting a good job	942	93	9.9	213	22.6	636	67.5	226

Employment Service Needs: Families expressed a need for two out of three the Employment services, based on the selected threshold. Nearly a third of parents needed assistance with accessing *Help finding and getting a good job* (32.5%) and *Classes to help me learn a trade or profession* (31%).

Strengths: Most respondents (78.2%) reported they did not need (or need is met for) *Help with my resume, interview skills, professional clothing*.

Family Education Parenting

The response rates for the Family Education/Parenting section ranged from 75.7% (n= 918) to 79.6% (n=965). Responses are displayed in the following table.

Family Education/ Parenting - AVANCE Families								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Classes to help me strengthen my marriage/relationship	918	39	4.2	153	16.7	726	79.1	267
Programs to help dads be more involved with their children	939	43	4.6	238	25.3	658	70.1	246
Classes to help me improve my parenting skills	965	42	4.4	312	32.3	611	63.3	216

Family Education/Parenting Service Needs: AVANCE families saw a need for two out of the three Family Education/Parenting services. The top needs for the caregiver respondents were *Classes to help me improve my parenting skills* (36.7%) and *Programs to help dads be more involved with their children* (29.9%).

Strengths: Most respondents (79.1%) reported they did not need (or need is met for) *Classes to help me strengthen my marriage/relationship*.

Financial Literacy

The response rates for the Financial Literacy section ranged from 42.5% (n=515) to 77.2% (n=936). Responses are displayed in the following table. (*These two items only reflect English speakers as they were not translated properly for Spanish speakers.)

Financial Literacy- AVANCE Families								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Tax preparation	934	32	3.4	137	14.7	765	81.9	253
Gaining an Individual Taxpayer Identification Number*	515	7	1.4	23	4.5	485	94.2	100
Basic money management	936	30	3.2	182	19.4	724	77.4	237
Homebuyer education*	535	32	6.0	129	24.1	374	69.9	75
Information on starting a business	925	42	4.5	181	19.6	702	75.9	247

Financial Literacy Needs: AVANCE families saw a need for only one Financial Literacy services. Families identified *Homebuyer education* (30.1%) as their highest need.

Strengths: The top strengths (did not need or need is met) of the majority of respondents (over 75%) were *Gaining an Individual Taxpayer Identification Number*, *Tax preparation*, *Information on starting a business*, and *Basic money management*.

Health/Nutrition

The response rates for the Health/Nutrition section ranged from 71.6% (n=869) to 80% (n=971). Responses are displayed in the following table.

Health/Nutrition- AVANCE Families								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Assistance enrolling in state-funded (CHIP, CHIP Prenatal, Children's Medicaid) or private insurance	934	38	4.1	87	9.3	809	86.6	245
Affordable health insurance	948	52	5.5	184	19.4	712	75.1	228
Quality health care I can afford	924	47	5.1	160	17.3	717	77.6	244
Prenatal care	869	13	1.5	45	5.2	811	93.3	305
Pediatric care	904	19	2.1	77	8.5	808	89.4	263
Quality dental care that I can afford	948	66	7.0	176	18.6	706	74.5	227
Quality pediatric dental care that I can afford	935	38	4.1	109	11.7	788	84.3	244
Immunizations for my children (Measles, Mumps, Rubella, Whooping Cough)	920	17	1.8	88	9.6	815	88.6	254
Immunizations for me or other adult family members (Meningitis, Influenza)	939	29	3.1	130	13.8	780	83.1	240
Screening services (Diabetes, High blood pressure, vision, annual exams)	957	49	5.1	191	20.0	717	74.9	225
Management of chronic diseases	904	19	2.1	103	11.4	782	86.5	269
Classes on healthy eating and cooking	961	49	5.1	246	25.6	666	69.3	213
Fresh fruit and vegetables that I can afford	960	54	5.6	208	21.7	698	72.7	214
Information on growing a vegetable garden	914	23	2.5	166	18.2	725	79.3	245
Information or classes on staying healthy, exercising, etc.	971	59	6.1	267	27.5	645	66.4	196

Health/Nutrition Needs: AVANCE families saw a need for five out of the fifteen Health/Nutrition services. The top three Healthy Lifestyle needs were *Information or classes on staying healthy, exercising, etc.* (33.6%), *Classes on healthy eating and cooking* (30.7%), and *Fresh fruit and vegetables that I can afford* (27.3%). The top medical health needs were *Screening services* (25.1%) and *Quality dental care I can afford* (25.6%).

Strengths: The top strengths (did not need or need is met) of the majority of respondents (over 75%) were *Prenatal care, Pediatric care, Immunizations for my children, and Assistance enrolling in state-funded or private insurance.*

Mental Health

The response rates for the Mental Health Section ranged from 66.7% (n=809) to 76.1% (n=923). Responses are displayed in the following table.

Mental Health- AVANCE Families								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Help with domestic violence issues	836	6	.7	39	4.7	791	94.6	335
Treatment for drug or alcohol problems	827	5	.6	63	7.6	759	91.8	342
Care for sick/disabled family members so I can rest/run errands	828	7	.8	53	6.4	768	92.8	343
Classes on how to handle stress	905	46	5.1	172	19.0	687	75.9	266
Classes on how to handle anger	885	33	3.7	130	14.7	722	81.6	286
Help with child abuse or neglect issues	809	2	.2	32	4.0	775	95.8	349
Counseling or therapy services	885	35	4.0	124	14.0	726	82.0	280
Classes on how to raise well adjusted, healthy children	923	32	3.5	223	24.2	668	72.4	249

Mental Health Needs: Based on the threshold, caregiver respondents reported a need for only one of the eight Mental Health services. *Classes on how to raise well adjusted, healthy children* (27.7%) had the most need.

Strengths: The top strengths (did not need or need is met) of the majority of respondents (over 75%) were *Help with child abuse or neglect issues, Help with domestic violence issues, and Care for sick/disabled family members so I can rest/run errands.*

Other Public Services

The response rates for the Other Public Services section ranged from 73.2% (n=888) to 76.3% (n=926). Responses are displayed in the following table.

Other Public Services - AVANCE Families								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Emergency response services (police, fire, ambulance, etc.)	889	10	1.1	65	7.3	814	91.6	292
Neighborhood Watch or to keep my neighborhood safe	900	26	2.9	99	11.0	775	86.1	276
Public services (trash collection, street maintenance, etc.)	888	17	1.9	75	8.4	796	89.6	287
Recycling programs	903	21	2.3	124	13.7	758	83.9	266
Access to affordable stores, restaurants, entertainment	907	28	3.1	132	14.6	747	82.4	264
Public parks and recreation areas	926	28	3.0	170	18.4	728	78.6	251
Community centers	914	23	2.5	156	17.1	735	80.4	253
Churches	901	18	2.0	118	13.1	765	84.9	253
Community centers that serve my culture	901	20	2.2	125	13.9	756	83.9	259

Other Public Services Needs: Caregiver respondents did not report a need for any Other Public services, based on selected thresholds.

Strengths: Caregiver respondents felt their need for all Other Public Services were not needed (or needs were met), especially for *Emergency response service* (91.6%).

Social Services

The response rates for the Social Services section ranged from 73.5% (n=892) to 78% (n=946).

Social Services - AVANCE Families								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Help getting food for my family	946	32	3.4	126	13.3	788	83.3	217
Help paying my rent or other bills	934	36	3.9	139	14.9	759	81.3	226
Help finding a shelter or other assistance	892	9	1.0	46	5.2	837	93.8	262
Safe, affordable housing	919	34	3.7	138	15.0	747	81.3	234
Services available in my language	899	14	1.6	104	11.6	781	86.9	251
Access to a lawyer or legal advice	921	32	3.5	156	16.9	733	79.6	236
Help with immigration questions or concerns	918	49	5.3	156	17.0	713	77.7	243

Social Services Needs: Caregiver respondents did not report a need for any Social Services, based on selected thresholds.

Strengths: AVANCE caregiver respondents felt their need for all Social Services were not needed (or needs were met), especially for *Help finding a shelter or other assistance*.

Transportation

The response rates for the Transportation section ranged from 72.4% (n=878) to 74.9% (n=908).

Transportation - AVANCE Families								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Private family vehicle	906	31	3.4	66	7.3	809	89.3	256
Community carpool/vanpool	878	9	1.0	36	4.1	833	94.9	276
Public transportation (bus, taxi, school bus)	908	18	2.0	88	9.7	802	88.3	250
Paid private transportation (i.e. childcare van, before or after school care)	886	22	2.5	72	8.1	792	89.4	269
Alternative transportation (walk, motorcycle, bicycle)	880	9	1.0	43	4.9	828	94.1	277

Transportation Needs: AVANCE caregiver respondents did not report a need for Transportation, based on the selected threshold.

Strengths: Caregiver respondents felt their need for Transportation were not needed (or needs were met), especially for *Community carpool/vanpool*.

Greatest needs: The following services were identified by caregivers as representing their greatest unmet needs for their family: *Education* (60%), *Employment* (22%) and *Health* (20%).

Access to services by others:

A fifth (20.6) knew Head Start eligible children who were not receiving services.

A little over a fifth (21.4%) of caregivers knew Early Head Start age- eligible women or children (pregnant women, 0-3 yrs) that were not being served by an Early Head Start program.

Caregivers identified the following groups in their community that were not receiving appropriate services: *Newly-arrived immigrants* (2.4%), *Homeless families* (2.3%), and *Teen parents* (1.6%).

Summary

Reported needs that meet AVANCE's selected threshold of 25% for service categories begin with their greatest needs: **Education, Employment, Family Education/Parenting and Health /Nutrition.**

Greatest needs included the following:

Education- AVANCE families saw the most need for five out of nine Educational services. The top three needs for children were *Quality and affordable education for birth-5yrs from a pre-K, Head Start program, or daycare (33.7%- 35.2%), and Affordable before & after school care (28%).* The top needs for adults were *Computer classes (33%) and ESL Classes (32.5%)*

Employment- Families expressed a need for two out of three the Employment services, based on the selected threshold. Nearly a third of parents needed assistance with accessing *Help Finding and getting a good job (32.5%) and Classes to help me learn a trade or profession (31%).*

Family Education /Parenting- AVANCE families saw a need for two out of the three Family Education/Parenting services. The top needs for the caregiver respondents were *Classes to help me improve my parenting skills (36.7%) and Programs to help dads be more involved with their children (29.9%).*

Health and Nutrition- AVANCE families saw a need for five out of the fifteen Health/Nutrition services. The top three nutritional/Healthy Lifestyle needs were *Information or classes on staying healthy, exercising, etc. (33.6%), Classes on healthy eating and cooking (30.7%), and Fresh fruit and vegetables that I can afford (27.3%).* The top medical health needs were *Screening services (25.1%) and Quality dental care I can afford (25.6%).*

Their strengths included the following:

Disabilities – The top strengths (did not need or need is met) of the majority of respondents (over 75%) were *Assisted technology services, Child care for children with disabilities, Support for a family member with disabilities and Special education services through my local public school.*

Financial Literacy - The top strengths (did not need or need is met) of the majority of respondents (over 75%) were *Gaining an Individual Taxpayer Identification Number, Tax preparation, Information on starting a business, and Basic money management.*

Health/Nutrition - The top strengths (did not need or need is met) of the majority of respondents (over 75%) were *Prenatal care, Pediatric care, Immunizations for my children, and Assistance enrolling in state-funded or private insurance.*

Mental Health- The top strengths (did not need or need is met) of the majority of respondents (over 75%) were *Help with child abuse or neglect issues, Help with domestic violence issues, and Care for sick/disabled family members so I can rest/run errands.*

Other Public Services- Caregiver respondents felt their need for all Other Public Services were not needed (or needs were met), especially for *Emergency response service* (91.6%).

Social Services- AVANCE caregiver respondents felt their need for all Social Services were not needed (or needs were met), especially for *Help finding a shelter or other assistance.*

Transportation- Caregiver respondents felt their need for all Transportation were not needed (or needs were met), especially for *Community carpool/vanpool.*

Family Development Workers' Survey: AVANCE Houston, Inc

Characteristics of respondents

Family Development Workers (FDW) serve families enrolled in the Head Start/Early Start programs conducted by AVANCE. Of the 20 Family Development Workers (FDW), only 20% (n=20) completed the online survey. Respondents reported serving families living in the following areas:

AVANCE Head Start/Early Head Start Locations			
Browning	Golden Forest	Holbrook	Jefferson
Jensen Drive	Mangum HS	Mt. Houston	Oakwood
Dacoma (Home-based)	Pasadena (Home-based)	Tegeler	Acres Homes
Lincoln Park	Mangum EHS	Walters Road	Oxford

The table for each service category displays the number of Family Development Workers who chose whether the service was an immediate need, need, not needed or N/A. Based on the distributions for each service, combined needs are highlighted if 25% or more and services not needed at a level of 75% or more are highlighted as strengths. In order to highlight the highest percentage of immediate need/needed/ not needed for each service the results are shaded in pink if immediate need, yellow if a need, and light green if not needed. N/A means it is a service irrelevant to their lives and is considered as "missing" in calculations.

Responses from the FDW survey are displayed in the following tables by service category.

Disabilities - AVANCE Family Development Workers								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Support for a family member with disabilities	18	1	5.6	12	66.7	5	27.8	1
Child care for children with disabilities	19	2	10.5	8	42.1	9	47.4	1
Help identifying if a young child may have a disability	20	1	5.0	14	70.0	5	25.0	0
Special education services through local public school	20	3	15.0	12	60.0	5	25.0	0
Assisted technology services (i.e. wheelchair, hearing aids, etc.)	18	1	5.6	5	27.8	12	66.7	2

Disabilities Service Needs: FDW respondents reported that all Disabilities services were needed by AVANCE families. The services with the highest needs were, *Help identifying if a young child may have disability (75%), Special education services through local public school (75%), and Support for members with disabilities (72.3%)*

Strengths: None of the services met the threshold as a strength, though two thirds of the FDW respondents (66.7%) reported AVANCE families’ did not need (or need is met for) *Assisted technology services (i.e. wheelchair, hearing aids, etc.)*.

Education - AVANCE Family Development Workers								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
C-Affordable education for birth-5 yrs from a pre-K, Head Start program, or daycare	20	4	20.0	13	65.0	3	15.0	0
C- Quality education for birth-5yrs from a pre-K, Head Start program, or daycare	20	3	15.0	13	65.0	4	20.0	0
C- Affordable before & after school care	20	2	10.0	15	75.0	3	15.0	
C-Helping children with their school work (i.e. tutoring)	19	1	5.3	14	73.7	4	21.1	1
A- Adult Basic Education	20	5	25.0	15	75.0	0	0	0
A- Help enrolling and/or staying in college	20	3	15.0	14	70.0	3	15.0	0
A- English as a Second Language classes	20	5	25.0	15	75.0	0	0	0
A- Help learning to read/becoming a better reader (adults)	20	3	15.0	11	55.0	6	30.0	0
A- Computer classes	20	4	20.0	14	70.0	2	10.0	0

Education Service Needs: AVANCE’s Family Development Workers reported a need for all nine Educational services, based on the selected threshold. The top three needs for children were *Quality and affordable education for birth-5yrs from a pre-K, Head Start program, or daycare (80%-85%), and Affordable before & after school care (85%)*. The top three needs for adults were *ESL Classes (100%), Adult Basic Education (100%) and Computer classes (90%)*.

Strengths: None of the services met the threshold as a strength.

Employment - AVANCE Family Development Workers								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Classes to help parents learn a trade or profession	19	5	26.3	12	63.2	2	10.5	1
Help parents with resume, interview skills, professional clothing	19	4	21.1	14	73.7	1	5.3	1
Help parents finding and getting a good job	20	6	30.0	14	70.0	0	0	0

Employment Service Needs: FDW respondents reported that all Employment services were needed by AVANCE families. The service with the highest need was *Help parents finding and getting a good job* (100%), followed by *Help parents with resume, interview skills, professional clothing* (94.8%) and *Classes to help parents learn a trade or profession* (89.5%).

Strengths: None of the services met the threshold as a strength.

Family Education/ Parenting - AVANCE Family Development Workers								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Classes to help parents strengthen my marriage/relationship	18	1	5.6	11	61.1	6	33.3	1
Programs to help dads be more involved with their children	17	5	29.4	9	52.9	3	17.6	2
Classes to help parents improve their parenting skills	17	4	23.5	12	70.6	1	5.9	1

Family Education/Parenting Needs: FDW respondents reported a need for all three Family Education/Parenting services, based on the selected threshold. The top needs for FDW respondents were *Classes to help parents improve their parenting skills* (94.1%) and *Programs to help dads be more involved with their children* (82.3%).

Strengths: None of the services met the threshold as a strength, though a third of the FDW respondents (33.3%) reported AVANCE families' did not need (or need is met for) *Classes to help parents strengthen my marriage/relationship*.

Financial Literacy- AVANCE Family Development Workers								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Tax preparation	18	0	0	13	72.2	5	27.8	1
Gaining an Individual Taxpayer Identification Number	17	1	5.9	11	64.7	5	29.4	2
Basic money management	18	4	22.2	12	66.7	2	11.1	1
Homebuyer education	19	0	0	14	73.7	5	26.3	1
Information on starting a business	18	0	0	7	38.9	11	61.1	1

Financial Literacy Needs: FDW respondents reported a need for all four Financial Literacy services. The top needs were *Basic money management* (88.9%), *Homebuyer education* (73.7%), and *Tax preparations* (72.2%).

Strengths: None of the services met the threshold as a strength, though more than half of the FDW respondents (61.1%) reported AVANCE families' did not need (or need is met for) *Information on starting a business*.

Health/Nutrition- AVANCE Family Development Workers								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Assistance enrolling in state-funded (CHIP, CHIP Prenatal, Children's Medicaid) or private insurance	19	2	10.5	13	68.4	4	21.1	1
Enrolling in affordable health insurance	19	7	36.8	8	42.1	4	21.1	1
Quality health care parents can afford	19	4	21.1	14	73.7	1	5.3	1
Prenatal care	18			11	61.1	7	38.9	1
Pediatric care	18	1	5.6	13	72.2	4	22.2	1
Quality dental care that parents can afford	18			16	88.9	2	11.1	1
Quality pediatric dental care that parents can afford	18	1	5.6	13	72.2	4	22.2	1
Immunizations for children(Measles, Mumps, Rubella, Whooping Cough)	17	2	11.8	11	64.7	4	23.5	2
Immunizations for parents or other adult family members (Meningitis, Influenza)	18	0	0	11	61.1	7	38.9	1
Screening services (Diabetes, High blood pressure, vision, annual exams)	19	1	5.3	14	73.7	4	21.1	1
Management of chronic diseases	18	1	5.6	10	55.6	7	38.9	1
Classes on healthy eating and cooking	18	2	11.1	13	72.2	3	16.7	1
Fresh fruit and vegetables that parents can afford	18	2	11.1	12	66.7	4	22.2	1
Information on growing a vegetable garden	16	1	6.3	9	56.3	6	37.5	3
Information or classes on staying healthy, exercising, etc.	18	2	11.1	14	77.8	2	11.1	1

Health and Nutrition Service Needs: FDW respondents reported a need for all Health/Nutrition services. The top three nutritional/healthy lifestyle needs were *Classes on staying healthy, exercising, etc.* (88.9%), *Information or classes on healthy eating and cooking* (83.3%), and *Fresh fruit and vegetables that parents can afford* (77.8%). The top medical health needs were *Quality health care I can afford* (94.8%), *Quality dental care that parents can afford* (88.9%), and *Screening services* (79%).

Strengths: None of the services met the threshold as a strength, though more than a third of the respondents reported AVANCE families' did not need (or need is met for) *Prenatal Care* (38.9%), *Immunizations for parents or other adult family members (Meningitis, Influenza)* (38.9%), and *Management of chronic diseases* (38.9%).

Mental Health- AVANCE Family Development Workers								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Help with domestic violence issues	17	0	0	13	76.5	4	23.5	1
Treatment for drug or alcohol problems	18	0	0	11	61.1	7	38.9	1
Care for sick/disabled family members so I can rest/run errands	17	1	5.9	10	58.8	6	35.3	2
Classes on how to handle stress	18	4	22.2	44	61.1	3	16.7	1
Classes on how to handle anger	18	5	27.8	9	50.0	4	22.2	1
Help with child abuse or neglect issues	18	0	0	13	72.2	5	27.8	1
Counseling or therapy services	18	1	5.6	15	83.3	2	11.1	1
Classes on how to raise well adjusted, healthy children	17	1	5.9	16	94.1	0	0	1

Mental Health Service Needs: FDW respondents reported that all Mental Health services were needed by AVANCE families. The top three needs are *Classes on how to raise well adjusted, healthy children* (100%), *Counseling or therapy services* (88.9%) and *Classes on how to handle stress* (83.3%).

Strengths: None of the services met the threshold as a strength, though more than a third of the FDW respondents reported AVANCE families' did not need (or need is met for) *Treatment for drug or alcohol problems* (38.9%).

Other Public Services- AVANCE Family Service Workers								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Emergency response services (police, fire, ambulance, etc.)	17	1	5.9	7	41.2	9	52.9	2
Neighborhood Watch or to keep my neighborhood safe	16	2	12.5	6	37.5	8	50.0	3
Public services (trash collection, street maintenance, etc.)	16	0	0	6	37.5	10	62.5	3
Recycling programs	16	1	6.3	7	43.8	8	50.0	3
Access to affordable stores, restaurants, entertainment	16	0	0	11	68.8	5	31.3	2
Public parks and recreation areas	18	1	5.6	10	55.6	7	38.9	1
Community centers	17	1	5.9	12	70.6	4	23.5	2
Churches	17	1	5.9	8	47.1	8	47.1	2
Community centers that serve my culture	17	3	17.6	10	58.8	4	23.5	2

Other Public Services Needs: FDW respondents reported a need for all nine Other Public services, based on the selected threshold. The top three needs are *Community centers* (76.5%), *Community centers that serve my culture* (76.4%), and *Access to affordable stores, restaurants, entertainment* (68.8%).

Strengths: None of the services met the threshold as a strength, though almost two thirds of FDW respondents felt AVANCE families' did not need (or need is met for) *Public services (trash collection, street maintenance, etc.)* (62.5%).

Social Services - AVANCE Family Development Workers								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Help getting food for their family	18	4	22.2	11	61.1	3	16.7	1
Help paying their rent or other bills	17	5	29.4	11	64.7	1	5.9	2
Help finding a shelter or other assistance	17	2	11.8	9	52.9	6	35.3	2
Safe, affordable housing	18	3	16.7	12	66.7	3	16.7	1
Services available in their language	17	3	17.6	12	70.6	2	11.8	1
Access to a lawyer or legal advice	17	2	11.8	13	76.5	2	11.8	2
Help with immigration questions or concerns	19	4	21.1	12	63.2	3	15.8	1

Social Service Needs: FDW respondents reported that all Social services were needed by AVANCE families. The top three needs were *Help paying their rent or other bills* (94.1%), *Access to lawyer or legal advice* (88.3%), and *Services available in their language* (88.2%).

Strengths: None of the services met the threshold as a strength, though more than a third of FDW respondents felt AVANCE families' did not need (or need is met for) *Help finding a shelter or other assistance* (35.3%).

Transportation - AVANCE Family Development Workers								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Private family vehicle	14	2	14.3	10	71.4	2	14.3	5
Community carpool/vanpool	14	1	7.1	7	50.0	6	42.9	5
Public transportation (bus, taxi, school bus)	14	1	7.1	7	50.0	6	42.9	5
Paid private transportation (i.e. childcare van, before or after school care)	16	1	6.3	12	75.0	3	18.8	3
Alternative transportation (walk, motorcycle, bicycle)	13	1	7.7	7	53.8	5	38.5	6

Transportation Needs: FDW respondents reported that all Transportation services were needed by AVANCE families, based on selected thresholds. The top three needs were *Private family vehicle* (85.7%), *Paid private transportation (i.e. childcare van, before or after school care)* (81.3%), and *Alternative transportation (walk, motorcycle, bicycle)* (61.5%).

Strengths: None of the services met the threshold as a strength, though more than two fifths of FDW respondents felt AVANCE families' did not need (or need is met for) *Public transportation (bus, taxi, school bus)* and *Community carpool/vanpool*.

Three greatest needs: The following three services were identified by Family Development Workers as the greatest needs of AVANCE families: *Employment* (33%), *Education* (33%) and *Legal* (22%).

Eligible children & families and other groups not being served:

Over a third of Family Service Workers said they knew communities with Head Start eligible children and their families that are not being served by a Head Start program. Nearly half of AVANCE's FDW said he/she knew a community with Early Head Start eligible children and their families that are not being served by an EHS program. Family Service Workers identified the following groups in their community that were not receiving appropriate services: *Newly-arrived immigrants* (16.7%), *Elderly individuals* (16.7%) *Homeless families* (5.6%), *Kingship caregivers* (5.6%), *Teen parents* (5.6%), and *Grandparent caregivers* (5.6%).

Survey Comments:

Family Development Workers felt their agency's Strengths when working with low income families included the following comments:

- Agency Strengths: referrals, community outreach assistance programs, bilingual family development workers, parenting classes, free educational programs, nutritional information/diets given, etc.
- AVANCE treats everyone equally and goes to great lengths to help and assist parents. There are also numerous agencies that AVANCE partnerships with and AVANCE is a great leader in the community.
- Honestly AVANCE is good at taking care of the child's total needs. In which include education, family, mental health and disabilities. The list goes on and on.
- I believe our agency's strengths when working with low income families is that we serve these families to the best of our ability and do our best to provide a resource that is able to meet the needs of our parents. We always have some sort of classes so that parents can advance in their parenting, job skills, or family services.
- Our strengths are ability to provide an educational environment for infant children in order to give parents the opportunity to start working, or get an education. We provide families with resources and social service assistance.
- Supporting families in their education and in collaboration with the community we provide information and support to the family.
- We are located in the communities and very familiar with the areas where we provide services and the community is aware of our Agency also. We are very experienced in provided Head Start Services and committed to changing the lives of Low Income families. Our families trust us and we are a strong bridge to other services provided by different agencies that our families need.
- We provide our families with a lot of resources and provide a good stable education for their children. Also we provide a place where our teen moms can bring their babies so that they can finish High School.

Family Development Workers felt their agency's Challenges when working with low income families included the following (followed by actual comments):

- Agency Challenges: Only being able to accommodate the MOST at-risk/low income families, not providing transportation, location of some free classes that are given,

language barriers with educational staff, non-compliance with child's health exams and still allowing children in center, etc.

- Funding and lack of organization handicap the agency's abilities to provide more families and current families with more services. A lack of Education and or transportation keeps the parents from receiving and maintaining needed services.
- I believe our challenge is educating our families to get health insurance some families believe it will affect their residency status and it is our duty to erase those myths because everyone deserves good quality health.
- Lack of transportation for child to attend the centers; also Parents lack transportation to travel to another location for adult classes, more classes at the center in the evening.
- Not being able to provide our families with all services within the agency. The agency needs more educational classes for our families. Agency needs to provide childcare for the families willing to attend the educational classes.
- Not finding the right resources that can actually help our parents with their immediate
- The main challenge is to get parents involved by motivating them and getting them to believe in themselves.
- We have many challenges most derive from lack of education. That includes parenting, adult, and health and community education. Our families know that our services are free, but yet most do not take advantage of the opportunity to get their GED or take ESL classes. They prefer to get low paying jobs where they are barely making it. They do this because they cannot legally work.
- When the family is separated due to immigration issues

Summary

A total of twenty online surveys were completed by Family Service Workers (FDW), who served families enrolled in the Head Start/Early Start program conducted by AVANCE (AVANCE).

Strengths and Needs of Families:

AVANCE's FDWs did not select any services as strengths for the families based on the threshold level of 75% or more.

Across service categories, FDWs felt the greatest needs of AVANCE's HS/EHS children and families were **Education, Employment, Family Education/Parenting, Health, and Mental Health**. According to the FDW's responses and based on the grantee selected threshold of

25%, the greatest service needs of AVANCE's Head Start/Early Head Start Families include the following:

Greatest Needs:

- **Education** – AVANCE's Family Development Workers reported a need for all nine Educational services, based on the selected threshold. The top three needs for children were *Quality and affordable education for birth-5yrs from a pre-K, Head Start program, or daycare (80%-85%), and Affordable before & after school care (85%)*. The top three needs for adults were *ESL Classes (100%), Adult Basic Education (100%) and Computer classes (90%)*.
- **Employment**- FDW respondents reported that all Employment services were needed by AVANCE families. The service with the highest need was followed by *Help parents finding and getting a good job (100%), Help parents with resume, interview skills, professional clothing (94.8%) and Classes to help parents learn a trade or profession (89.5%)*.
- **Family Education/Parenting** – FDW respondents reported a need for all three Family Education/Parenting services, based on the selected threshold. The top needs for FDW respondents were *Classes to help parents improve their parenting skills (94.1%) and Programs to help dads be more involved with their children (82.3%)*.
- **Health** - FDW respondents reported a need for all Health/Nutrition services. The top three nutritional needs were *Classes on staying healthy, exercising, etc. (88.9%), Information on classes on healthy eating and cooking (83.3%), and Fresh fruit and vegetables that parents can afford (77.8%)*. The top medical health needs were *Quality health care I can afford (94.8%), Quality dental care that parents can afford (88.9%), and Screening services (79%)*.
- **Mental health**- FDW respondents reported that all Mental Health services were needed by AVANCE families. The top three needs are *Classes on how to raise well adjusted, healthy children (100%), Counseling or therapy services (88.9%) and Classes on how to handle stress (83.3%)*.

Communities/Groups Not Served: Over a third of Family Development Workers said they knew communities with Head Start eligible children and their families that are not being served by a Head Start program. Nearly half of AVANCE's FDWs said they knew a community with Early Head Start eligible children and their families that are not being served by an EHS program. Family Service Workers identified the following groups in their community that were not receiving appropriate services: *Newly-arrived immigrants (16.7%), Elderly individuals (16.7%) Homeless families (5.6%), Kingship caregivers (5.6%), Teen parents (5.6%), and Grandparent caregivers (5.6%)*.

AVANCE - Community Partners' views of the Service Needs of HS/EHS Eligible Families

Introduction: The views of community partners who serve low income families eligible for HS/EHS services residing in Harris County, TX were solicited through online surveys during February 2015. Surveys were sent out to 164 addresses of community partners provided by the grantees. Of this number, a total of 17 persons answered the survey. Not all answered all questions.

A. Characteristics of respondents – Nine (9) Community partners who serve low income families in the AVANCE service area completed the online needs assessment surveys. They represented the following services:

Community Partners' Agency Services					
Area	%	N	Area	%	N
Education	28.6	2	Health Services	28.6	2
Head Start Committees/Councils	14.3	1	Government	14.3	1
Social/Family Services	14.3	1	Missing		2

The table for each service category displays the number of Community Partners who chose whether the service was an immediate need, need, not needed or N/A. Based on the distributions for each service, combined needs are highlighted if 25% or more and services not needed at a level of 75% or more are highlighted as strengths In order to highlight the highest percentage of immediate need/needed/ not needed for each service the results are shaded in pink if immediate need, yellow if a need, and light green if not needed. N/A means it is a service irrelevant to their lives and is considered as “missing” in calculations.

B. Service needs of low income HS/EHS eligible families in the AVANCE service area – Responses from the Community Partners survey are displayed in the following tables by service category:

Disabilities - AVANCE Community Partners								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Support for a family member with disabilities	7	2	28.6	3	42.9	2	28.6	1
Child care for children with disabilities	8	3	37.5	4	50	1	12.5	
Help identifying if a young child may have a disability	8	3	37.5	3	37.5	2	25	1
Special education services through local public school	7	2	28.6	3	42.9	2	28.6	2
Assisted technology services (i.e. wheelchair, hearing aids, etc.)	9	4	44.4	4	44.4	1	11.1	

Disabilities Service Needs: CP respondents reported that all Disabilities services were needed by AVANCE families. The services with the highest needs were *Assisted technology services (i.e. wheelchair, hearing aids, etc.) (88.8%)*, *Child care for children with disabilities (87.5%)* and *Help identifying if a young child may have a disability (75%)*.

Strengths: None of the services met the threshold as a strength.

Education- AVANCE Community Partners								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
C-Affordable education for birth-5 yrs from a pre-K, Head Start program, or daycare	7	3	42.9	4	57.1	0		2
C- Quality education for birth-5yrs from a pre-K, Head Start program, or daycare	7	3	42.9	4	57.1	0		2
C- Affordable before & after school care	8	2	25	6	75	0		1
C-Helping children with their school work (i.e. tutoring)	7	1	14.3	6	85.7	0		2
A- Adult Basic Education	8	2	25	6	75	0		1
A- Help enrolling and/or staying in college	8	1	12.5	6	75	1	12.5	1
A- English as a Second Language classes	8	2	25	6	75	0		1
A- Help learning to read/becoming a better reader (adults)	8	1	12.5	7	87.5	0		1
A- Computer classes	8	3	37.5	5	62.5	0		1

Education Services Needs: Community Partners reported that all nine Educational services were most needed by HS/EHS families in AVANCE’s service area. The top needs for children were *Quality and affordable education for birth-5yrs from a pre-K, Head Start program, or daycare (100%), Affordable before & after school care (100%), and Helping children with their school work (i.e. tutoring) (100%)*. The top needs for adults were *Computer classes (100%), Adult Basic Education (100%), and English as Second Language classes (100%)*.

Strengths: None of the services met the threshold as a strength.

Employment- AVANCE Community Partners								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Classes to help parents learn a trade or profession	8	2	25	6	75	0		1
Help parents with resume, interview skills, professional clothing	8	2	25	6	75	0		1
Help parents finding and getting a good job	8	2	25	6	75	0		1

Employment Services Needs: Community Partners respondents reported that all Employment services were highly needed by AVANCE families.

Strengths: None of the services met the threshold as a strength.

Family Education/Parenting- AVANCE Community Partners								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Classes to help parents strengthen my marriage/relationship	7	1	14.3	6	85.7	0		2
Programs to help dads be more involved with their children	8	2	25	6	75	0		1
Classes to help parents improve their parenting skills	8	4	50	4	50	0		1

Family Education/Parenting Needs: Community Partners respondents reported a need for all three Family Education/Parenting services, based on the selected threshold. They identified *Classes to help parents improve their parenting skills* as the highest need.

Strengths: None of the services met the threshold as a strength.

Financial Literacy- AVANCE Community Partners								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Tax preparation	8	2	25	5	62.5	1	12.5	1
Gaining an Individual Taxpayer Identification Number	7	0		5	71.4	2	28.6	2
Basic money management	8	2	25	6	75	0		1
Homebuyer education	8	1	12.5	6	75	1	12.5	1
Information on starting a business	7	0		7	77.8	0		2

Financial Literacy Needs: Community Partners’ respondents reported families need all five Financial Literacy services. The top needs were *Basic money management* (100%), *Tax preparation* (87.5%), and *Homebuyer education* (87.5%).

Strengths: None of the services met the threshold as a strength.

Health/Nutrition - AVANCE Community Partners								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Assistance enrolling in state-funded (CHIP, CHIP Prenatal, Children’s Medicaid) or private insurance	7	2	28.6	5	71.4			2
Enrolling in affordable health insurance	7	1	14.3	6	85.7			2
Quality health care parents can afford	7	4	57.1	3	42.9			2
Prenatal care	7	2	28.6	5	71.4			2
Pediatric care	7	3	42.9	4	57.1			2
Quality dental care that parents can afford	7	4	57.1	3	42.9			2
Quality pediatric dental care that parents can afford	7	4	57.1	3	42.9			2
Immunizations for children(Measles, Mumps, Rubella, Whooping Cough)	7	2	28.6	5	71.4			2
Immunizations for parents or other adult family members (Meningitis, Influenza)	7	4	57.1	3	42.9			2
Screening services (Diabetes, High blood pressure, vision, annual exams)	7	2	28.6	5	71.4			2
Management of chronic diseases	7	2	28.6	5	71.4			2
Classes on healthy eating and cooking	7	3	42.9	4	57.1			2

Fresh fruit and vegetables that parents can afford	7	3	42.9	4	57.1			2
Information on growing a vegetable garden	7	2	28.6	5	71.4			2
Information or classes on staying healthy, exercising, etc.	7	2	28.6	5	71.4			2

Health and Nutrition Service Needs: CP respondents reported a need for all Health/Nutrition services. The top needs for a Healthy Lifestyle are *Information on classes on staying healthy, exercising, etc, Classes on healthy eating and cooking and Fresh fruit and vegetables that parents can afford* (100%). The top medical health needs were *Quality health, dental, and pediatric dental care parents can afford, Immunizations for parents or other adult family member* (100%).

Strengths: None of the services met the threshold as a strength.

Mental Health - AVANCE Community Partners								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		N	%	N	%	N	%	
Help with domestic violence issues	7	1	14.3	6	85.7	0		2
Treatment for drug or alcohol problems	7	1	14.3	6	85.7	0		2
Care for sick/disabled family members so I can rest/run errands	7	2	28.6	4	57.1	1	14.3	2
Classes on how to handle stress	7	3	42.9	4	57.1	0		2
Classes on how to handle anger	7	3	42.9	4	57.1	0		2
Help with child abuse or neglect issues	7	3	42.9	3	42.9	1	14.3	2
Counseling or therapy services	7	4	57.1	3	42.9	0		2
Classes on how to raise well adjusted, healthy children	7	3	42.9	4	57.1	0		2

Mental Health Service Needs: Community Partners respondents reported that all Mental Health services were needed by AVANCE families, with 57.1% reporting *Counseling or therapy services* as the highest immediate need.

Strengths: None of the services met the threshold as a strength.

Other Public Services - AVANCE Community Partners								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Emergency response services (police, fire, ambulance, etc.)	7	1	14.3	4	57.1	2	28.6	2
Neighborhood Watch or to keep my neighborhood safe	6	2	33.3	3	50	1	16.7	2
Public services (trash collection, street maintenance, etc.)	7	1	14.3	3	42.9	3	42.9	2
Recycling programs	7	1	14.3	5	71.4	1	14.3	2
Access to affordable stores, restaurants, entertainment	7	1	14.3	4	57.1	2	28.6	2
Public parks and recreation areas	7	2	28.6	4	57.1	1	14.3	2
Community centers	7	2	28.6	3	42.9	2	28.6	2
Churches	7	1	14.3	4	57.1	2	28.6	2
Community centers that serve my culture	7	2	28.6	3	42.9	2	28.6	2

Other Public Services Needs: CP respondents reported a need for all nine Other Public services, based on the selected threshold. The top three needs are *Recycling programs (85.7%)*, *Public parks and recreation (85.7%)*, and *Neighborhood Watch or to keep my neighborhood safe (83.3%)*.

Strengths: None of the services met the threshold as a strength, though more than a third of CP respondents felt AVANCE families' did not need (or need is met for) *Public services (trash collection, street maintenance, etc.) (42.9%)*.

Social Services - AVANCE Community Partners								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Help getting food for their family	7	2	28.6	3	42.9	2	28.6	2
Help paying their rent or other bills	7	3	42.9	2	28.6	2	28.6	2
Help finding a shelter or other assistance	7	3	42.9	2	28.6	2	28.6	2
Safe, affordable housing	6	3	50	2	33.3	1	16.7	2
Services available in their language	7	2	28.6	4	57.1	1	14.3	2
Access to a lawyer or legal advice	7	1	14.3	5	71.4	1	14.3	2
Help with immigration questions or concerns	7	2	28.6	4	57.1	1	14.3	2

Social Service Needs: Community Partners respondents reported that all Social services were needed by AVANCE families, with 50% reporting *Safe, affordable housing* as the highest immediate need.

Strengths: None of the services met the threshold as a strength.

Transportation - AVANCE Community Partners								
	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	N	%	N	%	N	%	N
Private family vehicle	7	0		6	85.7	1	14.3	2
Community carpool/vanpool	7	0		6	85.7	1	14.3	2
Public transportation (bus, taxi, school bus)	7	1	14.3	5	71.4	1	14.3	2
Paid private transportation (i.e. childcare van, before or after school care)	7	0		6	85.7	1	14.3	2
Alternative transportation (walk, motorcycle, bicycle)	6	0		5	83.3	1	16.7	2

Transportation Needs: CP respondents reported that all Transportation services were needed by AVANCE families, based on selected thresholds.

Strengths: None of the services met the threshold as a strength.

Three greatest unmet needs: Community Partners identified the following services were the three greatest unmet needs for HCDE families: *Education* (50%), *Health/Nutrition* (37.5%), and *Mental Health* (25%).

Eligible children & families and other groups not being served:

Over a tenth of AVANCE’s Community Partners said they knew communities with Early Head Start eligible children and their families that are not being served by an EHS program. Less than 20% AVANCE’s CP said they knew communities with Head Start eligible children and their families that are not being served by a Head Start program. Community Partners also identified the following groups in their community that were not receiving appropriate services: *Newly-arrived immigrants* (25%), *Grandparent caregivers* (25%) and *Elderly individuals* (25%).

Community Partners felt their agency’s Strengths when working with low income families included the following (followed by actual comments):

Provide needed services

- Assessment of needs, referral system, employment.
- Our strengths are in helping parents in low income families apply for the financial aid that will allow them to enter and remain in college. We also have strengths in providing them with academic support services that will allow them to complete coursework successfully.
- Providing access to affordable and quality housing options.
- Providing education on preventive health and making sure that the parents have their children insured.
- Supporting the Head Start program through hands on age-appropriate school readiness materials and also a variety of community involvement activities directly collaborating with Head Start and through our retail stores
- We almost always recruit low income families for our studies.

F. Community Partners felt their agency’s Challenges when working with low income families included the following (followed by actual comments):

- Emerging attitude that you owe me this - and you better get it for me, no patience shown while you attempt to develop resources or check our community resources. Lack of transportation allowing them to access services and often just be on time for appointments and jobs.
- Limited resources to address critical needs beyond stable housing.
- One major challenge is they don't answer their phone because of suspicion we are a bill collector. They have limited options for transportation. They also have limited options for childcare.
- Our challenge is helping parents get the other types of support services that will enable them to stay in college. Besides academic support services, many need social services that are beyond the scope of our assistance.
- Working with parents that don’t have legal documents and adults age 21-64 of age.

G. Community Partners suggested the following ideas for how Head Start/Early Head Start could collaborate or partner with other agencies in order to better meet the need of low-income children and families:

- Perhaps bring clinic that will provide services to the parents that are uninsured.
- The only suggestion I would have but, mostly requires more effort form the parent than form HS, is the communication about our projects to the parents directly from HS staff.
- They could set up an Early Head Start or Head Start classroom in at least two of the vacant classrooms in our Child Development Lab School. One has a capacity

of 10-12 preschoolers (for a total of 20-24 in two sessions/morning and afternoon). The other could serve toddlers or older infants.

- Training for grandparents raising grandchildren on what resources are available, how to access and support groups that give encouragement and networking opportunities for grandparents. They are overwhelmed parenting and w/technology and challenges that presents.

Summary

A total of nine online surveys were completed by Community Partners (CP), who served families enrolled in the Head Start program conducted by AVANCE.

Across service categories, they felt the top unmet needs of AVANCE's HS children and families were **Education, Employment, Family Education/Parenting, and Health/Nutrition**. According to the CP's responses and based on the grantee selected threshold of 25%, the greatest needs and strengths of HCDE's Head Start Families include the following:

Greatest Needs

- **Employment**- Community Partners respondents reported that all Employment services were highly needed by AVANCE families.
- **Education** – Community Partners reported that all nine Educational services were most needed by HS families in AVANCE's service area. The top needs for children were *Quality and affordable education for birth-5yrs from a pre-K, Head Start program, or daycare (100%), Affordable before & after school care (100%), Helping children with their school work (i.e. tutoring) (100%)*. The top needs for adults were *Computer classes (100%), Adult Basic Education (100%), and English as a Second Language classes (100%)*.
- **Health/Nutrition**- CP respondents reported a need for all Health/Nutrition services. The top needs for a Healthy Lifestyle are *Information on classes on staying healthy, exercising, etc, Classes on healthy eating and cooking and Fresh fruit and vegetables that parents can afford (100%)*. The top medical health needs were *Quality health, dental, and pediatric dental care parents can afford, Immunizations for parents or other adult family member (100%)*.
- **Family Education/Parenting** - Community Partners respondents reported a need for all three Family Education/Parenting services, based on the selected threshold.

AVANCE Houston, Inc. - Comparisons of the views of respondent groups

Comparisons of the views of respondent groups for AVANCE Head Start are based on Needs Assessment surveys from 1,213 parent/caregivers (88% of total served), 20 Family Development Workers (FDWs), and 9 Community Partners (CP). Each grantee chose a threshold above which respondent results for each group were considered as significant enough to be highlighted and discussed. AVANCE chose 25% as their threshold for significant need and 75% for strengths (not needed or met needs) of families from their perspective and that of the Family Development Workers and Community Partners. Each service category has a comparison table to reference. Service needs marked with a “-” are percentages below the level of significance for this report.

Findings from the Family Survey revealed that **Education, Employment, Family Education/Parenting, and Health /Nutrition** were the top needs of EHS/HS families. Top needs of families from the perspective of the FDWs were **Education, Employment, Family Education /Parenting, Health, and Mental Health** and for Community Partners were **Education, Employment, Family Education/Parenting, and Health/Nutrition**. Divergent views, in particular of Community Partners, may be a result of identifying the needs of not only enrolled HS/EHS families but also of eligible families that are not receiving services through Head Start. Comparisons of all three groups follow:

Comparison Table

Disabilities – AVANCE	Needs			Strengths/Assets		
	Families	FDWs	CPs	Families	FDWs	CPs
	%	%	%	%	%	%
Support for a family member with disabilities	-	72.3	71.5	93.8	-	-
Child care for children with disabilities	-	52.6	87.5	95.3	-	-
Help identifying if a young child may have a disability	-	75	75	91.8	-	-
Special education services through local public school	-	75	71.5	92.6	-	-
Assisted technology services (i.e. wheelchair, hearing aids, etc.)	-	33.4	88.8	96.4	-	-

Disabilities: Within the category of *Disabilities*, of the families who responded to services as relevant, AVANCE Families identified all *Disabilities services* as strengths (not needed). On the other hand, 25% or more of the FDWs and CP respondents reported that all Disabilities services

were needed by AVANCE families. Families' greatest strength was for *Assistive technology services (i.e. wheelchair, hearing aids, etc.)*.

Education- AVANCE	Needs			Strengths/Assets		
	Families	FDWs	CPs	Families	FDWs	CP
	%	%	%	%	%	%
C-Affordable education for birth-5 yrs from a pre-K, Head Start program, or daycare	35.2	85	100*	-	-	-
C- Quality education for birth-5yrs from a pre-K, Head Start program, or daycare	33.7	80	100*	-	-	-
C- Affordable before & after school care	28	85	100*	-	-	-
C-Helping children with their school work (i.e. tutoring)	-	79	100	76.2	-	-
A- Adult Basic Education	-	100	100*	78.5	-	-
A- Help enrolling and/or staying in college	-	85	87.5	75.5	-	-
A- English as a Second Language classes	32.5	100	100*	-	-	-
A- Help learning to read/becoming a better reader (adults)	-	70	100	83.4	-	-
A- Computer classes	33	90	100*	-	-	-

Education: Education was the highest category of need of Family Development Workers. The highest percentage of need for adults by Families was for *Computer Classes*, though FDWs and CP reported *Adult Basic Education* and *ESL classes* as families' highest needs. Community Partners' percentages marked with * had an immediate need higher than the 25% threshold. For families *Help learning to read/becoming a better reader (adults)*, *Adult Basic Education*, *Helping children with their school work (i.e. tutoring)*, and *Help enrolling and/or staying in college* are strengths as more than 75% of families identified them as not needed.

Employment- AVANCE	Needs			Strengths/Assets		
	Families	FDWs	CPs	Families	FDWs	CPs
	%	%	%	%	%	%
Classes to help me learn a trade or profession	31	89.5	100*	-	-	-
Help with my resume, interview skills, professional clothing	-	94.8	100*	78.2	-	-
Help finding and getting a good job	32.5	100	100*	-	-	-

Employment: Employment was the highest category of need of Community Partners. AVANCE HS/EHS families identified two of the three Employment services as needs, while FDWs and CP identified all three services as a need and at a much higher level. Community Partners percentages marked with * had an immediate need higher than the 25% threshold. *Help with my resume, interview skills, professional clothing* met the threshold as a strength for families.

Family Education/Parenting- AVANCE	Needs			Strengths/Assets		
	Families	FDWs/ FDWs	CPs	Families	FDWs/ FDWs	CPs
	%	%	%	%	%	%
Classes to help parents strengthen my marriage/relationship	-	66.7	100	79.1	-	-
Programs to help dads be more involved with their children	29.9	82.3	100*	-	-	-
Classes to help parents improve their parenting skills	36.7	94.1	100*	-	-	-

Family Education/Parenting: AVANCE families identified two of the three *Family Education/Parenting* services as needs while FDWs and CP identified all three services as a need and at a much higher level. *Classes to help parents improve their parenting skills* was the highest need reported by each group. Community Partners percentages marked with * had an immediate need higher than the 25% threshold. *Classes to help parents strengthen my marriage/relationship* meets the threshold as a strength for families.

Financial Literacy- AVANCE	Needs			Strengths/Assets		
	Families	FDWs/ FDWs	CPs	Families	FDWs/ FDWs	CPs
	%	%	%	%	%	%
Tax preparation	-	72.2	87.5	81.9	-	-
Gaining an Individual Taxpayer Identification Number	-	70.6	71.4	94.2	-	-
Basic money management	-	88.9	100*	77.4	-	-
Homebuyer education	30.1	73.7	87.5	-	-	-
Information on starting a business	-	38.9	77.8	75.9		

Financial Literacy: AVANCE families only identified one (*Homebuyer Education*) of the five *Financial Literacy* services as a need. FDW's and CP respondents reported higher needs for all five *Financial Literacy* services, with *Basic money management* identified as families' highest. Community Partners percentages marked with * had an immediate need higher than the 25% threshold. Of the four services identified as strengths by families, *Gaining an Individual Taxpayer Identification Number* was not needed by the highest percentage (94.2%) of respondents.

Health and Nutrition- AVANCE	Needs			Strengths/Assets		
	Families	FDWs	CPs	Families	FDWs	CPs
	%	%	%	%	%	%
Assistance enrolling in state-funded (CHIP, CHIP Prenatal, Children's Medicaid) or private insurance	-	78.9	100*	86.6	-	-
Affordable health insurance	-	78.9	100	75.1	-	-
Quality health care I can afford	-	94.8	100*	77.6	-	-
Prenatal care	-	61.1	100*	93.3	-	-
Pediatric care	-	77.8	100*	89.4	-	-
Quality dental care that I can afford	25.6	88.9	100*	-	-	-
Quality pediatric dental care that I can afford	-	77.8	100*	84.3	-	-
Immunizations for my children (Measles, Mumps, Rubella, Whooping Cough)	-	76.5	100*	88.6	-	-
Immunizations for me or other adult family members (Meningitis, Influenza)	-	61.1	100*	83.1	-	-

Screening services (Diabetes, High blood pressure, vision, annual exams)	25.1	79	100*	-	-	-
Management of chronic diseases	-	61.2	100*	86.5	-	-
Classes on healthy eating and cooking	30.7	83.3	100*	-	-	-
Fresh fruit and vegetables that I can afford	27.3	77.8	100*	-	-	-
Information on growing a vegetable garden	-	62.6	100*	79.3	-	-
Information or classes on staying healthy, exercising, etc.	33.6	88.9	100*	-	-	-

Health and Nutrition

Health and Nutrition was also regarded as a category of need among families, FDWs and CP. Families identified five of the fifteen services as needs with *Information or classes on staying healthy, exercising, etc.* as their highest need. FDW's identified all services as needed by families with *Quality health care I can afford* having the highest need. Community Partners percentages marked with * had an immediate need higher than the 25% threshold. Families identified nine of the eleven services related to medical care as strengths (not needed) with *Prenatal care* having the highest percentage (93.3%) of respondents.

Mental Health- AVANCE	Needs			Strengths/Assets		
	Families	FDWs	CPs	Families	FDWs	CPs
	%	%	%	%	%	%
Help with domestic violence issues	-	76.5	100	94.6	-	-
Treatment for drug or alcohol problems	-	61.1	100	91.8	-	-
Care for sick/disabled family members so I can rest/run errands	-	64.7	85.7	92.8	-	-
Classes on how to handle stress	-	83.3	100	75.9	-	-
Classes on how to handle anger	-	77.8	100	81.6	-	-
Help with child abuse or neglect issues	-	72.2	85.8	95.8	-	-
Counseling or therapy services	-	88.9	100	82.0	-	-
Classes on how to raise well adjusted, healthy children	27.7	100	100	-	-	-

Mental Health

AVANCE families only identified one *Mental Health* service as a need while FDWs and CP identified all eight services as needed. All groups agreed on *Classes on how to raise well adjusted, healthy children* as needed. On the other hand, families identified the remaining services as strengths (not needed) with *Help with child abuse or neglect issues, Help with domestic violence issues, and Treatment for drug or alcohol problems* having the highest percentages of respondents. FDWs and Community Partners identified none of the services as strengths for families.

Social Services- AVANCE	Needs			Strengths/Assets		
	Families	FDWs	CPs	Families	FDWs	CPs
	%	%	%	%	%	%
Help getting food for their family	-	83.3	71.5	83.3	-	-
Help paying their rent or other bills	-	94.1	71.5	81.3	-	-
Help finding a shelter or other assistance	-	64.7	71.5	93.8	-	-
Safe, affordable housing	-	83.4	83.3	81.3	-	-
Services available in their language	-	88.2	85.7	86.9	-	-
Access to a lawyer or legal advice	-	88.3	85.7	79.6	-	-
Help with immigration questions or concerns	-	84.3	85.7	77.7	-	-

Social Services

AVANCE Families identified all Social Services as strengths (not needed). On the other hand, FDWs and Community Partners reported that all Social Services were needed by AVANCE families. Families highest strength was for *Help finding a shelter or other assistance*, while FDWs saw their highest need for *Help paying their rent or other bills*.

Other Public Services- AVANCE	Needs			Strengths/Assets		
	Families	FDWs	CPs	Families	FDWs	CPs
	%	%	%	%	%	%
Emergency response services (police, fire, ambulance, etc.)	-	47.1	71.4	91.6	-	-
Neighborhood Watch or to keep my neighborhood safe	-	50	83.3	86.1	-	-
Public services (trash collection, street maintenance, etc.)	-	37.5	57.2	89.6	-	-
Recycling programs	-	50.1	85.7	83.9	-	-
Access to affordable stores, restaurants, entertainment	-	68.8	71.4	82.4	-	-
Public parks and recreation areas	-	61.2	85.7	78.6	-	-
Community centers	-	76.5	71.5	80.4	-	-
Churches	-	53	71.4	84.9	-	-
Community centers that serve my culture	-	76.4	71.5	83.9	-	-

Other Public Services

AVANCE Families identified all nine *Other Public Services* as strengths (not needed). On the other hand, FDWs and CP's reported that all *Other Public Services* were needed by AVANCE families. Families' highest strength was for *Emergency response services*, while FDWs saw families' highest need was for *Community centers and those that serve their culture*.

Community Partners saw families' highest need was for *Public parks and recreation areas* and *Recycling programs*.

Transportation- AVANCE	Needs			Strengths/Assets		
	Families	FDWs	CPs	Families	FDWs	CPs
	%	%	%	%	%	%
Private family vehicle	-	85.7	85.7	83.3	-	-
Community carpool/vanpool	-	57.1	85.7	81.3	-	-
Public transportation (bus, taxi, school bus)	-	57.1	85.7	93.8	-	-
Paid private transportation (i.e. childcare van, before or after school care)	-	81.3	85.7	81.3	-	-
Alternative transportation (walk, motorcycle, bicycle)	-	61.5	83.3	86.9	-	-

Transportation

AVANCE Families identified all *Transportation services* as strengths (not needed). On the other hand, FDWs and Community Partners reported that all *Transportation services* were needed by AVANCE families. Families' greatest strength was for *Public transportation (bus, taxi, school bus)* while FDWs and CP saw families' highest need was for *Private family vehicle*.

Summary

Family Development Workers and Community Partners shared perspectives with HS/EHS families of AVANCE for 100% of their needs, but none of their strengths. Based on a need threshold of 25% or more (as selected by AVANCE), of the 69 services aligned under ten categories, AVANCE's families identified 16(23.2%) services as needs and 53 (76.8%) services as strengths or assets (not needed). However, FSPs and Community Partners identified all 69 (100%) of the services as needs but no services as strengths. These results suggest CPs view families with more problems than the families view themselves. This discrepancy may impact how services are delivered and contributes to the dialogue of providing services families actually need, not what service providers think they need. A lack of consensus for families' needs and strengths in particular, highlights the groups' different perspectives and the need for a more common understanding that could improve referral, access, and follow up as well as advocacy for the overall well being of AVANCE' families.

AVANCE	Needs per threshold				
	Total services	# of needs	%	# need agreed with families	% agreed
Families	69	16	23.2	-	-
FDWs	69	69	100	16	100
CPs	69	69	100	16	100

AVANCE	Strengths/Assets per threshold				
	Total services	# of strengths/assets	%	# strengths agreed with families	% agreed
Families	69	53	76.8	-	-
FDWs	69	0	0	0	0
CPs	69	0	0	0	0

Community Resources

For the 2013-2015 Community Assessment, information on available community resources for HS/EHS eligible families in Harris County is presented according to 5 major access points. Instead of updating a list of resources in hard copy that can change overnight, the assessment contains descriptions of the online websites that Family Service Providers (FSP)/ Associates (FSA)/ Development Workers (FDW) use to find and make referrals to families according to their needs. These websites are generally supported by governmental and non-profit groups and are more likely to reflect real time availability. The following is a review of the contents of some of these primary online resources used to serve HS/EHS eligible families. A particular limitation for families in their use of these resources is that services may not be widely available throughout the county, especially the unincorporated areas. The following are the online databases most often used by FSPs/FSAs/FDWs:

1. www.unitedwayhouston.org/?id=38
 - Referred to as the 2-1-1 Texas/United Way Helpline (see #2), this free information and referral assistance service uses the most comprehensive database of social services in the Houston/Harris County community. It is operated by the United Way of Greater Houston and is available 24 hours a day, 7 days a week, in a variety of languages. The Helpline can be accessed by phone by dialing 211 or the internet. Pages of the United Way of Greater Houston Community Resource Directory with the list of services alphabetically from the internet site are placed in the Appendix.
 - To begin a search a person clicks on the helpline website and (1) enters the zip code or city into **Location** for the person needing the service. The search page offers three different ways to find what you are looking for. You can (a) browse fourteen categories with subcategories to follow up, (b) search by keyword or phrase, or (c) search by Agency or program name by word or phrase. List of categories and their subcategories follows:

2-1-1 TEXAS/UNITED WAY HELPLINE	
CATEGORIES	SUBCATEGORIES
Basic needs	Food
	Housing/Shelter
	Material Goods
	Temporary Financial aid
	Transportation
	Utilities
	Consumer Services

	etc.
	Consumer Assistance and Protection (Better Business Bureau, Consumer Education, Credit counseling, etc.)
	Consumer Regulation (SS numbers, Child care Provider licensing, Driver licenses, etc.)
Criminal Justice and Legal Services	Courts
	Criminal Correctional System
	Judicial Services
	Law enforcement Agencies and Services
	Legal Assistance and services
	Legal Education/Information
	Tax Organizations and Services
Education	Education Institutions/Schools
	Educational Programs
	Educational Support Services
Environmental Quality	Domestic Animal services
	Environmental Protection and Improvement
	Municipal Services/Public Works
	Public Health and Safety
Health Care	Emergency and General Medical Care
	Health Screening/Diagnostic Services
	Health supportive Services
	Human Reproduction
	Inpatient/Outpatient Health Facilities
	Rehabilitation/Habilitative Services
	Specialized Treatment/Medicine
	Substance Abuse Services
Income Security	Employment
	Public Assistance Programs
	Social Insurance Programs (Medicare, SS)
Individual and Family Life	Death Certification/Burial Arrangements
	Family Surrogate/Alternative Living Services
	Individual and Family Support Services
	Leisure Activities
	Social Development and Enrichment
	Spiritual Enrichment
	Volunteer Opportunities
Mental Health Care and Counseling	Counseling approaches/settings
	Mental Health Facilities
	Outpatient Mental Health Care
	Psychiatric Support Services
	Special Psychiatric Programs
Organizational/Community/International Services	Arts and Culture
	Community Economic Development

	Community Groups and Services
	Disaster Services
	Donor Services
	Information Services (libraries, medical news, media materials, etc.)
	International affairs
	Occupational/Professional Associations
	Organizational Development and Management Delivery Methods (Accounting/Reporting Services, Organizational consultation/technical assistance, Organizational Training Services, etc.)
	Organizational Development (Community organizing assistance, Fundraising and Resource Development Support, Fundraising campaigns, etc.)
Disaster Services	Disaster Counseling
	Disaster Preparedness
	Disaster Recovery & Relief
	Disaster Shelters
	Emergency Communications
	City Offices of Emergency Services
	County Offices of Emergency Services
Senior Services	Health Care, Caregiving and Support Services
	Elder Abuse and Neglect
	Employment
	End of Life Issues
	Food and Nutrition
	Government programs
	Homecare and Management
	Home Repair and Household items
	Housing options
	Information and referral
	Legal and Consumer Protection
	Mental and Behavioral Health
	Senior Activities
	Transportation
	Utility Services
THRIVE	Budgeting and Financial Coaching
	Build Savings
	Increase Employment skills
	Financial Management workshops
Veteran Services	Behavioral Health
	Education and Training
	Employment
	Family Support and Financial Services
	Health Care

	Homeless Veterans
	Housing
	Information and referral
	Legal Services
	Transportation
	Veteran Benefits

2. <https://www.211texas.org/211/>
 - This free state-sponsored program, is accessed through the United Way Resource Directory by dialing 211 or through either website, too. It provides a variety of services based on the individual’s zip code. By working with 25 Area Information Centers (AICs) across the state, they strive to present accurate, well-organized and easy-to-find information from over 60,000 state and local health and human services programs. The website provides information on various services including Electric Service Payment Assistance, VITA Program Sites, Medicaid, Food Stamps, Rent Payment Assistance, Medicaid Applications, Food Pantries, and Dental Care.
 - **If Dialing 211 - Option 1:** Provides information on basic services available in your area, available 24 hours a day, 7 days a week throughout the year. Information is available in more than 90 languages. These calls are answered by Health and Human Services Commission (HHSC) 2-1-1 Texas Information and Referral Network.
 - **Option 2:** You can also obtain information on state benefits by selecting Option 2; (YourTexasBenefits.com). This line is available Monday thru Friday from 8 am to 8 pm. These calls are answered by HHSC Office of Eligibility Services.
 - **Option 3:** Can be used to report waste, fraud, and abuse. This line is available Monday thru Friday from 8 am to 5 pm. Calls are answered by HHSC Office of the Inspector General.

3. **Dialing 3-1-1:** This free service answers calls for non-emergency police and utilities that need attention and is supported by many Texas cities (Houston is included). This service will take care of issues that are not life or death such as “downed trees in the roadway, escaped livestock, potholes in the roads, etc.”

4. **Dialing 7-1-1:** This is used for RELAY TEXAS, which connects hearing impaired persons with a TTY so they can talk with someone who is a hearing person. A TTY is a special device (teletypewriter) that lets people who are deaf, hard of hearing, or speech-impaired use the telephone to communicate. The device allows them to type messages back and forth to one another instead of talking and listening. A TTY is required at both ends of the conversation in order to communicate.

5. <https://www.collabforchildren.org/families/find-child-care>

- Collaborative for Children: Features QualiFind and interactive Web based system that helps individuals search for Child care and education centers ranked according to three levels (excellent, good, or minimal) of 6 quality criteria. These include:
 1. Teacher to child ratio and group size
 2. Teacher education and training
 3. Accreditation
 4. Teacher Tenure
 5. Family Involvement
 6. Compliance with Licensing standards
- It also includes searches for child care facilities that take subsidies through Workforce Solutions.

Summary

Harris County has an extensive network of social services, with more than 250 organizations providing general health, dental, mental health, child safety, disability, drug and alcohol recovery, food and clothing, housing, job and adult literacy and other services for Head Start families. Many of these services, however, are located near the city of Houston within the 610 loop and are not easily accessible to residents in Baytown and other communities more than 10 miles from agencies more centrally located. Transportation and costs of the services present major obstacles to accessing these services.

Summary of Issues and Recommendations: AVANCE Houston, Inc.

Results of the surveys and findings across the different topics presented herein the needs assessment were reviewed and several issues are identified with recommendations for the AVANCE Head Start and Early Head Start programs to consider. These issues are described as follows:

I. **Services Provided** (see Survey reports and Comparison tables for details)

AVANCE families are provided or referred to agencies that offer a variety of services. Families' need for a variety of services was explored from the perspective of the families themselves, FDWs, and Community Partners. Needs Assessment surveys ask whether families had a need for a service (combined immediate need and need) or whether services are not needed (and considered as their strengths)? All respondents could also designate whether each service was "Not applicable" or irrelevant to them. Such responses for the latter were not included in the calculations of need or strengths. Each grantee chose a threshold above which respondent results for each group were considered as significant enough to be highlighted and discussed. AVANCE chose 25% as their threshold for significant need and 75% as a threshold level of strength for the families. Comparisons were then made across the views of each respondent group.

Issue 1: Be aware of families' significant strengths and needs

Strengths (S): Families identified 53 (76.8%) services as strengths (not needed/need is met). This is similar to the previous triennial assessment when 53 (82.8%) services were also identified as strengths. AVANCE Families identified their current strengths as the following:

- **S-Disabilities** - All five services, especially *assisted technology services (i.e. wheelchair, hearing aids, etc.)*, *Child care for children with disabilities*, and *Support for a family member with disabilities*
- **S-Education** – Four out of nine services (44%), that included *Adults learning to read/becoming a better reader*, *Adult basic education*, and *Helping children with their school work (i.e. tutoring)*.
- **S-Employment** – One out of three services (33%); *Help with my resume, interview skills, professional clothing*
- **S-Family education**– One out of three services (33%); *Classes to help me strengthen my marriage/relationship*
- **S-Financial Literacy** – Four out of five services (80%), especially *Gaining an Individual Taxpayer Identification Number*, *Tax preparation*, and *Basic Money management*

- **S-Health/Nutrition** – Ten out of fifteen services (67%), especially medical and preventive care such as *prenatal care, pediatric care, and immunizations for children and adults.*
- **S-Mental Health** – Seven out of eight services (87.5%), especially *help with child abuse or neglect issues, help with domestic violence issues, and care for sick/disabled family members so I can rest/run errands*
- **S-Other Public Services** - All nine services, especially *Emergency response services, Public services (trash collection, street maintenance, etc.), and Neighborhood Watch or to keep my neighborhood safe*
- **S-Social Services** - All seven services, especially *Help finding a shelter or other assistance, Services available in their language, and Help getting food for their family*
- **S-Transportation**- All five services, especially *Public transportation (bus, taxi, school bus), Alternative transportation (walk, motorcycle, bicycle), and Private family vehicle*

Significant Needs (N): While families reported a high percentage of strengths in receiving services, significant needs were found in six out of the ten service categories. Based on a Family threshold of 25%, AVANCE’s families **identified a significant need for 16 (23.2%) individual services.** This is somewhat greater than the previous cycle which showed a need for 11 (17.2%) services. The top needs for AVANCE’s HS/EHS families were found in Education, Employment, Family Education/ Parenting, and Health /Nutrition. Significant needs that stand out by category include the following:

AVANCE Families’ Significant Needs			
Services	% Identified*	Services	% Identified*
Education			
Quality and affordable education for birth-5yrs from a pre-K, Head Start program, or daycare	33.7-35.2	ESL Classes	32.5
Computer Classes	33	Affordable before & after school care	28
Employment			
<i>Help finding and getting a good job</i>	32.5	<i>Classes to help me learn a trade or profession</i>	31

Family Education/Parenting			
Classes to help me improve my parenting skills	36.7	Programs to help dads be more involved with their children	29.9
Health and Nutrition			
Information on classes on staying healthy, exercising, etc.	31.6	Fresh fruit and vegetables that I can afford	27.3
Classes on healthy eating and cooking	30.7	Quality dental care I can afford	25.6
Health screening services	25.1		
Financial Literacy			
Homebuyer education	30.1		
Mental Health			
Classes on how to raise well-adjusted healthy children	27.7		

*Percent Identified combined the percentage of families that considered the service an immediate need or a need.

AVANCE has made efforts to service these needs by expanding Head Start services to the northernmost sections of our service area by adding a location at Walter’s Road and another Lewis Elementary both in Spring. In addition, AVANCE expanded the EHS program with a new Childcare Partnership Program (CCP) grant to serve an additional 72 EHS children.

AVANCE also provides ESL classes as well as General Office Support Specialist Program through its Workforce Development in collaboration with HCC. Through AVANCE’s parent summits, staff disseminate information on addressing mental health and other needs. AVANCE also provides parenting education through its nationally acclaimed two-generation Parent Child Education Program (PCEP) and through referrals provided by Family Development staff.

Issue 2: Need for a shared understanding of families’ needs

Out of 69 services aligned under ten categories, AVANCE families identified a **significant need for 16 (23.2%) individual services and 53 (76.8%) services as strengths (not needed)**. However, FDWs and CP reported all 69 (100%) of the services as needs but no services as strengths. These results suggest CPs view families with more problems than the families view themselves. A lack of consensus for families’ needs and strengths in particular may highlight the groups’ different perspectives and calls for a more common understanding that could improve referral, access, and follow up as well as advocacy for the overall well-being of AVANCE families.

Recommendation: Even though findings show a shared understanding of many of the needs between all respondent groups, they call for a more common perspective of the level of needs

and families' strengths, which could help improve referral, access, and follow through. Use survey findings including FDW comments as a starting point of discussion between managers, staff, and families on how understanding family strengths can be built on (i.e. Appreciative inquiry) which may better support Head Start and Early Head Start families' access and use of needed services.

II. Linking Services

As previously mentioned, each respondent group had similar and different views of what the unmet needs were for AVANCE families. As this assessment asks for increased knowledge and understanding of families' significant needs, it also proposes reasons for **why** needs may be unmet along with suggested recommendations for addressing them by helping families link to additional services.

Issue 3: Families need access to quality and affordable early education for their children

AVANCE families identified Education as their highest unmet need, especially need for *Quality and affordable education for birth-5yrs from a pre-K, Head Start program, or daycare*. Child care is a major expense in family budgets, often exceeding the cost of housing, college tuition, transportation, and food.¹ Lack of affordable child care and early education programs serves as a barrier for families to access educational and employment opportunities. In the Houston Metropolitan Statistical Area, a family of four must have an annual income of \$60,608 (or 250% above the Federal Poverty Level) and spend no more than 16.5% (\$835) of their monthly budget on child care to attain a modest and adequate standard of living.² Comparatively, a family of four living at or below the poverty line has a maximum household income of \$24,300 and spends approximately 64% of their income on child care services.³ Within Area II 86% of children participating in Head Start live below 100% of the Federal Poverty Level, meaning these families lack the necessary income to sustain an adequate standard of living.

Recommendation: Grantee can assist families or provide information on how to access financial aid to help subsidize the cost of child care (i.e. reviewing eligibility criteria, providing contact information to Workforce Solutions, etc.). Grantee can also assist families search for quality, affordable child care using Collaborative for Children's, Qualifind online database (<https://www.collabforchildren.org/families/find-child-care>). This is a web based system that provides information on child care and education centers located in areas convenient to the families. Child care centers are ranked based on quality indicators such as teacher-to-child ratio,

¹ Child Care Aware of America. Parents and the High Cost of Child Care 2015, Available from <http://usa.childcareaware.org/advocacy-public-policy/resources/reports-and-research/costofcare/>

² Economic Policy Institute. Family Budget Calculator. Data Available from <http://www.epi.org/resources/budget/>.

³ Child Care Aware of America. Parents and the High Cost of Child Care 2015, Available from <http://usa.childcareaware.org/advocacy-public-policy/resources/reports-and-research/costofcare/>

teacher education and training, teacher tenure, and family involvement.⁴ Costs, hours, acceptance of subsidies, and programs available are also described. Collaborative for Children also provides a brief guide and checklist to assist parents with finding a quality child care center or home.⁵

Encourage parents to pursue advocacy for early childhood education/Head Start with state and local representatives. By influencing public policy parents can work to ensure their children receive early education opportunities. As past funding cuts and discourse about the future may impact political support for expansion of Pre-K and Head Start in particular, advocacy by the parents themselves would allow their voice to be heard and put a face to those affected by limited availability of these quality early education programs. To prepare parents for an advocacy role, AVANCE should continue to encourage parents to advocate for themselves and their children by providing opportunities for them to learn about their rights and responsibilities, expand their knowledge on self-advocacy, and participate in community activities. For example, AVANCE provided parents with volunteer opportunities which brought them to the State legislature to advocate for better education for their children in public schools. Efforts like these, are necessary to keep parents informed and active in policy decisions.

Issue 4: Families need more information on creating and maintaining healthy lifestyles through exercise and affordable, nutritious meals.

AVANCE families identified classes on healthy eating, exercise, and staying healthy as a top unmet need. According to the 2014-2015 AVANCE PIR, approximately 38.9% of HS families, 29.2% of EHS families, and 100% of Aldine HS families participated in health education programs. Furthermore, 45.5% of HS, 52.2% of EHS families, and 34.7% Aldine HS received services under the Supplemental Nutrition Assistance Program (SNAP) and even more (59.3% HS, 90.3% EHS, 33.2% Aldine HS) received Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Based on nationwide data of WIC participants, one in three low-income children aged two to four years is either obese or overweight.⁶ This is further supported by AVANCE's 2014-2015 PIR which indicates that 32.9% of HS children and 30.9% of Aldine HS children are overweight or obese (EHS data was unavailable). Obesity places children at a greater risk of developing

⁴ Collaborative for Children. Qualifind Criteria for Child Care Centers. Available from <https://www.collabforchildren.org/families/find-child-care>

⁵ Collaborative for Children. Five Steps to Finding Quality Care Checklist. Available from: <https://www.collabforchildren.org/families/find-child-care>

⁶ U.S. Department of Agriculture. Food and Nutrition Service. WIC Participant and Program Characteristics Final Report 2014.

chronic diseases such as heart disease, diabetes, high blood pressure, and cancer among other serious health conditions.

Recommendation: AVANCE should continue efforts to combat childhood obesity through their partnership with Ortho-Tek, a child nutrition and equipment supply company for medically fragile and overweight children. This group has been providing nutritional intervention to children with special dietary needs and nutrition education for families three times per year. They have also worked with Policy Council to heighten awareness of healthy eating practices.

AVANCE staff could also discuss with families what type/topics for health and nutrition education they feel they need/are interested in and any barriers that may be preventing them from accessing them. These barriers could be external (i.e. time, money, where to go, who to ask) or internal (i.e. type of presentation/information doesn't fit their culture) that prevent them from accessing healthy options. Examples of outside resources that could be contacted to come and present to parents about achieving a healthy lifestyle for children and adults include:

- Texas A&M AgriLife Extension- Harris County
- Harris County Public Health & Environmental Services - WIC programs
- Houston Food Bank

Another resource for information on maintaining healthy lifestyles through affordable, nutritious meals is the US Department of Agriculture and its Center for Nutrition Policy and Promotion (CNPP).⁷ The USDA has developed four food plans that were based on cost-specific and nutritionally balanced foods - Thrifty Food plan, Low cost, Moderate cost, and Liberal. The Thrifty Food plan is used by the USDA's Food and Nutrition Service for determining maximum SNAP allotments for families. Each month, costs are calculated by the Center for Nutrition Policy and Promotion (CNPP) according to the Consumer Price index, across all four plans for individuals by age and gender and families of two and four that represent costs of food purchased in markets across the US. These plans are useful in recommending costs to budget for purchasing food.

Alongside these guides for food costs, the CNPP promotes the *Dietary Guidelines for Americans* that are updated every 5 years by the USDA and Health and Human Services.⁸ These guidelines offer advice on consuming fewer calories, making informed food choices, and being physically active which help persons "attain and maintain a healthy weight, reduce risk of chronic disease, and promote overall health."⁹ In addition to these Guidelines, nutrition education¹⁰ and recipes

⁷ Household Food Security in the United States, 2008; <http://www.cnpp.usda.gov/USDAFoodPlansCostofFood.htm>

⁸ <http://www.cnpp.usda.gov/DietaryGuidelines.htm>

⁹ <http://www.cnpp.usda.gov/KnowYourFarmer.htm>

¹⁰ <http://www.cnpp.usda.gov/KnowYourFarmer.htm>

based on maintaining healthy ways of eating using use low cost alternatives are available online to print and create individual cookbooks according to the families' preferences.¹¹ Recipes are organized into food categories and can be chosen as a group or individually to create one's personal cookbooks. These categories include the following:

- Children's favorites
- Older adults
- Cook it fast
- Hispanic/Latino recipes
- Fruits & Veggie recipes

Issue 5: Families need assistance finding employment and accessing classes to gain new skills or enter a new profession.

Families may experience several barriers to meeting their needs for employment with both direct and indirect challenges impacting the lack of employment. Despite Houston's positive job market, conditions such as insufficient/competitive entry-level jobs and lack of necessary skills, education, or experience to enter the job market still impact job availability. AVANCE's PIR (2014-2015) indicated that a high number of single parents were unemployed (74.7% in EHS, 64% in HS, and 38.9% in Aldine). Two-fifths (43.3%) of HS two-parent families were unemployed even though one in every ten two-parent EHS and Aldine families were unemployed.

Education is a significant barrier in accessing employment opportunities. The PIR supports AVANCE's families' need for education with approximately 52% of EHS parents, 39% of HS, and 33% of Aldine parents having less than a high school diploma. Survey results show that parents are aware of their need for educationally oriented programs - i.e. ESL and Computer classes - which they identified as highly unmet despite AVANCE's continued efforts to support Adult Education programs to benefit HS and EHS parents who do not have a high school diploma. In 2016, AVANCE created a workforce development program to help parents gain skills that will help them to access entry level positions in any industry. The General Office Support Specialist (GOSS) training offered by AVANCE is a certificate program taught in collaboration with Houston Community College. Parents who successfully complete the program also receive job placement support from a job developer.

Lack of affordable child care, especially before and after school, is another significant barrier for both employment and educational attainment. One-fourth (28%) of surveyed parents identified affordable child care as an unmet need, which may prevent these families from securing a job

¹¹ Recipe finder database, <http://snap.nal.usda.gov/recipes/about-recipe-finder-database>

or engaging in educational opportunities to become more competitive in the job market. Families also need more opportunities to build vocational skills and find jobs they are qualified for.

Recommendation: Help families apply for subsidized child care and use the Qualifind database supported by the Collaborative for Children to find affordable before & after school child care. Accessing affordable child care services would help parents obtain employment and attend educational opportunities. Continue to identify opportunities that advance education, support job training and readiness, and link to jobs that are most aligned with their qualifications, family schedules, and interests. Connecting parents with resources such as Workforce Solutions and UpSkill Houston will help parents participate in adult education and/or technical training programs. These programs also provide assistance with career and job placements through individual coaching, workshops, and job fairs. Furthermore, grantee could also provide information on financial aid programs and resources to assist parents with attaining a GED or a post-secondary degree/certification.

Issue 6: Families need help improving their parenting skills.

While 36.7% of surveyed parents identified parenting classes as an unmet need, AVANCE's Head Start 2014-2015 PIR indicated that only 12.4% (n=198) of families participated in parenting education, a 13.6% drop from 2011-2012. Furthermore, regularly scheduled activities to help dads be more involved with their children was also identified as an unmet need by 29.9% of surveyed parents. In 2014-2015 AVANCE HS and EHS programs both offered organized and regularly scheduled activities designed to increase involvement of fathers and father figures. However only 2.9% of HS fathers and 2.6% of EHS fathers participated in these programs. The low turnout may be a result of families encountering barriers (i.e. scheduling conflicts) to accessing and/or participating in these services.

Recommendation: Identify external (i.e. time, money) and internal barriers that prevent families from participating/accessing beneficial parenting education opportunities, assist families to obtain appropriate services from collaborating partners, and follow-up with families to check on appropriateness, access, and effectiveness of services. Also, encourage participation in classes and activities which can build interest in positive parenting behaviors, especially for fathers.

III. Location of Centers:

Over the years, the population living in AVANCE's service area has grown considerably. Based on 2014 area served, Head Start Area II covers 519 square miles representing 30% of the county's land area. With a population of 1,827,838 residents in 2014, the density of Area II (3,522 persons per sq mile) increased by 23% compared to previous density estimates (2,858 persons per sq. mile). Area II is now 32.2% more dense than the county overall, which has a density of 2,664 persons per sq. mile.

The increase in density and subsequent development of infrastructure may now make it more convenient to access services, which would support the report by families that more than 88% could easily access services to meet their needs. Furthermore, AVANCE supported ten centers in their service area, with two Early Head Start centers located within the boundaries of Pasadena ISD. Their delegate, Aldine ISD had five centers serving their school district area.

Even though, nine out of ten families reported they can easily access services, AVANCE's centers are concentrated in the southernmost part of the service area, north of downtown, which is an area of high poverty and older infrastructure. Families living in the northern section of Spring and Cy-Fair on the other hand would have a long way to go to access services.

Issue 7: Area II contains 39.1% (n=88) of all Toxic Release sites that can contaminate the air and 50% (n=8) of all Superfund sites that have contaminated portions of the groundwater.

As with much of Harris County, a number of industrial complexes are located within Area II. In particular, this section of Harris County contains two-fifths of the county's toxic release sites, and eight areas designated as Superfund sites.

Recommendation: AVANCE could identify methods for minimizing the threat of poor air quality by improving indoor air quality and monitoring outdoor air quality for outdoor play. Also, confirm procedures for receiving and responding to emergency environmental hazard alerts for air and water near the centers.

IV. Selection Criteria and Recruitment:

In 2013-2014, Area II had 30,749 eligible and available children. This is an increase of 22.4% to the number of eligible and available children (25,129) in 2011-2012. Based on actual/cumulative enrollment for the 2013-14 year, AVANCE could only serve 8.4% of the eligible and available children in their service area. The current level of 8.4% is well below the HHS defined saturation level of 85% and even lower than the previous estimate. The table with most recent underserved zip codes and child poverty rates follows:

AVANCE Underserved Zip Codes (est. for yr. 2013-2014)			
Zip Code	Neighborhood/Area	Child Poverty Rate	% Of Eligible/Available Children Below Poverty Served by AVANCE
77007***		7.3%	6.5%
77008		15.3%	1.6%
77009	Northside Village	38.1%	37.1%
77014		43.4%	1%
77015**		34.3%	0.1%
77017*	Meadowbrook/Allendale	36.1%	0.1%
77018		16%	8.1%
77022	Northside/Northline	35.1%	28.9%
77026**		57.8%	2.6%
77032	IAH Airport/Aldine	54.2%	8.1%
77034**		35.6%	1.4%
77037	Northside/Northline	45.6%	13.2%
77038	Aldine	41.7%	7%
77039**	Aldine	49.7%	11.1%
77040		28.1%	23.6%
77060	Greater Greenspoint	62.5%	6.7%
77061		37.8%	0.0%
77064		14.7%	3.9%
77065		16.2%	-30%
77066		18.9%	11%
77067		40.3%	8.6%
77068		15.2%	20%
77069		19.6%	1.4%
77070		19.9%	0.9%
77073	IAH/Airport/Aldine	25.9%	10.5%
77075**		26.1%	0.8%
77076		63.1%	3.7%
77086		33.6%	4.0%
77088		41.7%	12.8%
77089**		20.8%	3.2%
77090		38%	3.3%
77091	Acres Homes	55.9%	37.9%
77092	Oak Forest/Garden Oaks	29.2%	20.7%
77093**	Eastex-Jensen	45.2%	23.8%

77336		2.6%	0.0%
77338		22.6%	0.0%
77373		13.7%	-400%
77375	Tomball	25%	1.3%
77379		5%	50%
77388		7.9%	8.1%
77389		3.9%	3.2%
77396**		17.8%	7.1%
77429		6.2%	6.3%
77447	Cy-Fair	17.2%	0.9%
77484		10.4%	0.0%
77502	Pasadena	10.4%	3.6%
77503**		36.5%	5.8%
77504**		26.4%	4.0%
77505		43.4%	3.7%
77506*		15.2%	4.1%
77587	South Houston	45.4%	2.0%
77598**		20%	0.0%

*Shares this zip code with GCCSA

**Shares this zip code with HCDE

***Shares this zip code with NCI

****Shares this zip code with HCDE and GCCSA

Issue 8: Area II includes underserved zip codes with high poverty rates.

While poverty is widespread in the county, many of the region’s underserved zip codes are still within the city of Houston (i.e. Acres Homes). However, about half of the children living near Intercontinental Airport, Greenspoint, and in Aldine, are also living in poverty.

Recommendation: Given the widespread need for services, increase recruitment in areas with greater levels of poverty

As AVANCE could only serve 8.4% of the eligible and available children in their service area, it is recommended they request expansion of funded enrollment to be able to serve more of the eligible and available children in the service area.

Issue 9: Some ethno-racial groups in Area II may be underrepresented in the HS/EHS programs.

The ethno-racial make-up of AVANCE participants have a higher Hispanic representation which is somewhat similar to the cultural composition of residents in Area II; though Asians and whites are less represented than other groups.

Comparison of Ethno-racial Make-up (2014-2015)				
	Area II*	Early Head Start	Head Start	Aldine Head Start
Hispanic or Latino Origin	41.4%	88.5%	68.9%	75.8%
American Indian or Alaska Native	0.2%	0.0%	0.0%	0.3%
Asian	6.4%	0.0%	0.04%	0.8%
Black or African American	18.5%	7.9%	26.9%	23.4%
Native Hawaiian or other Pacific Islander	0.1%	0.0%	0.0%	0.0%
White, non-Hispanic	32.1%	0.7%	1.1%	1.6%
Bi-Racial or Multi-Racial	1.2%	1.8%	2.6%	1.3%
Some other race	--	0.0%	0.0%	0.0%

*Percentages reflect the entire population in Area II

Recommendation: Increase efforts to reach out to Asian Community and non-Hispanic White population living in poverty.

V. Program Options: AVANCE Houston Early Head Start offers a full-day center-based program for 10 months and a home based program for 11 months per year. Head Start center-based participants can receive full and extended day services at all centers, 10 months per year. Aldine ISD also offers full day services at all centers and follows the district’s traditional school calendar.

Issue 10: While a variety of program options are available to families, many caregivers expressed a need for affordable child care.

Recommendation: Assist families in applying for financial aid to subsidize child care services and help identify affordable or subsidized child care services in the community through resources such as Collaborative for Children’s Qualifind database.

Appendix A
Subsidized Child Care Centers & Homes

Subsidized Child Care Centers and Homes in Service Area II (By Zip Code)

Street Address	City	Zip Code	Texas Rising Star
170 Heights Blvd	Houston	77007	Full
1100 Roy St., Suite A	Houston	77007	No
5410 Larkin St	Houston	77007	No
902 W. 8th St.	Houston	77007	No
1981 W TC Jester Blvd	Houston	77008	No
1532 W 25th St	Houston	77008	No
606 Moody #A	Houston	77008	Partial
1410 Lee St	Houston	77009	Partial
4027 Irvington Blvd., #A	Houston	77009	No
12355 Wood Forest Dr	Houston	77013	No
320 Maxey Rd	Houston	77013	No
14449 Bammel North Houston Rd	Houston	77014	No
14503 Bammel North Houston #370	Houston	77014	No
13712 Walters Rd., #110	Houston	77014	No
2307 Milford Place	Houston	77014	No
12512 Walters Rd	Houston	77014	No
15703 Kiplands Bend	Houston	77014	No
14400 West Sylvanfield Dr	Houston	77014	No
15126 Draper Lane	Houston	77014	No
1518 York Creek Dr.	Houston	77014	No
12726 Laurel Mist Way	Houston	77014	No
15534 Kiplands Bend Dr.	Houston	77014	No
2846 Wisner Circle	Houston	77014	No
13319 Paige Tree Lane	Houston	77014	No
13123 Candlewood Glen Lane	Houston	77014	No
12766 Veterans Memorial Dr	Houston	77014	No
14125 Waxahachie St	Houston	77015	Partial
14511 1/2 Woodforest Blvd	Houston	77015	No
13423 Woodforest Blvd	Houston	77015	No
13429 Bandera St	Houston	77015	No
15635 Jacintoport	Houston	77015	No
690 Normandy St	Houston	77015	No
534 Normandy St	Houston	77015	No
13829 Longview	Houston	77015	No
779 Normandy #100	Houston	77015	No
335 Audrey Lane	Houston	77015	No
5154 East Beltway 8 North	Houston	77015	No

13831 Woodforest Blvd	Houston	77015	No
13837 Longview	Houston	77015	No
5610 East Sam Houston Parkway	Houston	77015	No
717 Normandy St., Suite C	Houston	77015	No
331 Haymarket Lane	Houston	77015	No
360 Uvalde Rd.	Houston	77015	No
1001 Uvalde	Houston	77015	No
13207 Orleans	Houston	77015	No
3111 Forest Oaks	Houston	77017	No
5115 Golf Dr	Houston	77018	No
1023 Pinemont Dr	Houston	77018	No
2215 W 34th St	Houston	77018	No
119 E 39th	Houston	77018	No
4926 North Sheperd Dr	Houston	77018	No
804 Park Trail Vista	Houston	77019	No
4415 1/2 Orange St	Houston	77020	No
527 Firnat	Houston	77022	No
712 East Tidwell, Suite J	Houston	77022	No
1314 East 35th St	Houston	77022	No
4302 Delhi St	Houston	77022	No
4521 Jewel St	Houston	77026	Partial
4601 Hirsch Rd	Houston	77026	Partial
2616 Campbell St	Houston	77026	No
3713 Sayers St	Houston	77026	No
5105 North Loop East	Houston	77026	No
3917 Collingsworth St	Houston	77026	No
4901 Lockwood Dr	Houston	77026	No
4906 Hirsch Rd	Houston	77026	No
4102 Woolworth St	Houston	77026	No
4003 Kelley St., Suite E	Houston	77026	No
3921 Englewood	Houston	77026	No
4313 Calvacade St	Houston	77026	No
16606 JFK Blvd	Houston	77032	Full
15607 Lee Rd	Houston	77032	No
5550 Charrin Dr Unit 2	Houston	77032	No
15612 Aiken Lane	Houston	77032	No
5350 Aeropark	Houston	77032	No
1206 Aldine Bender	Houston	77032	No
8923 Wald Rd	Houston	77034	No
1019 Francitas	Houston	77038	No
7814 Salge	Houston	77040	No

17587 Imperial Valley Drive	Houston	77060	Partial
917 Greens Road, Suite D	Houston	77060	Partial
425 Aldine Bnder Road Ste. C	Houston	77060	No
150 East West Road	Houston	77060	No
225 Benmar	Houston	77060	No
17770 Imperial Valley Drive	Houston	77060	No
324 Dale Drive	Houston	77060	No
9450 Round Up	Houston	77064	Partial
8434 West Road	Houston	77064	No
13403 Windfern Road	Houston	77064	No
8245 Mills Road Ste G	Houston	77064	No
11010 Perry Road, Suite C	Houston	77064	No
12020 North Gessner, Unit 6102	Houston	77064	No
10302 Green Valley Lane	Houston	77064	No
10919 Skybird Dr	Houston	77064	No
13303 Windfern Road, Suite A	Houston	77064	No
11212 Perry Road, Suite E	Houston	77064	No
11025 Ranchstone Drive	Houston	77064	No
9015 Ferndale View Drive	Houston	77064	No
11338 Tower Oaks Boulevard	Houston	77065	Partial
12511 Steepleway Boulevard	Houston	77065	Partial
9110 Jones Road, Unit 145	Houston	77065	No
9647 Yearling Circle	Houston	77065	No
12925 FM 1960 Road West, Suite D	Houston	77065	No
11430 West Road	Houston	77065	No
11202 Steeplecrest Drive	Houston	77065	No
11240 FM 1960 West Ste 205	Houston	77065	No
11825 Fallbrook Drive	Houston	77065	No
11130 North Eldridge Parkway, Unit 4	Houston	77065	No
9606 Yearling Circle	Houston	77065	No
10860 Jones Road	Houston	77065	No
9720 Jones Road Ste. 160	Houston	77065	No
4927 Silver Frost Drive	Houston	77066	No
12010 Bammel North Houston	Houston	77066	No
12019 Misty Valley Drive	Houston	77066	No
13507 Bammel North Houston	Houston	77066	No
3227 Bolton Gardens Drive	Houston	77066	No
12130 Antoine Drive, Suite H	Houston	77066	No
4507 Fountainhead Drive	Houston	77066	No
11547 Byronstone Drive	Houston	77066	No
11507 Heathermill Drive	Houston	77066	No

5139 Verdenbruk Dr	Houston	77066	No
4170 West Greens Road	Houston	77066	No
4602 Trevor Hill Drive	Houston	77066	No
12615 De Forrest Street	Houston	77066	No
12135 Mighty Oak	Houston	77066	No
12035 De Forrest Street	Houston	77066	No
5335 W. Richey Road	Houston	77066	No
2200 Spears Road, Unit 180	Houston	77067	Partial
11838 Guadalupe River Drive	Houston	77067	No
11944 Veterans Memorial Boulevard	Houston	77067	No
12031 Blue Mountain Dr.	Houston	77067	No
12227 Aurovia Drive	Houston	77067	No
11818 Winter Park Street	Houston	77067	No
1554A Gears Road	Houston	77067	No
2111 Ravenwind	Houston	77067	No
11331 Veterans Memorial Drive	Houston	77067	No
1517 Gears Road, Suite A	Houston	77067	No
11358 Sunfish Lane	Houston	77067	No
1106 Greens Parkway	Houston	77067	No
11703 Walters Road	Houston	77067	No
11920 Walters Rd	Houston	77067	No
11110 Veterans Memorial Drive	Houston	77067	No
11911 Sulphur Springs Drive	Houston	77067	No
2427 Ridge Hollow	Houston	77067	No
2007 Kentland Drive	Houston	77067	No
3435 Spears Road	Houston	77067	No
831 Forest Hillside Lane	Houston	77067	No
1712 Ridge Hollow Dr	Houston	77067	No
14600 Gladebrook Drive	Houston	77068	No
3903 FM 1960 RD W	Houston	77068	No
3203 FM 1960 Road West, Ste. 8	Houston	77068	No
14637 Pebble Bend Drive	Houston	77068	No
4950 FM 1960 West Road C5	Houston	77069	No
5187 Cypress Creek Pkwy	Houston	77069	No
10711 Millridge North Drive	Houston	77070	Partial
9502 Mills Road	Houston	77070	No
18629 A State Highway 249	Houston	77070	No
11800 Jones Road Ste. C	Houston	77070	No
10111 Grant Road Ste. C	Houston	77070	No
13390 Jones Road	Houston	77070	No
9561 FM 1960 West	Houston	77070	No

9803 Spring Cypress Road	Houston	77070	No
9815 Grant Road	Houston	77070	No
16610 Charterstone Dr.	Houston	77070	No
12330 Perry Road	Houston	77070	No
13229 Jones Road	Houston	77070	No
2349 FM 1960 East	Houston	77073	Full
802 North Oak	Houston	77073	Partial
439 Brushy Glen Drive	Houston	77073	Partial
823 Sun Lodge Drive	Houston	77073	Partial
713 East Airtex Drive	Houston	77073	Partial
1502 Glasholm Drive	Houston	77073	Partial
1020 FM 1960 East	Houston	77073	No
1201 E Airtex Drive Ste F	Houston	77073	No
1518 Weiland Manor Lane	Houston	77073	No
1427 Heath Cote Lane	Houston	77073	No
222 Remington Ridge Drive	Houston	77073	No
18819 Prairie Larkspur Drive	Houston	77073	No
2700 W West Thorne Drive	Houston	77073	No
615 Northvalley Drive	Houston	77073	No
802 Rankin Road Ste B3	Houston	77073	No
814 Remwick Drive	Houston	77073	No
19819 Karlanda Lane	Houston	77073	No
906 Patti Lane Court	Houston	77073	No
607 East Richey Road, Ste D	Houston	77073	No
1411 Glasholm Drive	Houston	77073	No
735 Remwick Drive	Houston	77073	No
22424 Imperial Valley, Unit 900	Houston	77073	No
438 Remington Park Ct	Houston	77073	No
10100 Kleckley Street	Houston	77075	No
8510 Almeda Genoa Rd STE 404	Houston	77075	No
9901 Windmill Lakes Boulevard	Houston	77075	No
9910 Fuqua Street Suite H	Houston	77075	No
8012 Fuqua Street	Houston	77075	No
10824 Kingspoint Road, Suite B	Houston	77075	No
9701 Almeda Genoa Road	Houston	77075	No
806 East Parker Road	Houston	77076	Partial
126 Little York Road	Houston	77076	No
609 Little York	Houston	77076	No
9602 Fulton Street	Houston	77076	No
600 East Little York Road Bldg 61	Houston	77076	No
9431 Spiralwood Lane	Houston	77086	Partial

7015 Silver Star	Houston	77086	Partial
7310 Silent Wood Lane	Houston	77086	Partial
9815 Bammel North Houston Road Ste G	Houston	77086	No
15406 Dillon Hill Circle	Houston	77086	No
10910 Alseth Circle	Houston	77086	No
9710 Whitepost Lane	Houston	77086	No
14207 Tomball Parkway Suite A-1	Houston	77086	No
7402 Water Park Lane	Houston	77086	No
10300 Bammel North Houston B-G	Houston	77086	No
9603 Desert Flower Lane	Houston	77086	No
13422 Galena Creek Drive	Houston	77086	No
11003 Antoine Drive # T	Houston	77086	No
6039 Drenner Park Lane	Houston	77086	No
15211 Western Skies Dr	Houston	77086	No
3926 Erie Street	Houston	77087	Partial
6023 Winterhaven Drive	Houston	77087	No
6629 Bellfort Street	Houston	77087	No
6215 Belarbor Street	Houston	77087	No
4300 South Wayside Drive # 102	Houston	77087	No
6221 Luce St.	Houston	77087	No
1920 Evergreen	Houston	77087	No
8116 Antoine Drive	Houston	77088	Partial
7350 T C Jester	Houston	77088	Partial
4646 Victory Drive	Houston	77088	No
1730 Mosher	Houston	77088	No
5639 Fairview Forest Drive	Houston	77088	No
9925 North Houston Rosslyn Road	Houston	77088	No
9833 Bonazzi Street	Houston	77088	No
8385 Antoine Drive	Houston	77088	No
7401 Alabonson Road Ste. C	Houston	77088	No
8703 Antoine Drive	Houston	77088	No
7343 Alabonson Road	Houston	77088	No
8511 North Houston Rosslyn Road suite 150	Houston	77088	No
965 South Victory	Houston	77088	No
5946 Arncliffe Drive	Houston	77088	No
8802 West Montgomery Road	Houston	77088	No
1618 Willowrock Rd.	Houston	77088	No
8021 Antoine Drive Suite A	Houston	77088	No
5506 Canyon Forest Drive	Houston	77088	No
2506 Joseph Pine Lane	Houston	77088	No
9802 N Houston Rosslyn Rd	Houston	77088	No

2437 Glen Avenue # A	Houston	77088	No
9999 West Montgomery Road	Houston	77088	No
10614 Sageberry Drive	Houston	77089	No
10614 Sabo Road	Houston	77089	No
10603 Blackhawk Road	Houston	77089	No
10011 Sageglow Drive	Houston	77089	No
11403 Hall Rd	Houston	77089	No
10863 Kirkfair	Houston	77089	No
12495 Scarsdale	Houston	77089	No
11410 Hall Road	Houston	77089	No
10560 Fuqua Street	Houston	77089	No
12490 Scarsdale Boulevard	Houston	77089	No
10426 Claybrook Drive	Houston	77089	No
11590 Hughes Road	Houston	77089	No
12002 Beamer Road	Houston	77089	No
17100 Butte Creek Road	Houston	77090	Partial
807 Peakwood Drive	Houston	77090	No
1135 Ella Crossing Drive	Houston	77090	No
17127 Red Oak Drive	Houston	77090	No
209 Woerner Road	Houston	77090	No
16713 Ella Boulevard	Houston	77090	No
15502 Silver Ridge	Houston	77090	No
18001 Cypress Trace Road Apt 2305	Houston	77090	No
17325 Red Oak Drive	Houston	77090	No
17214 Red Oak Drive	Houston	77090	No
1014 Larks Trace Lane	Houston	77090	No
2105 Cypress Landing	Houston	77090	No
15002 Ella Blvd Ste 10	Houston	77090	No
16910 Rolling Creek Drive	Houston	77090	No
1340 Cypress Station # C	Houston	77090	No
1444 FM 1960 West	Houston	77090	No
13331 Kuykendahl Road #101	Houston	77090	No
15412 Kuykendahl Road	Houston	77090	No
17519 Sugar Pine Drive	Houston	77090	No
717 B Dunson Glen Drive	Houston	77090	No
5739 West Montgomery Road	Houston	77091	Partial
1126 West Tidwell	Houston	77091	No
457 Pickering Street	Houston	77091	No
3010 Dalview	Houston	77091	No
485 W Parker Rd	Houston	77091	No
1314 Homer	Houston	77091	No

6717 Stuebner Airline Rd Ste 202	Houston	77091	No
6601 Antoine Drive	Houston	77091	No
6802 D S Bailey Lane	Houston	77091	No
6138 Rollins Street	Houston	77091	No
6672 Antoine Drive	Houston	77091	No
4330 Fallen Oaks	Houston	77091	No
401 West Donovan	Houston	77091	No
6350 Granite	Houston	77092	No
6720 West Tidwell	Houston	77092	No
6606 West 43rd Street	Houston	77092	No
6913 Schuller Street	Houston	77093	Partial
3018 Oklahoma Street	Houston	77093	No
8941 Etta Street	Houston	77093	No
10300 Shady Lane	Houston	77093	No
3101 Firnat Street	Houston	77093	No
7426 Curry Road	Houston	77093	No
6115 Cypresswood Green Dr	Spring	77373	Partial
19927 Cypresswood Square	Spring	77373	No
25719 Wrexham Springs Ct	Spring	77373	No
25411 Terrain Park Dr	Spring	77373	No
23122 Berry Pine Dr	Spring	77373	No
20019 Cypresswood Lake Dr	Spring	77373	No
5302 Treaschwig Rd., Apt A	Spring	77373	No
24505 Aldine Westfield Rd., #3101	Spring	77373	No
2623 Brown Hill	Spring	77373	No
6426 Archgate Dr	Spring	77373	No
5011 Colony Hurst Trl	Spring	77373	No
6103 Bridgegate	Spring	77373	No
19018 Bressingham Dr	Tomball	77375	No
10119 Berrybriar Lane	Tomball	77375	No
4231 Annawood Circle	Spring	77388	No
3645 Nutwood Lane	Spring	77389	No
11339 Harbour Lake Court	Humble	77396	No
3215 Dove Cove Circle	Humble	77396	No
15710 Mesa Dr	Humble	77396	No
9622 Adobe Rose Dr	Humble	77396	No
3811 Misty Ridge Dr	Humble	77396	No
3119 Killdeer Lane	Humble	77396	No
14514 Palos Park Dr	Cypress	77429	No
17111 Ranch County Dr	Hockley	77447	No
18210 James Rd	Hockley	77447	No

17807 Holy See	Hockley	77447	No
2218 Key Street	Waller	77484	No
19610 FM 362 Rd	Waller	77484	No
16511 FM 362 South	Waller	77484	No
31315 FM 2920 Rd Ste 6	Waller	77484	No
1401 Strawberry	Pasadena	77502	Full
1801 Strawberry	Pasadena	77502	Partial
1905 Shaver Street	Pasadena	77502	Partial
1407 Blackburn	Pasadena	77502	No
2722 Pasadena Blvd	Pasadena	77502	No
1502 Cherrybrook	Pasadena	77502	No
3008 Strawberry Road	Pasadena	77502	No
1511 Allendale	Pasadena	77502	No
2630 Allen Genoa Road	Pasadena	77502	No
3822 Green Shadows Drive	Pasadena	77503	No
1122 Preston	Pasadena	77503	No
5106 Red Bluff	Pasadena	77503	No
3816 Malone Drive	Pasadena	77503	No
3501-2 Red Bluff Road	Pasadena	77503	No
1431 E Sam Houston Pkwy S	Pasadena	77503	No
3602 Fairmont Parkway	Pasadena	77504	Full
1107 Vista Road	Pasadena	77504	Partial
602 Fairmont Parkway	Pasadena	77504	Partial
4627 Vista Road	Pasadena	77504	Partial
821 Fairmont Parkway	Pasadena	77504	No
4817 Allen Genoa Road	Pasadena	77504	No
3519 Burke Road	Pasadena	77504	No
1803 Kenwick	Pasadena	77504	No
3901 Spencer Highway, Suite 150	Pasadena	77504	No
3868 Space Center Boulevard	Pasadena	77505	No
5151 East Sam Houston Parkway	Pasadena	77505	No
6109 Fairmont Parkway	Pasadena	77505	No
7770 Spencer Highway	Pasadena	77505	No
1102 Witter Street	Pasadena	77506	Partial
1007 Burke Road	Pasadena	77506	Partial
604 Shaver Street	Pasadena	77506	No
2308 North Austin	Pearland	77581	No
6010 Broadway Street	Pearland	77581	No
3309 East Broadway	Pearland	77581	No
5111 Halbert Drive	Pearland	77581	No
6307 Broadway Street Suite 111	Pearland	77581	No

2302 East Broadway	Pearland	77581	No
3111 South Main Street	Pearland	77581	No
7922 Broadway	Pearland	77581	No
7408 West Broadway	Pearland	77581	No
1850 Broadway Street	Pearland	77581	No
1820 Pearland Parkway	Pearland	77581	No
612 College	South Houston	77587	No
808 Avenue M	South Houston	77587	No
1620 Spencer Hwy #21	South Houston	77587	No
809 Iowa Street	South Houston	77587	No
151 West Texas Avenue	Webster	77598	Full
228 North Texas Avenue	Webster	77598	Partial
1655 FM 528	Webster	77598	Partial
20810 Gulf Freeway, Suite J	Webster	77598	No
1563 Live Oak	Webster	77598	No

Appendix B

Surveys

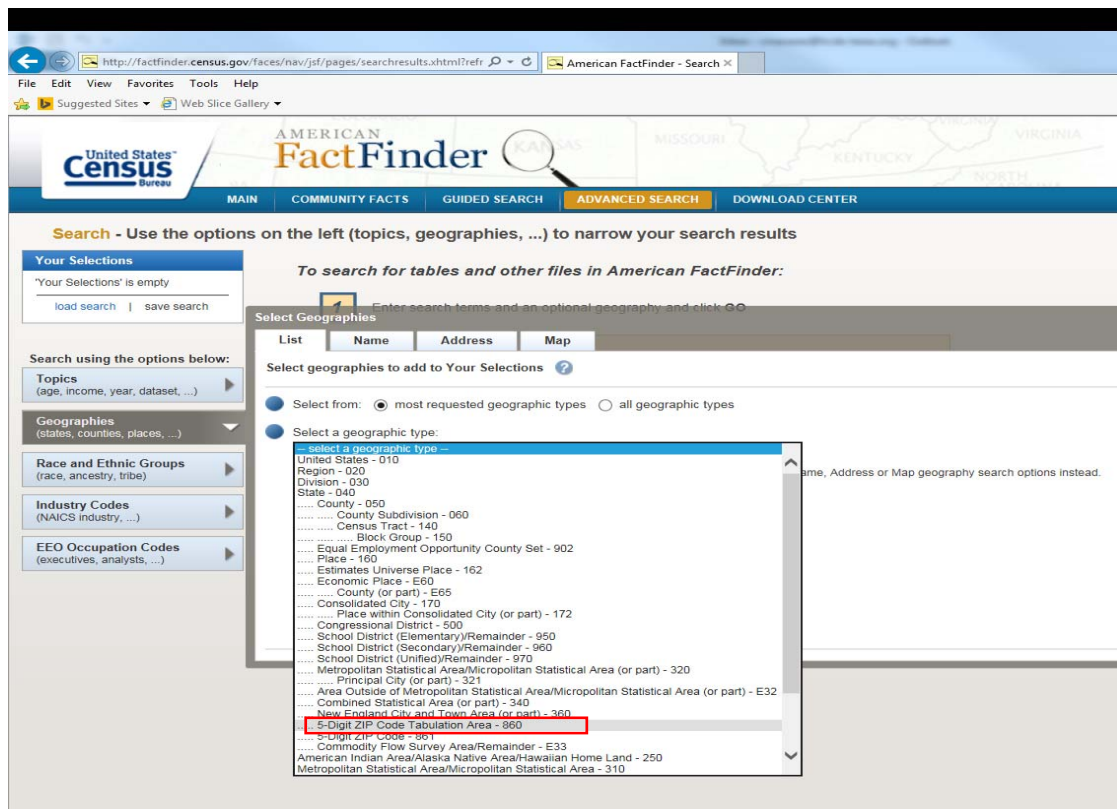
Appendix C
Collecting Census Data

Finding Data on Census website

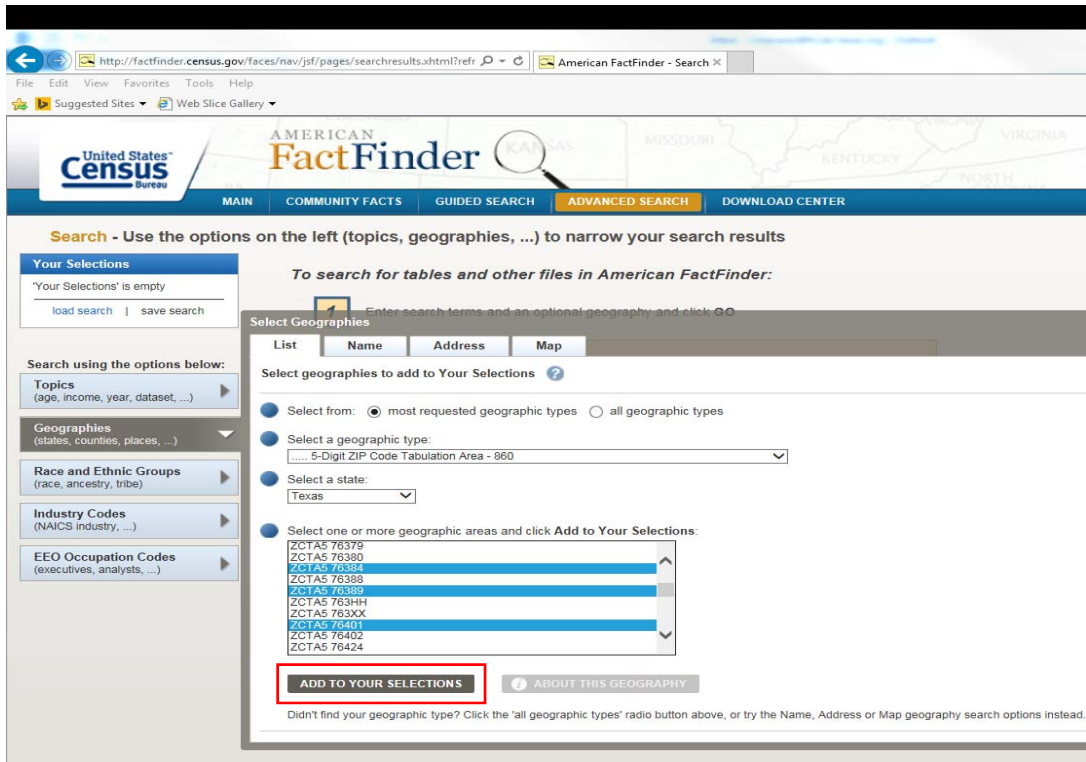
1. Go to <http://census.gov/>
2. Scroll all the way down to web links and click on “American FactFinder” located under Find Data.



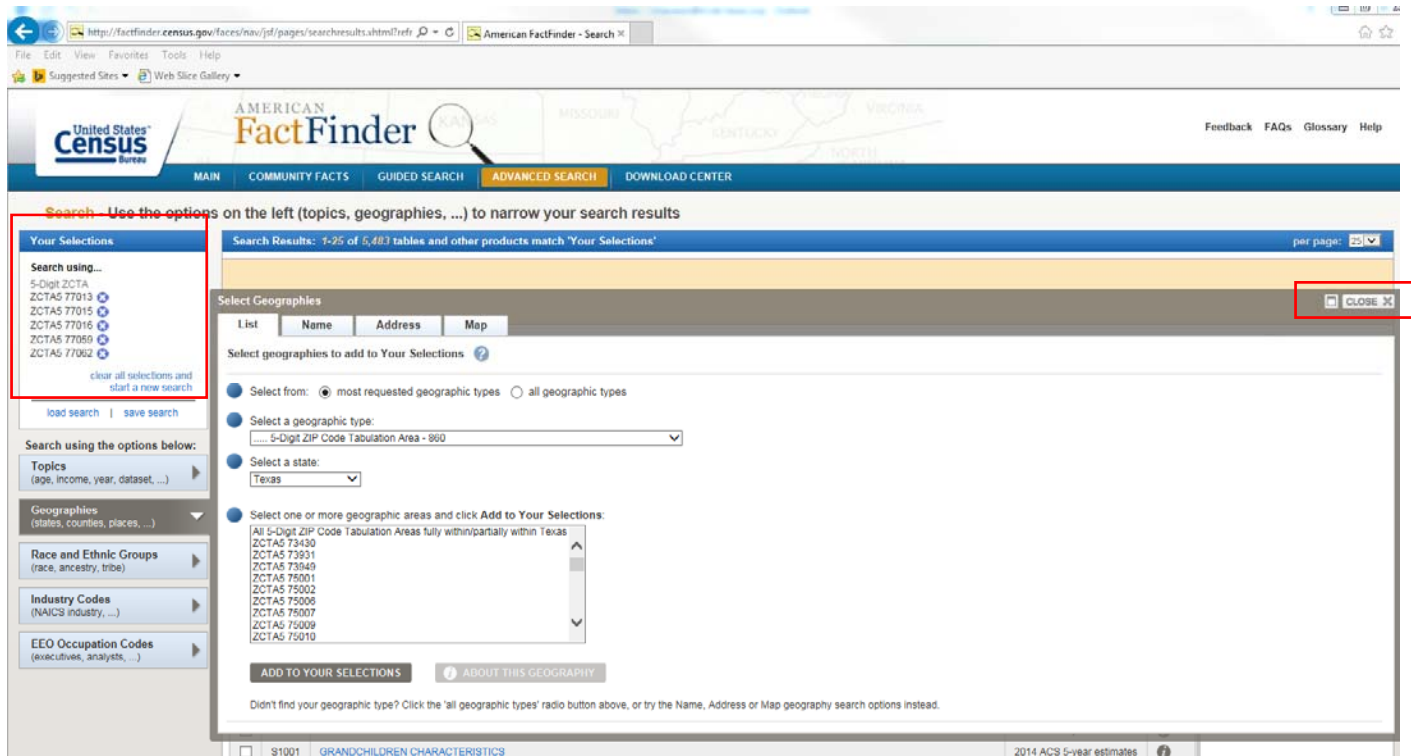
3. Select “Advanced Search” and click “Show Me All”
4. Click on “Geographies”, then select “5-digit ZIP Code Tabulation area-856



5. Select Texas under “Select a state”
6. Select ZIP codes you need; you can select more than one at a time by doing Ctrl+click
7. Once you are done selecting the ZIP codes, click on “Add to your Selection”



- The ZIP codes previously selected should appear to the left side of the site under “Your Selections” section. Click “Close” on “Select Geographies” section:



8. Select by clicking the box next to the title of the document based on Director’s instructions, paying attention to the year and code or ID of the document:
 - a) You can select the year under the “Show results from” link, use the most current one.
 - b) The code or ID of the document is located to the left side of the document’s title.

You can also find a document by typing the ID or code or its name in the “Refine your search results” box and then click go. *Don’t forget to make sure you are using the latest version of the document.*

9. Click on title of the document from which you wish to extract data.
10. Click on “Modify Table”, then deselect the “Margin of Error” option for each of the columns (we do not need margin of error). Make sure you have deselected for ALL OF THE ZIPCODES.

1 Advanced Search 2 Table Viewer

B01001 SEX BY AGE
Universe: Total population
2010-2014 American Community Survey 5-Year Estimates

Table View

Actions: **Modify Table** Add/Remove Geographies Bookmark/Save Print Download Create a Map

enable table tools to modify the table

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the p and estimates of housing units for states and counties.

	Ages CDP, Kentucky		ZCTA5 77013		ZCTA5 77015		ZCTA5 77016		ZCTA5 77059		ZCTA5 77062	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error

Actions: Hide Table Tools Add/Remove Geographies Bookmark/Save Print Download Create a Map

Table Tools: Reset Table Show Hidden Rows/Columns Transpose Rows/Columns

Click 'Back to Search' to select other tables or geographies

Legend: show/hide rows and columns collapse/expand data categories rearrange columns rearrange rows sort ascending/descending filter rows

Note: This is a modified view of the original table.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official and estimates of housing units for states and counties.

Versions of this table are available for the following years: 2014 2013 2012 2011

	ZCTA5 77013	ZCTA5 77015	ZCTA5 77016	ZCTA5 77059	ZCTA5 77062
	Estimate	Estimate	Estimate	Estimate	Estimate
Total:	21,176	55,635	26,558	18,764	25,760
Male:	11,721	27,890	12,963	9,474	12,195
Under 5 years:	1,278	2,680	689	282	640
5 to 9 years:	1,259	2,409	1,087	698	903
10 to 14 years:	1,003	2,334	1,067	936	676
15 to 17 years:	422	1,313	651	876	682
18 and 19 years:	317	1,042	243	168	366
20 years:	189	556	61	102	80
21 years:	251	589	176	47	50
22 to 24 years:	731	1,406	430	285	400
25 to 29 years:	875	2,087	444	371	640
30 to 34 years:	818	2,134	628	185	804
35 to 39 years:	759	1,832	640	451	895

POOF! Margin of error columns are gone!

11. Click on “Transpose Rows/ Columns”

12. Click “Download”, then select “Microsoft Excel” under “Presentation-ready formats” option. Click OK. A window should come up letting you know that the file is complete; click “download” again.

13. Click Save on the bottom of the screen

The screenshot shows the American FactFinder Table Viewer interface. At the top, it says "Advanced Search - Search all data in American FactFinder". Below that, there are tabs for "Advanced Search" and "Table Viewer". The main content area shows the search results for "SEX BY AGE" with the universe "Total population" and "2010-2014 American Community Survey 5-Year Estimates".

Below the search results, there are several action buttons: "Hide Table Tools", "Add/Remove Geographies", "Bookmark/Save", "Print", "Download", and "Create a Map". The "Download" button is highlighted with a red box. Below the action buttons, there are "Table Tools" including "Reset Table", "Show Hidden Rows/Columns", and "Transpose Rows/Columns".

The main data table is titled "Total:" and is divided into "Male:" and "Female:" sections. The columns represent age groups: "40 to 44 years", "45 to 49 years", "50 to 54 years", "55 to 59 years", "60 and 61 years", "62 to 64 years", "65 and 66 years", "67 to 69 years", "70 to 74 years", "75 to 79 years", "80 to 84 years", "85 years and over", "Under 5 years", "5 to 9 years", "10 to 14 years", "15 to 17 years", and "18 and 19 years". The rows represent different geographic areas: "ZCTAS 77013", "ZCTAS 77015", "ZCTAS 77016", "ZCTAS 77059", and "ZCTAS 77062".

At the bottom of the table, there is a "Download" button. A dialog box is open over the "Download" button, asking "Do you want to open or save ACS_14_YR_B01001.xls from factfinder.census.gov?". The dialog box has "Open", "Save", and "Cancel" buttons. The "Save" button is highlighted with a red box.

14. Click on “Open folder” and you should be able to see the document. Rename it, copy and paste it in the appropriate folder. Once you open the file, click “Enable Editing” so that you are free to delete extra information you do not need.