

HARRIS COUNTY DEPARTMENT OF EDUCATION
HEAD START & EARLY HEAD START
COMMUNITY ASSESSMENT
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EXECUTIVE SUMMARY

Every five 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 identify current trends in the communities that Head Start serves, understand the needs of Head Start eligible children and their families, and become aware of resources available for families.

The Executive Summary is presented according to the following outline:

1. State of the Grantee
2. Community Characteristics
3. Child Development and Child Care Programs
4. Strengths and Needs
5. Community Resources
6. Challenges and Recommendations

STATE OF THE GRANTEE

Since January 1999, HCDE has operated Head Start programs in the eastern portion of Houston and Harris County. The program is situated in schools, community centers, and independent sites in the cities of Humble, Channelview, Crosby, Baytown, and La Porte, Houston, Pasadena, Deer Park, and Clear Creek.

DEMOGRAPHICS AND LANGUAGE SPOKEN AT HOME

The 2018-2019 Head Start Program Information Report (PIR) indicates that approximately 57.6% of the HS population and 60.8% of the EHS population is composed of Hispanic/Latino children while Black/African American children make up 35.3% of HS participants and 34.9% of EHS participants. Furthermore, English was the primary language spoken in the home of 65.5% of HS families and 74.1% of EHS families.

EMPLOYMENT AND FAMILY STRUCTURE OF HCDE FAMILIES

During 2018-2019, the HCDE Head Start program served 1,321 families, 67.5% of which were supported by single parents. The employment status of both family types revealed subtle changes throughout the three years. More than half of single-parent households were employed and an average of 77.4% of two-parent households had one employed parent from 2015-2019.

During 2018-2019, the HCDE Early Head Start program served 155 families, 81.3% of which were supported by single parents. The employment status of both family types revealed subtle changes throughout the three years.

More than three-fifths of single-parent households were employed and an average of 68.3% two-parent households had one employed parent from 2015-2019.

EDUCATIONAL ATTAINMENT

HCDE's HS parents have even less educational achievements when compared to the general population of HCDE's Service Area. See the following table to compare education levels:

Educational level	HCDE HS Parents	HCDE EHS Parents	HCDE Service Area Total Population
Less than High School	33%	25%	20.3%
High School or GED	54%	57%	26.2%
Some College or associate degree	10%	14%	30.6%
Bachelor's degree or higher	3%	4%	22.9%

Compared to the general population in HCDE Head Start's Service Area, HCDE HS and EHS had lower levels of educational attainment. A total of 33% of HCDE HS parents and 25% of HCDE EHS parents had less than a high school diploma compared to 20.3% of the total population in the service area. Additionally, A total of 54% of HCDE HS parents and 57% of HCDE EHS parents earned a high school diploma compared to 26.2% of the total population in the service area. A total of 10% of HCDE HS parents and 14% of HCDE EHS parents had completed some college or an associate's degree compared to 30.6% of the total population in the service area. A total of 3% of HCDE HS parents and 4% of HCDE EHS parents had a Bachelor's degree or higher compared to 22.9% of the total population in the service area.

COMMUNITY CHARACTERISTICS

Harris County, the third-most populous county in the US and the most populous in Texas covers an area of 1,777 square miles. Four Head Start programs operate within the boundaries of Harris County. HCDE Head Start operates in the eastern half of Harris County and includes the cities of Baytown, Crosby, Deer Park, Humble, Houston, and La Porte.

CHILDREN UNDER 5 DEMOGRAPHICS – HCDE SERVICE AREA

In 2018, an estimated 1,312,822 people resided in HCDE's Service Area, with a population density of 1,547 persons per square mile. Of the people residing in the service area, 23,761 are children under 5 are living below poverty.

Of the total population of children under 5 living in HCDE Head Start's service area, Whites represent 70.7% of the county, followed by Black or African Americans (20.4%), Asians (0.8%), two or more races (4.7%), American Indians and Alaskan Natives (0.4%), Native Hawaiians and Other Pacific Islanders (0.1%) and some other race (5.0%). The population living below poverty followed a similar distribution. Whites living below poverty

represent 70.0% of the county, followed by Blacks or African American (20.4%), Asians (0.8%), two or more races (3.1%), American Indians and Alaskan Natives (0.6%), Native Hawaiian and Other Pacific Islanders (0.1%), and some other race (5.0%).

Approximately 57.6% of the total population under 5 residing in HCDE Head Start’s service area is of Hispanic or Latino origin while 21.7% is white alone. By comparison, the population in poverty has a different distribution. Children under 5 living below poverty comprise a far greater share of the Hispanic or Latino population compared to the White Alone population. An estimated 57.6% of the population living below poverty is of Hispanic or Latino origin while only 9.2% of the white population lives below poverty.

EMPLOYMENT – HARRIS COUNTY

From January 2015 to December 2019, unemployment rates in Harris County dropped from 4.6% to 3.6%. Between 2015 to 2017, Harris County lost more than 70,000 jobs when the price of oil dropped by 75%. During this time, unemployment rates increased above state and national rates. Despite this loss, Houston’s economy avoided a recession due to a strong national economy and gains in other sectors.

In the Spring of 2020, the combination of an unprecedented pandemic and an unexpected crash in the oil market led to skyrocketing unemployment rates triggering one of the worst job crises since the Great Depression. Between March and April of 2020, Harris County's unemployment rates increased from 5.6% to 14.6%.

The American Community Survey estimates that 47.5% of the Harris County population over the age of 16 worked full-time and year-round while 21.8% worked less than full-time and 30.7% did not work at all. To gain an idea of weekly schedules, the table below provides information on the average hours worked for each gender.

Average Usual Hours Worked for Workers 16-64 Years of Age	
Gender	Average Hours
Male	42.6
Female	37.6
TOTAL	40.3

Overall, an employed person worked an average of 40.3 hours per week. Males in Harris County work an average of 42.6 hours per week and females worked an average of 37.6 hours per week.

FAMILY STRUCTURE AND INCOME – HARRIS COUNTY

Married-couple families with children under age 18 have the highest median income of \$85,783 compared to all households. In single-parent families, the median income was markedly lower. For unmarried males with children, the median income was \$40,412 while unmarried female householders with children had a median income of \$26,577. These numbers reveal that female lead households earn substantially less than male lead households.

Harris County is home to 349,048 households with children under age 5. Of those households, 89,165 or 25.5% live below poverty. More than half (65.3%) of the families with children under 5 living in Harris County are married. By comparison, only 35.6% of families living below poverty are married, while more than half (55.4%) are unmarried female householders with children under 5. Unmarried male householders with children under 5 constituted the lowest percentage of households for both the total population and the population living below poverty.

HOUSING

The table below displays the number of owner-occupied and renter-occupied housing units in Harris County.

Owner vs Renter Occupied Housing		
Housing Type	n	%
Owner-occupied housing units	865,645	54.7%
Renter-occupied housing units	717,841	45.3%
TOTAL	1,583,486	100.0%

A total of 54.7% of housing units are owned and 45.3% are rented. Approximately 63.6% of individuals living in HCDE Head Start's service area live in owner-occupied housing units while 36.4% live in renter-occupied housing units.

GENERAL HEALTH – HARRIS COUNTY

The Texas Department of State Health Services identified Heart disease and cancer as the leading causes of death for White, Blacks, and Latinos; White persons having the highest mortality rate. For children ages, 1 to 4, certain conditions originating in the perinatal period were found to be the leading cause of death followed by congenital malformations, deformations, and chromosomal abnormalities. The risk of developing chronic diseases grows significantly with increasing Body Mass Index (BMI). In the U.S., an estimated 13.9% of children aged two to five years are obese.

PARTICIPATION IN PUBLIC HEALTH INSURANCE – HARRIS COUNTY

Access to affordable, quality care is an important component to combating chronic diseases and reducing growing obesity rates. Public assistance such as Children's Medicaid and the Children's Health Insurance Program (CHIP) are options available to families in need of coverage. The following table displays the number of pregnant women and children served by public health insurance programs in the fiscal year 2019.

Public Health Insurance Enrollment (2019)	
Public Insurance Type	Harris County Count
Pregnant Women	22,526
Children's Medicaid (under 21)	525,965
Regular CHIP	72,323

In Harris County, A total of 688,425 residents receive public assistance through Medicaid, Medicare, and CHIP. Of these recipients, 22,526 women receive Medicaid due to pregnancy, 525,965 children receive Medicaid assistance, and 72,323 participate in CHIP.

FERTILITY

The American Community Survey estimates that a total of 20,342 women in HCDE Head Start's service area gave birth in 2018. Of these women, 6.1% are teenage girls between the ages of 15-19yrs, 74.5% are women between the ages of 20 and 34 years, and the remaining 19.4% are women between the ages of 35 and 50. Most women (61.8%) are white, 19.6% are Black or African American, 6.4% are some other race, 4.2% are Asian, and the remaining 3.7% are American Indian or two or more races. More than half (53.7%) of women who gave birth are of Hispanic or Latino origin and 26.6% are foreign-born. In terms of education, 17.5% have not graduated high school, 28.6% have a high school diploma, 14.1% have a Bachelor's degree, and 6.1% have a graduate or professional degree. More than a quarter (27.7%) live below poverty and 3.3% receive some type of public assistance in the last 12 months.

FOOD INSECURITY

Feeding America estimates that in 2018, 14.8% of the entire population in Harris County faced food insecurity. For children under age 18, the rate was even higher at 21.2%. Areas in Harris County identified as low income that have low access to grocery stores are located along I-10 East, within and beyond the 610 East loop, and between US-290 and US-59. The map also shows a higher concentration of grocery stores in the area between I-10 and US-69, east of downtown. Areas showing a significant lack of grocery stores are on the eastern and northwest portions of the county.

PARTICIPATION IN PUBLIC ASSISTANCE PROGRAMS

The Texas Department of Health and Human Services indicates that an average of 653,450 Harris County residents received SNAP benefits, 17.7% of which are children under the age of 5. Additionally, the Houston Department of Health and Human Services WIC Program serves 80,000 clients of the estimated 184,995 potentially eligible participants in Harris County (Women, infants, and children program, n.d.).

HOMELESSNESS

In 2020, The Coalition for the Homeless' Point-In-Time (PIT) count found that 3,974 homeless persons resided in Harris County, a 25.7% decrease from 2014. Additionally, a public information request submitted to the Texas Education Agency, revealed a total of 1,374 children ages 3-4 were homeless in the 2018-2019 academic year. In the same year, a total of 19 children under age 3 enrolled in early education programs were homeless.

FOSTER CARE

Data acquired from the Texas Department of Family and Protective Services revealed that in 2018, 796 children between the ages of 0 to 2 and 564 children 3 to 5 were in foster care in Region 6. According to a public

information request submitted to the Texas Education Agency, a total of 10 children enrolled in early education programs and 214 children enrolled in preschool programs were in foster care during the 2018-2019 school year.

CHILDREN WITH DISABILITIES

According to the Texas Health and Human Services, in 2018, a total of 6,678 or 2.2% of Harris County children ages birth to 3 received services through an Early Childhood Intervention (ECI) program. As of 2019, The Texas Education Agency reports that an additional 1,716 3 and 4-year-olds belong to a Special Education program in Region 4.

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. In 2018 the Houston MSA experienced some of the highest amounts of toxic air releases in the country. A total of 410 facilities around Houston released an estimated 288 million tons of toxicity-weighted air pollution, accounting for a whopping 24% of the toxic emissions reported across all of Texas and 6% of the toxic emissions reported nationally.

Daily indoor activities, such as cooking and cleaning can also contribute to pollution. Several federal agencies and institutes are encouraging the use of environmentally safe construction in buildings and cleaning agents 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 80,057 of Texas children under the age of four to have asthma. Lead also poses a risk to young children both indoors 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 2018, the Texas Department of State Health Services reported that 65,917 or 15.3% of children 0-5 years of age residing in Harris County tested for lead poisoning. A total of 818 (1.2%) children had elevated blood lead levels.

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). As of 2019, The average levels of Lead, Copper, Atrazine in Houston's main water system fell well below the maximum contaminant level. On average 90% of Lead fell below 4.01 ppb, 90% of Copper fell below 0.13 ppm, and Atrazine had an average of 0.1 ppb. The average level of Arsenic, on the other hand, was higher than the MCL by 2.3 ppb.

CHILD DEVELOPMENT PROGRAMS

As part of the community assessment, we identified an estimated number of children that are eligible and available for Head Start Services. This was done by determining the total number of children under 5 that are living below poverty and subtracting the number of children served by other organizations including childcare

centers, family childcare programs, publicly funded preschools. A total of 134 public pre-k programs and 284 subsidized child care centers and homes operate in HCDE Head Start's service area.

The American Community Survey estimates that as of 2018, 23,761 children under the age of five are in HCDE's service area are estimated to be living below poverty and are therefore eligible for Head Start and Early 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 childcare from the eligible group per zip code. As the number of children in pre-K per zip code during 2018-19 can only be determined by enrollment in schools located in those zip codes and not by their residence, calculation of the overall saturation rate is provided as a range based on the removal of total pre-k and subsidized and subsidized alone (per zip code) from the totals. Removal of children served by subsidized child care and public pre-k programs left approximately 8,661 children available for HCDE Head Start program in 2018-2019. During that year, HCDE had a total funded enrollment of 1,330 participants in HS and EHS and served 1,421 children (PIR 2018-19). Therefore, the agency served approximately 15.4% to 16.4% of its total eligible and available population which is much less than the saturation level of 85% (Buckley and Watkins, 2003).

STRENGTHS AND NEEDS

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 providers (FSP) who refer them for services, and the community partners (CP) who provide those services in the community. Data was collected using three separate yet similar surveys sent to each of these groups during October and November of 2019.

Based on a need threshold of 25% or more, of the 73 services aligned under eleven categories, HCDE's families identified 18 (24.7%) services as needs and 55 (74.3%) services as strengths or assets. However, FSPs and Community Partners identified all 73 (100%) of the services as needs and zero services as strengths.

These findings 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 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 HCDE families.

CHALLENGES AND RECOMMENDATIONS

Several issues are identified based on survey findings with recommendations for Head Start and Early Head Start program planning considerations. Issues are grouped into five categories: services available, linking services, location of centers, and program options. The top issues within each category are briefly summarized as follows:

SERVICES PROVIDED

We explored family needs through surveys from the perspective of the families, FSPs, and Community Partners. Needs Assessment surveys asked whether families needed a service (combined immediate need and need for reporting) or whether the service was considered a strength (not needed). 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. Services with at least 25% of respondents identifying them as needs are designated as needs while services with at least 75% of respondents indicating they are not needed are identified as strengths.

ISSUE 1: Need for a shared understanding of families’ needs between Community Partners and Family Service Providers

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

LINKING SERVICES

As previously mentioned, each respondent group had similar and different views of what the unmet needs were for HCDE 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 and childcare services for their children

ISSUE 4: Families need help preparing for and finding employment that provides a livable wage.

ISSUE 5: Families need more information on creating and maintaining healthy lifestyles through exercise and affordable, nutritious meals.

ISSUE 6: Families need help with improving their parenting skills.

ISSUE 7: Families need increased access to financial literacy services.

ISSUE 8: HCDE Head Start can help bridge the digital divide among families.

ISSUE 9: Increase focus on mental health and trauma-informed care

ISSUE 10: Monitor and assess the impact of COVID-19 on Children, Families, and Staff.

LOCATION OF CENTERS

In 2018-2019, HCDE supported fifteen centers in their service area, which includes thirteen school districts in Harris County. However, despite families reporting easy access, HCDE’s centers are concentrated in the central most portion of the service area, north/northeast of downtown, which is an area of high poverty and older

infrastructure. On the other hand, families living in the far northern section of HCDE Head Start's service area near Humble and New Caney would have a long way to go to access services, with some commutes to a center and other services as great as 20 miles or more.

ISSUE 11: Population growth highlights the need for improved transportation services

ISSUE 12: HCDE's service area is surrounded by multiple industrial complexes that release toxic chemicals into the environment.

PROGRAM OPTIONS

HCDE Head Start centers provide full-day enrollment, five days a week from August to May.

ISSUE 13: Families need increased options for year-round quality, affordable early education for birth to age 5.

INTRODUCTION

Every five years, each Head Start (HS) grantee is required to conduct a Community Assessment within its service area to describe the context in which Head Start and Early Head Start programs operate. The assessment paints a picture of the community and describes the diverse needs of families who may receive services. Information collected through this report guides program planning, informs enrollment, and evaluates service needs as they relate to Head Start families. This report presents the results of the Harris County Department of Education Head Start Community Assessment conducted from 2016 to 2020.

Information that addresses the areas designated by the Head Start Program Performance Standards (45 CFR §1302.11(b)) is presented according to the following outline:

METHODOLOGY - describes the approach, methods, and data sources used to collect and process the required information.

STATE OF THE GRANTEE - describes the agency, service area, program options, enrollment criteria and trends, and demographic characteristics of participating children and families.

COMMUNITY CHARACTERISTICS - Includes demographic information about eligible infants, toddlers, preschool-age children, and expectant mothers. This section also includes information about the education, health, nutrition, and social service needs of eligible children and their families. This section is broken down into four subsections: *Demographics, the Local Economy, Health, and Environmental Health*.

CHILD DEVELOPMENT & CHILD CARE PROGRAMS - describes other child development services, childcare centers, and family child care programs that serve eligible children and assess the amount of eligible and available children in the service area

STRENGTHS & NEEDS - results of the needs assessment surveys administered to families, family service workers, & community partners to assess the strengths of the community.

COMMUNITY RESOURCES – reviews the resources available in the community

ISSUES AND RECOMMENDATIONS – reviews major findings to be used for management decisions, including services provided, center locations, and enrollment criteria.

APPENDIX – contains copies of the three survey versions (family, family service worker, & community partners).

METHODOLOGY

This community assessment offers detailed information about numerous topics, as well as an examination of the service area's strengths and needs relative to early childhood development. The report offers a comprehensive collection and analysis of key indicators to evaluate the needs and characteristics of eligible Head Start and Early Head Start children and families and is an integral part of the program's planning, implementation, and evaluation process.

PLANNING FOR THE COMMUNITY ASSESSMENT

Planning for the comprehensive 2016-2020 Community Assessment for the Fort Bend and Harris County Head Start and Early Head Start programs began in the summer of 2018 with a meeting of Head Start grantees' representatives to lay out a timeline and action plan that indicated that the process of gathering the necessary data from the grantees, their parents, their communities, the census, and other databases.

The Community Assessment Team formed for the 2016-2020 cycle was comprised of representatives identified from each grantee, AVANCE, Gulf Coast Community Services Association, Harris County Department of Education, and BakerRipley, and consultants contracted from The Research and Evaluation Institute (REI) of Harris County Department of Education.

DATA REVIEW

The report includes current and best available data from the U.S. Census Bureau, the Texas Health and Human Services, the U.S. Department of Labor, and the Texas Workforce Commission among others.

Data collected from HCDE Head Start program included: Program Information Reports, action plans, zip codes, center locations, and surveys. Surveys to parents, Family Services Providers, and community partners were administered to determine the needs and challenges of Head Start children and families. Zip codes and center locations provided by the grantee guided the creation of maps of the grantee service areas and center locations, areas of poverty, and environmental hazards.

DATA ANALYSIS

SURVEY ANALYSIS

The quantitative data from all surveys were analyzed using descriptive statistics. Each of the survey respondent groups was asked to rank their top 3 greatest unmet needs from among a list of ten different service categories. The determination of services with the greatest interest was based on those with the highest percent of endorsement. A threshold of 25% was selected to determine if a service was a significant need for families. Services not needed based on a threshold of 75% or more are designated as strengths and services with the

highest percentage of needs based on a threshold of 25% or more are highlighted and selected for further discussion under Issues and Recommendations.

ELIGIBLE AND AVAILABLE HEAD START CHILDREN

The percent of eligible and available children served was determined using data from the American Community Survey, the Texas Workforce Commission, the Texas Education Agency, and HCDE Head Start. The range of eligible and available children served was determined by subtracting the number of children served by subsidized childcare and pre-kindergarten by the number of eligible children under age 5 living below poverty. The Head Start enrollment number was then divided by the resulting number of eligible and available children to determine the percentage of children served by the Head Start Program. The range of percentages as compared to the benchmark of 85% or more of the eligible and available children. If these percentages equaled or surpassed 85% then the area is considered saturated (Buckley and Watkins, 2003).

COMMUNITY RESOURCES

For this section of the report, we referenced online and community resources available for Head Start and Early Head Start Families.

DISCUSSION OF KEY ISSUES

The section on Issues and Recommendations summarizes the issues that HCDE might target their decision making over the next few years. These issues were identified by the review of community indicator data and survey results.

STATE OF THE GRANTEE

Initially formed in 1889, the Harris County Department of Education is a nonprofit, public agency dedicated to the equalization of educational opportunity and the advancement of public schools. HCDE provides support to business managers, educators, students, and the community at large. The agency consists of 19 divisions and operates programs and services focused on enriching communities and educational institutions throughout the Houston metropolitan area.

HISTORY

In 1866, the Texas Constitution authorized the formation of a Board of School Examiners for each county. A decade later, HCDE employed teachers, established educational policies and procedures, purchased educational materials, and contracted for buildings and furnishings. By the beginning of the twentieth century, population growth led to consolidation, annexation, and the development of independent school districts. In 1930, an equalization tax promoted uniform educational opportunity across all districts, ultimately shaping HCDE's direction and mission for nearly 80 years (History of HCDE, 2016).

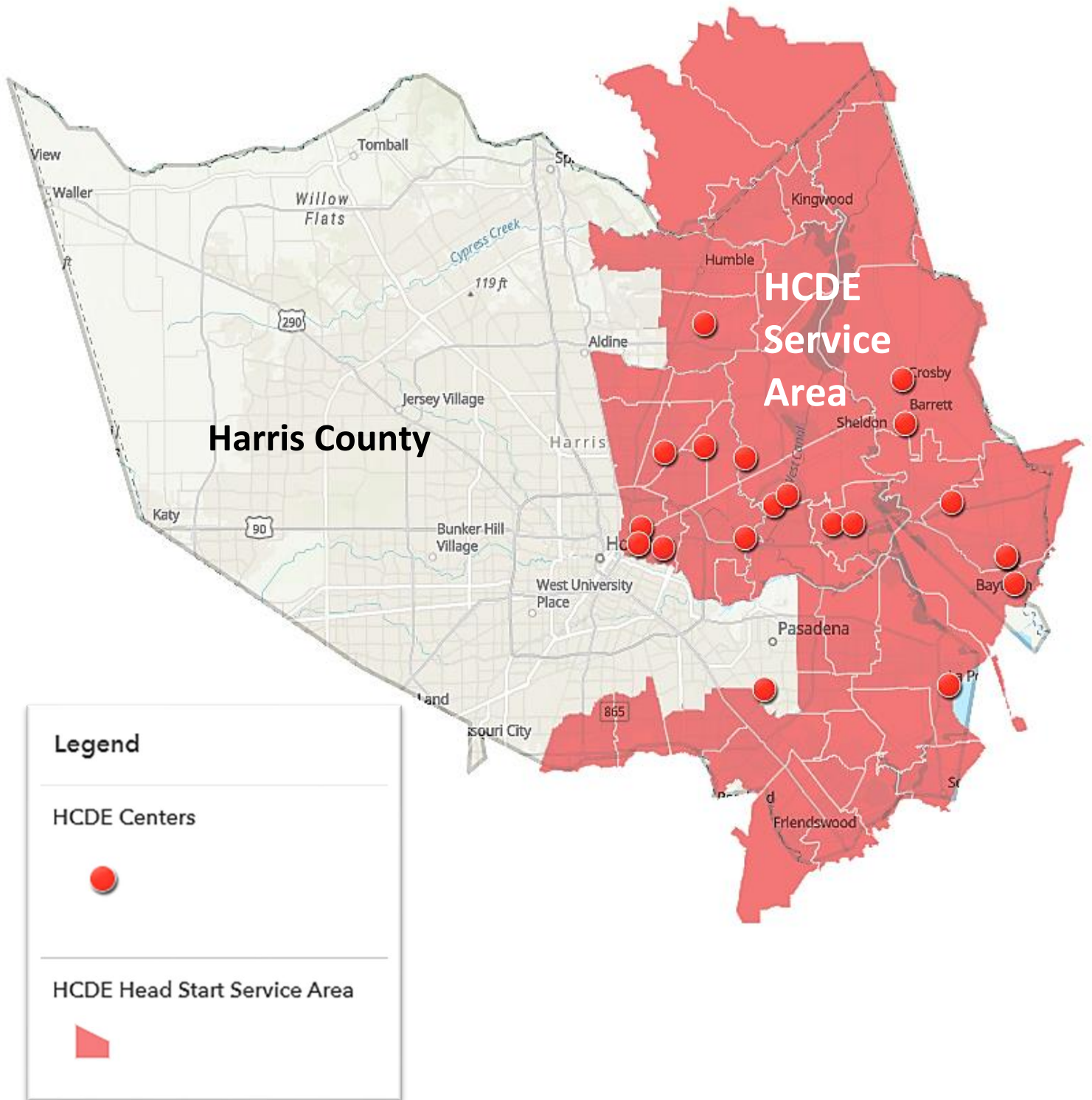
MISSION

HCDE's mission is to support Harris County by enriching educational opportunities and providing value through services. HCDE Head Start's mission seeks to improve school readiness for children, families, and the community ([www.HCDE-texas.org/Mission and Goals](http://www.HCDE-texas.org/Mission%20and%20Goals), 2016).

HEAD START SERVICE AREA

Since January 1999, HCDE has operated Head Start programs in the eastern portion of Houston and Harris County. The program is situated in schools, community centers, and independent sites in the cities of Humble, Channelview, Crosby, Baytown, and La Porte, Houston, Pasadena, Deer Park, and Clear Creek. The following map identifies the service area, 16 center locations, and 4 Childcare Partnership Sites.

HARRIS COUNTY DEPARTMENT OF EDUCATION SERVICE AREA MAP



HARRIS COUNTY DEPARTMENT OF EDUCATION HEAD START CENTERS

Center	Program Type	Street Address	City
Barrett Station	Head Start	11901 Mulberry St	Crosby
Baytown	Head Start	317 Massey Tompkins Rd.	Baytown
Baytown EHS	Early Head Start	318 Massey Tompkins Rd.	Baytown
Channelview	Head Start	16102 Ridlon St.	Channelview
Compton	Head Start	9720 Spaulding St	Houston
Coolwood	Head Start	767 Coolwood Drive	Houston
Dogan	Head Start	4202 Liberty Rd	Houston
Fifth Ward	Head Start	4014 Market	Houston
Fonwood	Head Start	9709 Mesa Dr.	Houston
Humble	Head Start	130 Atascocita	Humble
J.D. Walker	Head Start	7613A Wade Road	Baytown
La Porte	Head Start	927 S. 1st St	La Porte
Pugh	Head Start	1042 Henke St.	Houston
San Jacinto	Head Start	5800 Uvalde Rd.	Houston
Sheffield	Head Start	14300 Wallisville Rd	Houston
Tidwell	Head Start	8302 John Ralston Rd	Houston
John G. Jones	Childcare Partnership	12406 Crosby Lynchburg Rd	Houston
Kool Kids Daycare	Childcare Partnership	602 Fairmont Parkway	Pasadena
Let's Learn Learning Center	Childcare Partnership	1511 N 10th St	Baytown
Purpose Kids	Childcare Partnership	846 Ashland Blvd	Channelview

PROGRAM OPTIONS

HCDE Head Start centers provide full-day enrollment, five days a week from August to May.

ELIGIBILITY CRITERIA

The minimum eligibility requirements for HCDE Head Start are: (1) the child is between the ages of 3 or 4 years old on September 1 of the program year; (2) the child resides within the boundaries of Area I of Harris County; and (3) the family's income meets or is below the current federal poverty guidelines. If the child is waitlisted, HCDE has established a point-based system with criteria that includes whether the child is homeless, receives public assistance, and/or has an identified disability or social service need (Head Start Selection Criteria, 2015).

ENROLLMENT

The following table shows enrollment trends between 2015-2016 to 2018-2019. Due to an outbreak of Covid-19, 2019-2020 data was not completed.

Enrollment				
Year	Head Start		Early Head Start	
	Funded	Actual	Funded	Actual
2015-16	1,230	1,344	100	70
2016-17	1,230	1,508	100	142
2017-18	1,230	1,387	100	172
2018-19	1,230	1,421	100	166

For Head Start, funded enrollment remained at 1,230 students from 2015 to 2019. Actual enrollment fluctuated from year to year but remained well over 100% of the funded enrollment. HCDE Head Start served 1,344 students in 2015-16, 1,508 students in 2016-17, 1,387 students in 2017-18, and 1,421 students in 2018-19.

For Early Head Start, funded enrollment remained at 100 students from 2015 to 2020. Actual enrollment fluctuated from year to year. HCDE Early Head Start served 70 students in 2015-16, 142 students in 2016-17, 172 students in 2017-18, and 166 students in 2018-19.

WAITLIST

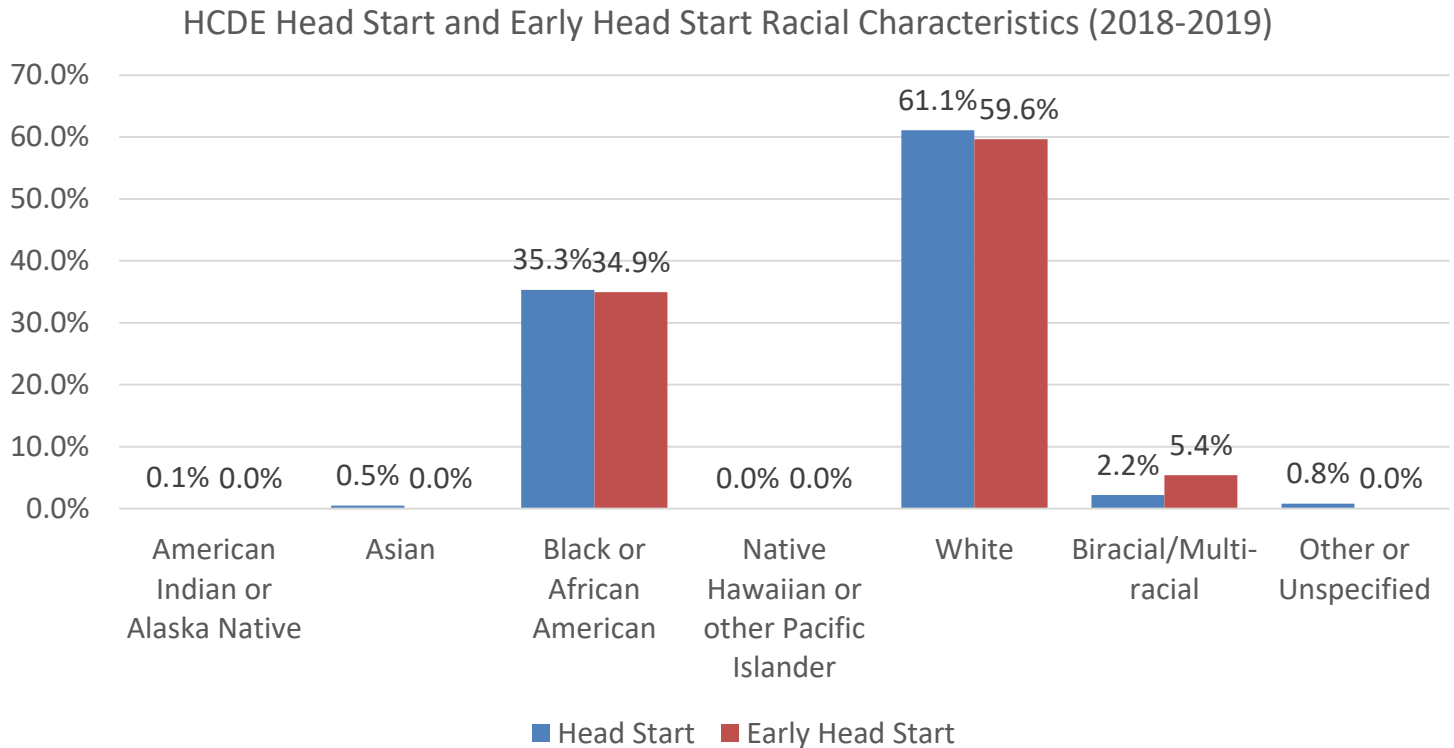
The table below shows the number of children across all centers waitlisted by month for 2018-2019.

HCDE Head Start Waitlist		
Month	HS	EHS & CCP
August 2018	361	25
September 2018	82	15
October 2018	45	11
November 2018	33	8
December 2018	18	15
January 2019	54	9
February 2019	46	16
March 2019	25	2
April 2019	35	20
May 2019	0	15

For Head Start, the waitlist ranged from 0 to 361 with an average of 69.9 children. For Early Head Start, the waitlist ranged from 2 to 25 with an average of 13.6 children.

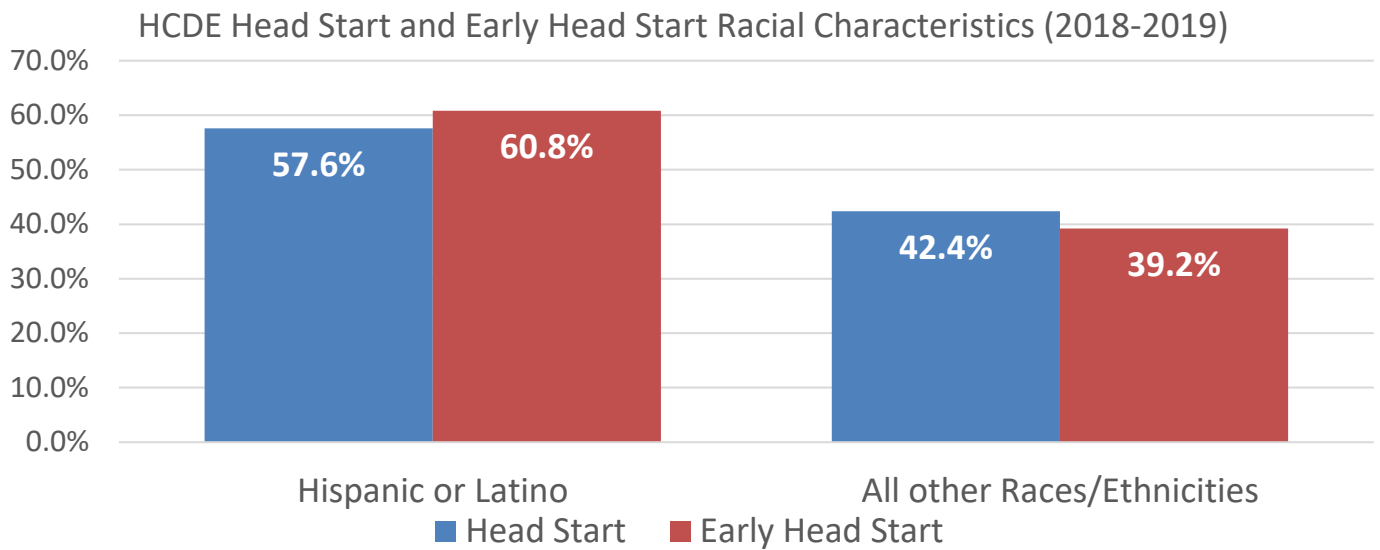
ETHNO-RACIAL CHARACTERISTICS

The racial characteristics of Head Start and Early Head Start Students are displayed in the chart below.



In 2018-2019, HCDE Head Start served students from various racial backgrounds. A large portion of students identified as White (61.1%) followed by Black/African American (35.5%). Other races included American Indian or Alaska Native (0.1%), Asian (0.5%), Bi-racial (2.2%), Other (0.8%), and Other or Unspecified (0.8%). None identified as Native Hawaiian or other Pacific Islander. The Early Head Start program followed a similar distribution. Most students identified as White (59.6%) followed by Black/African American (34.9%). Other races included American Indian or Alaska Native (0.0%), Asian (0.0%), Bi-racial (5.4%), Other (0.0%), and Other or Unspecified (0.8%).

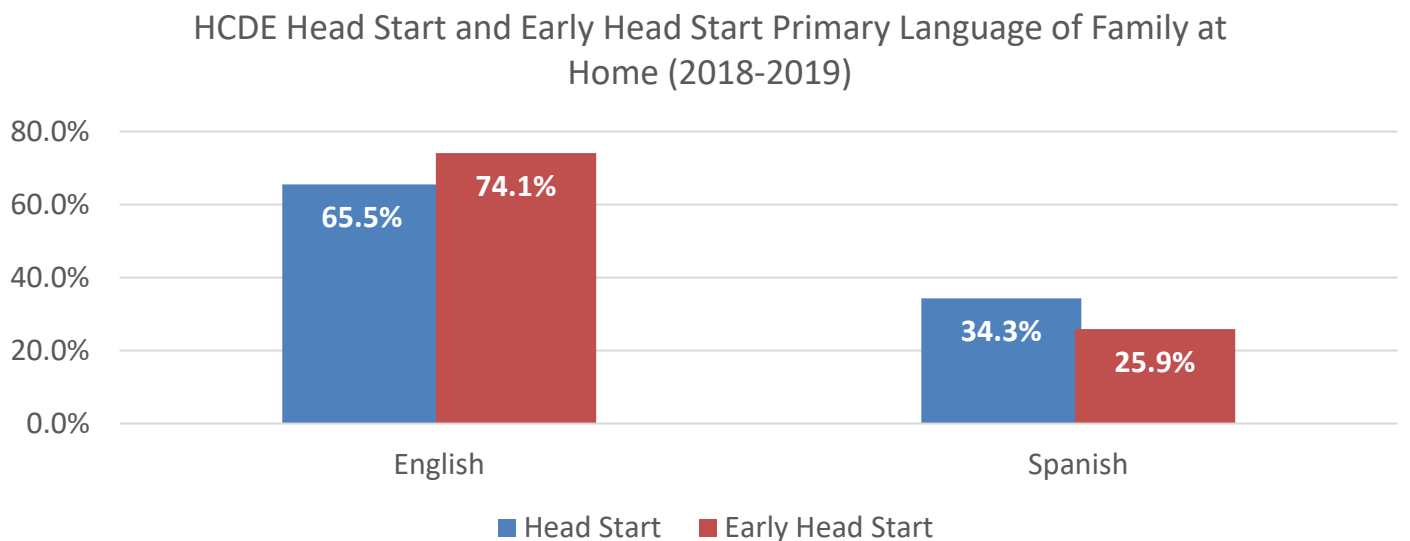
Since people of Hispanic or Latino origin can be of any race, their ethnicity was analyzed separately.



More than half (57.6%) of Head Start students identify as Hispanic or Latino while 42.4% of students did not identify as Hispanic or Latino. By comparison, 60.8% of Early Head Start students identify as Hispanic or Latino while 39.2% identified as other races/ethnicities.

LINGUISTIC CHARACTERISTICS

The linguistic characteristics of Head Start and Early Head Start Students are displayed in the chart below.



In the 2018-2019 academic year, about two-thirds (65.5%) of children enrolled in Head Start spoke English and the remaining children (34.3%) primarily spoke Spanish. On the other hand, nearly three-fourths (74.1%) of Early Head Start families spoke English and 25.9% of Early Head Start spoke Spanish at home.

FAMILY STRUCTURE AND EMPLOYMENT

The following table details the employment status of two-parent and single-parent households:

Head Start Family and Parent Employment Status				
	2015-16	2016-17	2017-18	2018-19
Enrolled Families (Total N)	1,302	1,416	1,294	1,321
Two-Parent Families (Total N, %)	403, 31.0%	408, 28.8%	398, 30.8%	429, 32.5%
Both parents/guardians are employed	13.6%	10.8%	12.3%	11.4%
One parent/guardian is employed	73.5%	79.7%	77.1%	79.3%
Both parents/guardians are not working	12.9%	9.6%	10.6%	9.3%
Single Parent Families (Total N, %)	899, 69.1%	1,008, 71.2%	896, 69.2%	892, 67.5%
Single parent/guardian is employed	57.8%	59.6%	61.6%	63.7%
Single parent/guardian not working	42.2%	40.4%	38.4%	36.3%

Across all four years, the ratio of two-parent to one-parent households remained relatively constant with two-parent households constituting approximately one-third of Head Start families and single-parent households constituting approximately two-thirds of Head Start families. For two-parent families, one parent employed was the most common employment status. For one-parent families, it was slightly more common for single parents to be employed than unemployed.

Early Head Start Family and Parent Employment Status				
	2015-16	2016-17	2017-18	2018-19
Enrolled Families (Total N)	66	134	158	155
Two-Parent Families (Total N, %)	12, 18.2%	22, 16.4%	24, 15.2%	29, 18.7%
Both parents/guardians are employed	8.3%	9.1%	16.7%	13.8%
One parent/guardian is employed	83.3%	81.8%	83.3%	72.4%
Both parents/guardians are not working	8.3%	9.1%	0.0%	13.8%
Single Parent Families (Total N, %)	54, 81.8%	112, 83.6%	134, 84.8%	126, 81.3%
Single parent/guardian is employed	60.6%	67.9%	70.9%	73.8%
Single parent/guardian not working	21.2%	32.1%	29.1%	26.2%

Across all four years, the ratio of two-parent to one-parent households remained relatively constant with two-parent households constituting approximately 15-18% of Head Start families and single-parent households

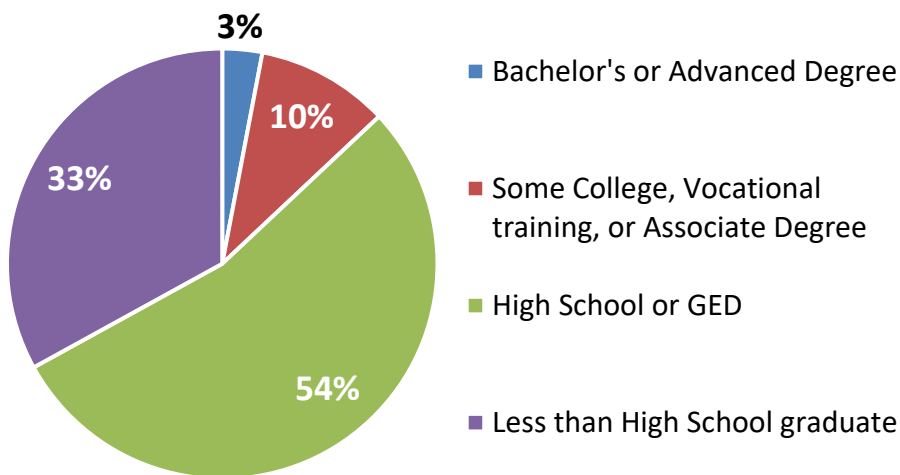
constituting approximately 81-85% of Head Start families. For two-parent families, one parent employed was the most employment status. For one-parent families, it was more common for single parents to be employed than unemployed.

The summary of enrollment according to Head Start’s eligibility criteria, during the 2018-2019 program year, revealed that 90.4% of participants enrolled based on income with 7.2% receiving public assistance. Other enrollees included foster children (2.3%). The summary of enrollment according to Early Head Start’s eligibility criteria, during the 2018-2019 program year, revealed that 91.0% of participants enrolled based on income with 5.4% receiving public assistance. Other enrollees included foster children (1.8%) and homeless children (1.2%), while 0.6% with income 100% above the federal poverty line.

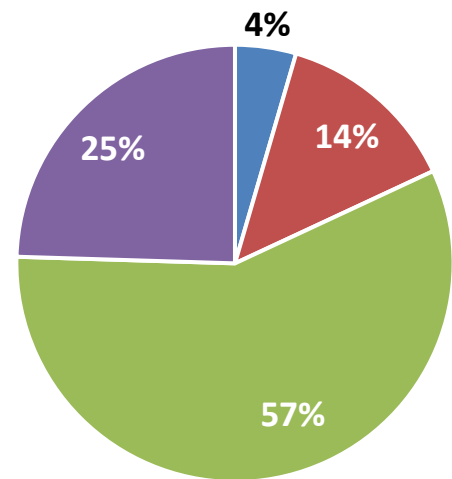
EDUCATIONAL ATTAINMENT

The level of educational attainment by Head Start and Early Head Start parents in 2018-2019 is displayed in the charts below.

Head Start Parent Educational Attainment (2018-2019)



Early Head Start Parent Educational Attainment (2018-2019)



HCDE Head Start and Early Head Start recorded parents’ educational attainment. In 2018-2019, 54% of Head Start parents earned a High School diploma or GED, 33% did not graduate High School, 10% had some college, vocational training, or Associate degree, and 3% had a bachelor’s or an advanced degree. In that same year, 57% of Early Head Start parents earned a High School diploma or GED, 25% did not graduate High School, 14% had some college, vocational training, or Associate degree, and 4% had a bachelor’s or an advanced degree.

DEMOGRAPHICS

Analyzing the demographics of a community is an important tool to visualize and understand the population that Early Head Start and Head Start programs serve. This section explores demographic indicators attained from the U.S. Census Bureau 2018 American Community Survey 5-Year Estimates such as age, race, ethnicity, language, and educational attainment within Harris County and HCDE’s Service Area.

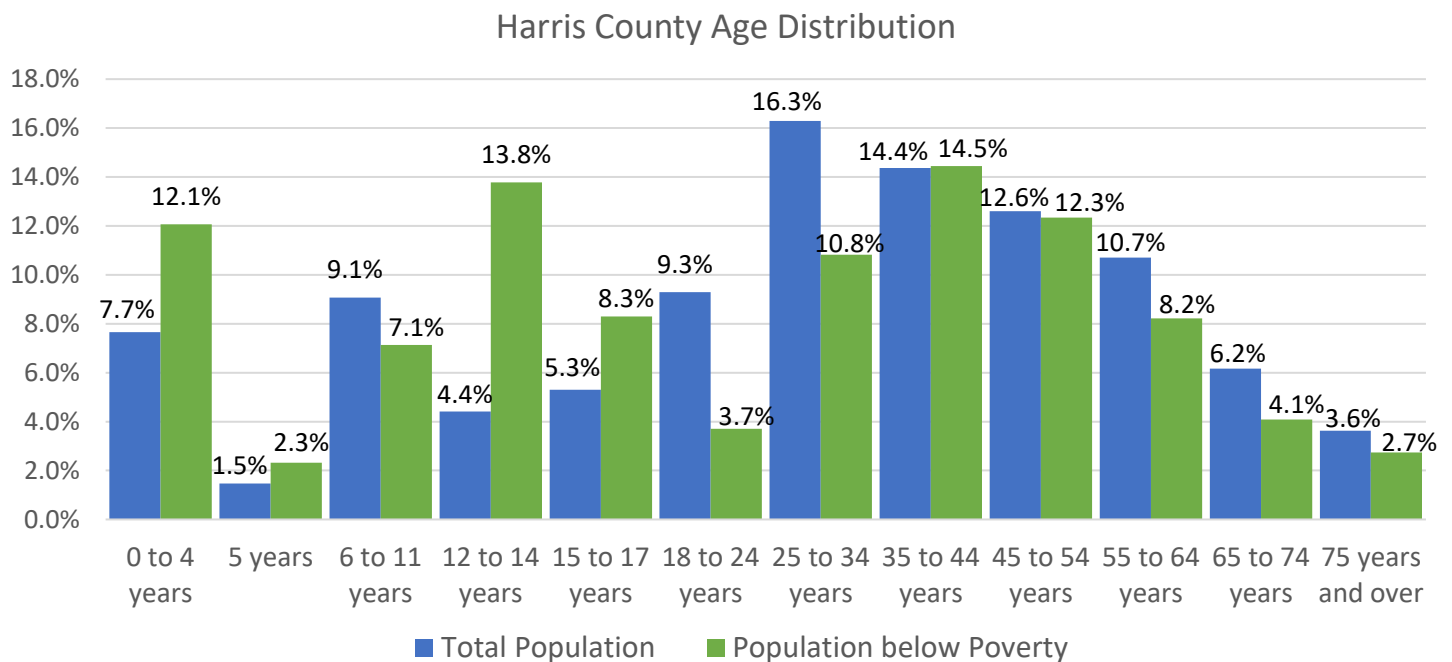
POPULATION AND AGE DISTRIBUTION¹

Analyzing the age distribution is fundamental in understanding the makeup of a population. Distributions that are higher for older cohorts indicate an aging population while distributions that are higher for younger cohorts indicate a younger and growing population. By comparing the distribution of the total population to that of the population in poverty, we can determine which age cohorts are disproportionately impacted by poverty.

HARRIS COUNTY

Since 2010, the population of Harris County has grown by 16.5% and is now home to 4,602,523 people with a density of 2,590 persons per square miles.

The chart below displays the age distribution of people in poverty and compares it to that of the total population in Harris County.



¹ Data for the age distribution charts was retrieved from the 2018 American Community Survey 5 Year Estimates table B17001.

Age groups ranged from under 5 to 75 and over. The total population is mainly distributed between 18 to 64-year-olds which accounts for 63.3% of the population. The least concentrated age group is the group 75 and over which accounts for 3.5% of the population. Five-year-olds are placed in a separate cohort and therefore make up a small percentage (1.5%).

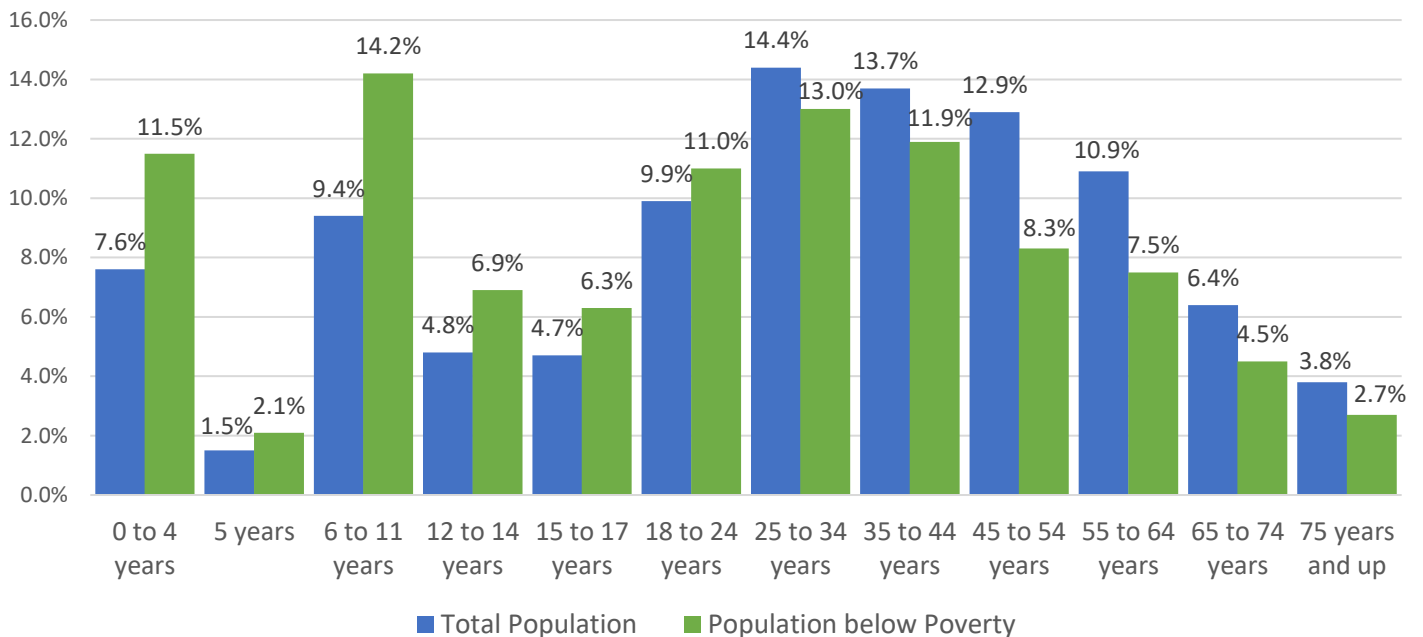
By comparison, the population living below poverty follows a different, less clear distribution. While children under 5 make up 7.7% of the population, they account for 12.1% of the population in poverty. Other age groups, such as 12 to 14-year-olds and 15 to 17-year-olds are also disproportionately affected by poverty. The remaining population below poverty is concentrated between 25 and 54-year-olds.

HCDE SERVICE AREA

In 2018, an estimated 1,312,822 people resided in HCDE’s Service Area, with a population density of 1,547 persons per square mile. HCDE’s service area is sparsely populated compared to other regions served by Head Start agencies in the county.

The chart below displays the age distribution of people in poverty and compares it to that of the total population in HCDE’s Service Area.

HCDE Service Area Age Distribution



Of the total population, approximately 27.9% of residents in HCDE’s Service Area are children, and 7.6% were under 5. By comparison, of the population in poverty, 41.0% are children and 11.5% are children under 5. The overall age distribution for the total population

By comparison, the population living below poverty follows a different, less clear distribution. While children under 5 make up 7.6% of the population, they account for 11.5% of the population in poverty. Other age groups,

such as 6 to 11-year-olds, 12 to 14-year-olds, and 15 to 17-year-olds are also disproportionately affected by poverty. The remaining population below poverty is concentrated between 18 and 44-year-olds.

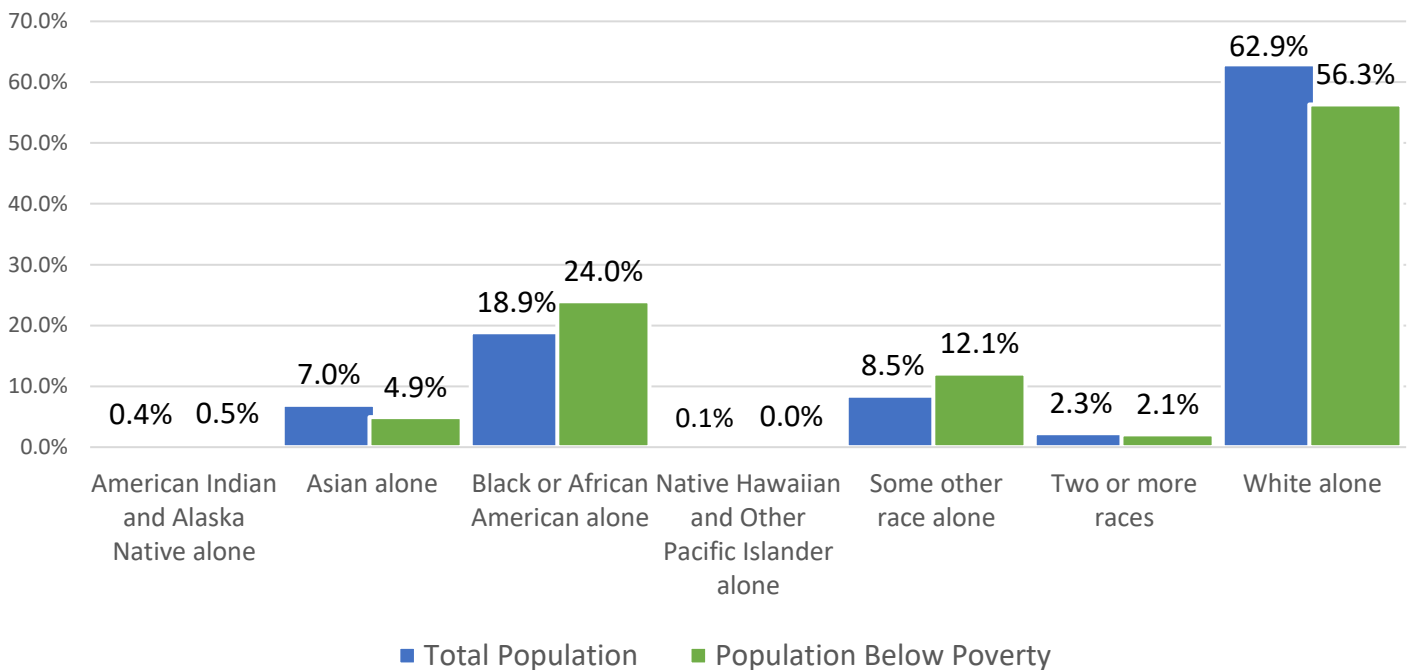
RACIAL AND ETHNIC MAKEUP²

The racial and ethnic makeup of a community can influence how programs and services are delivered. In this section, we explore the racial and ethnic makeup of the population.

HARRIS COUNTY

Since 1960, Harris has become one of the most ethnically and culturally diverse counties in the country, shifting from a mostly non-Hispanic white population to a multicultural society. The Latino community specifically has grown exponentially and now accounts for 42.7% of the total Harris County population. The racial and ethnic makeup of the county is displayed in the charts below.

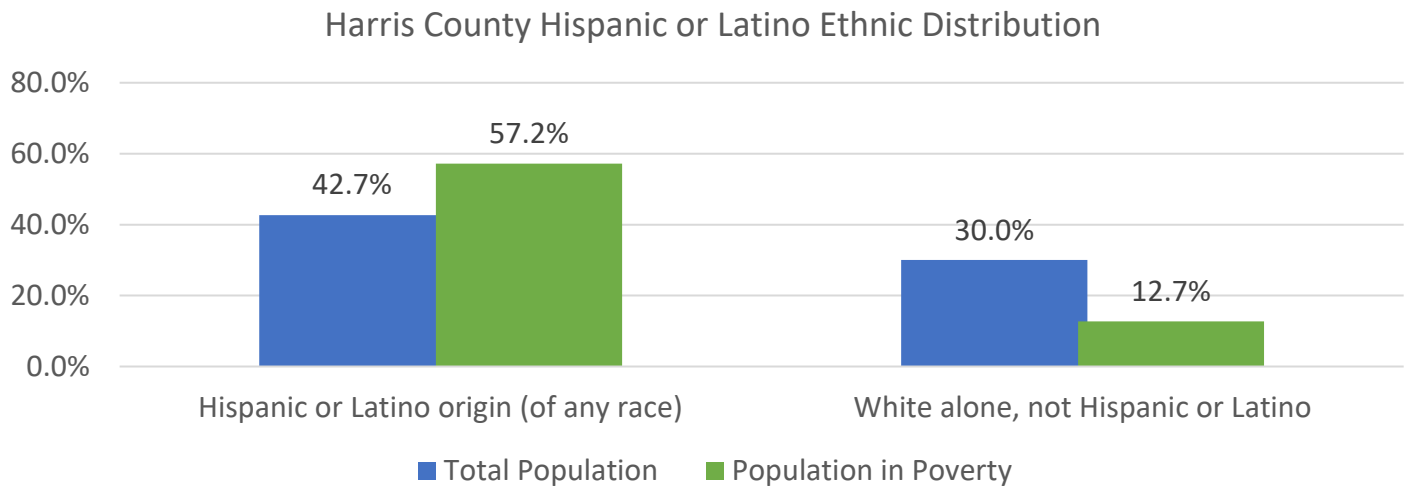
Harris County Racial Characteristics



Of the total population, Whites represent 62.9% of the county, followed by Black or African Americans (18.9%), Asians (7.0%), two or more races (2.3%), American Indians and Alaska Natives (0.4%), Native Hawaiians and Other Pacific Islanders (0.1%) and some other race (8.5%). The population living below poverty followed a similar distribution. Whites living below poverty represent 56.3% of the county, followed by Blacks or African American (24.0%), Asians (7.4%), two or more races (2.1%), American Indians and Alaska Natives (0.5%), Native Hawaiian and Other Pacific Islanders (0.0%), and some other race (12.1%).

² Data for racial characteristics was acquired from the 2018 American Community Survey 5-Year Estimates Tables B17001A through B17001I

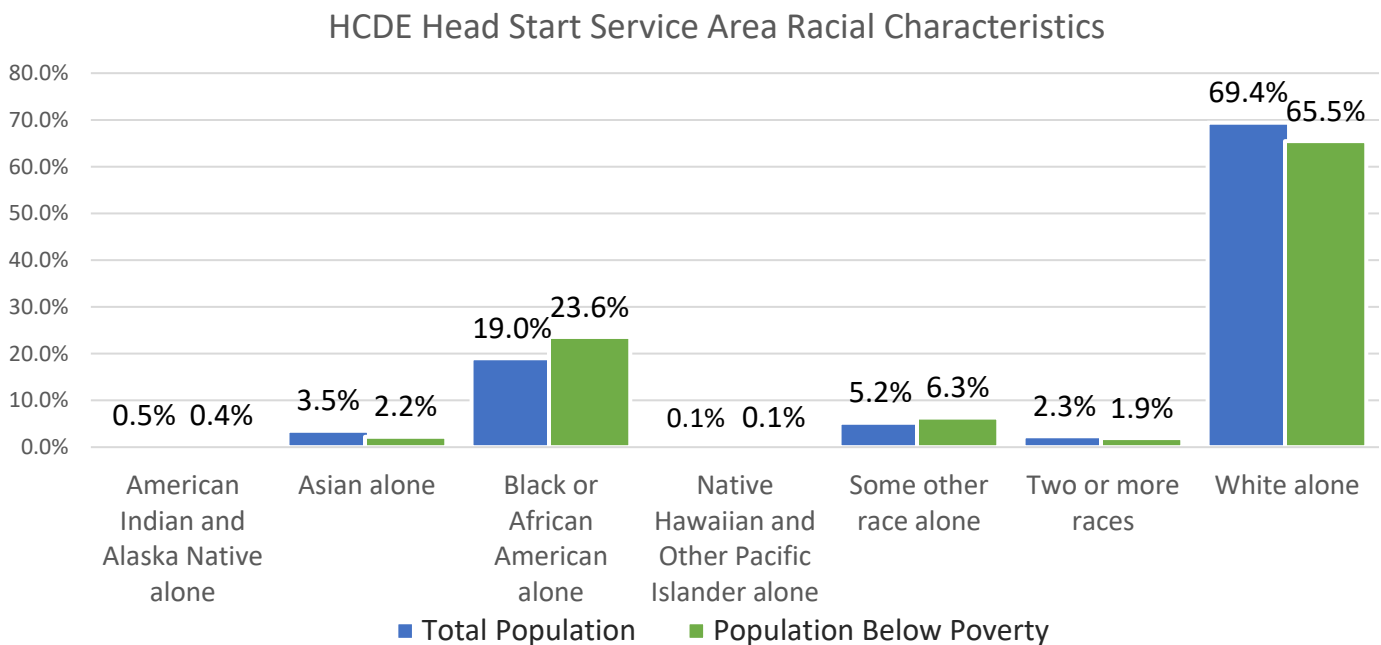
Because Latinos and Hispanics can be of any race, their data is kept separate. The distribution of Hispanic and Latino ethnic identity is provided in the following chart.



Approximately 42.7% of the total population in Harris County is of Hispanic or Latino origin while 30.0% is white alone. By comparison, the population in poverty has a different distribution. A greater percentage (57.2%) of the population living below poverty is of Hispanic or Latino origin while only 12.7% of the white population lives below poverty.

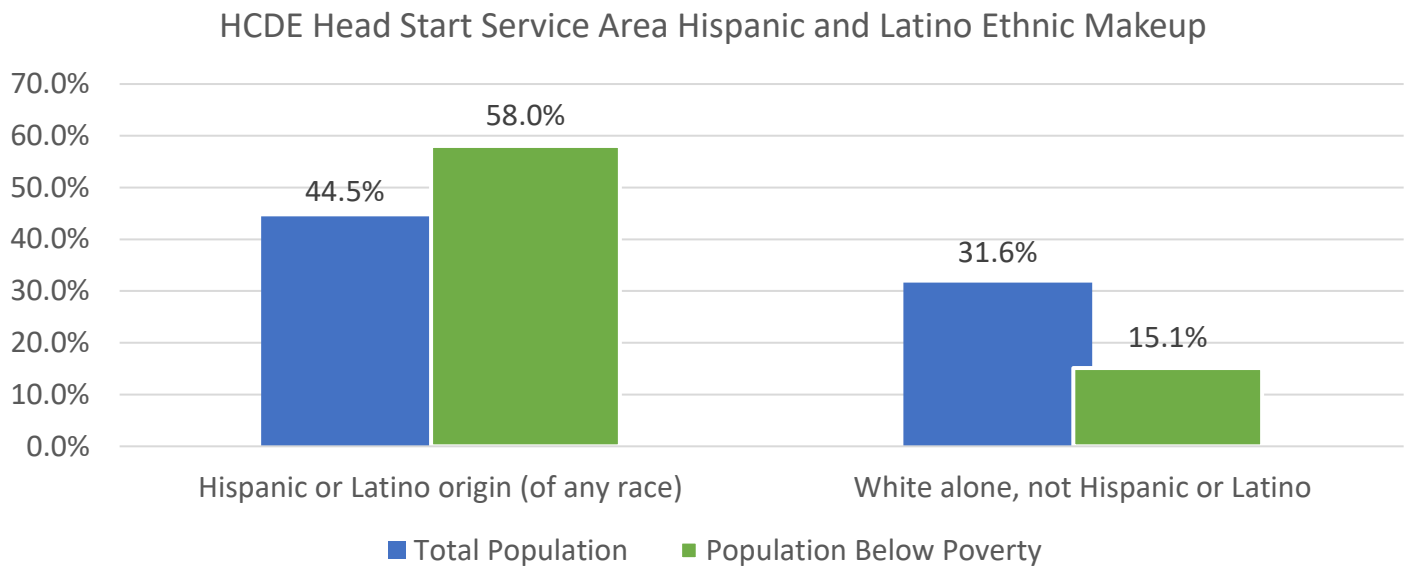
HCDE SERVICE AREA

The racial and ethnic characteristics of HCDE Head Start’s Service Area are displayed in the charts below.



Of the total population, Whites represent 69.4% of the county, followed by Black or African Americans (19.0%), Asians (3.5%), two or more races (2.3%), American Indians and Alaska Natives (0.5%), Native Hawaiians and Other Pacific Islanders (0.1%) and some other race (5.2%). The population living below poverty followed a similar distribution. Whites living below poverty represent 65.5% of the county, followed by Blacks or African American (23.6%), Asians (2.2%), two or more races (1.9%), American Indians and Alaska Natives (0.4%), Native Hawaiian and Other Pacific Islanders (0.1%), and some other race (6.3%).

The distribution of Hispanic and Latino identity is provided in the chart below.



Approximately 44.5% of the total population is of Hispanic or Latino origin while 31.6% is white alone. By comparison, the population in poverty has a different distribution. A greater percentage (58.0%) of the population living below poverty is of Hispanic or Latino origin while only 15.1% of the white population lives below poverty.

DEMOGRAPHICS OF HEAD START ELIGIBLE CHILDREN³

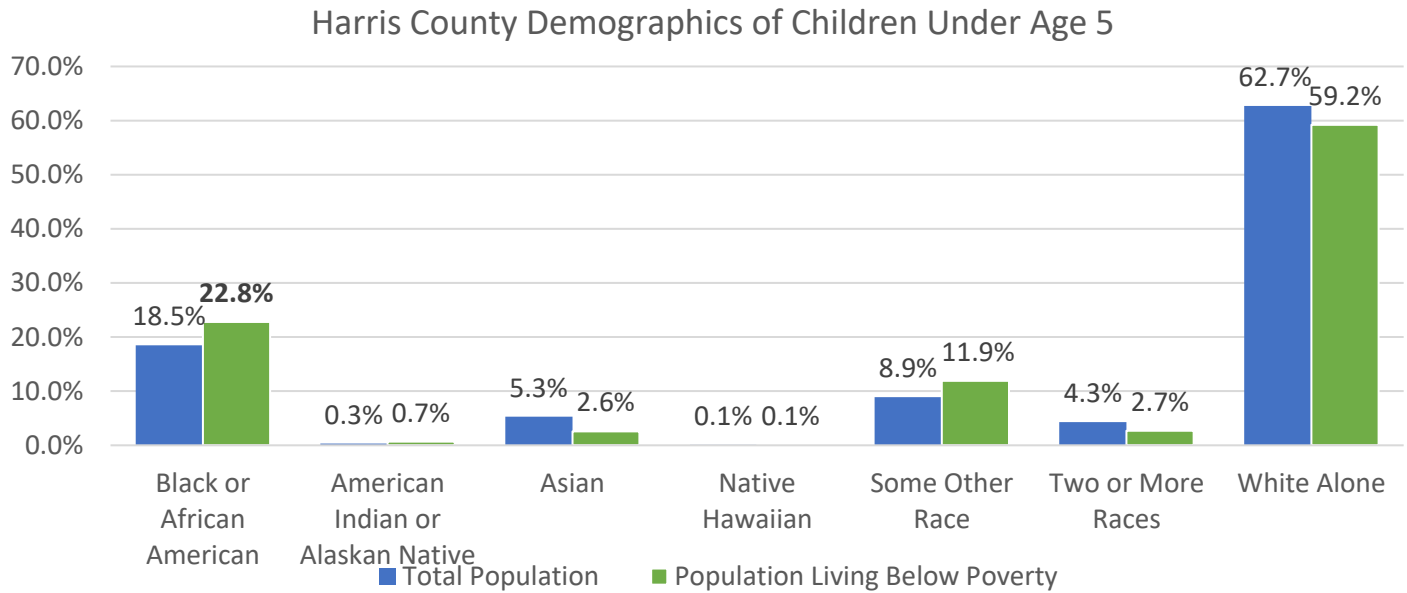
To understand the demographics of Head Start and Early Head Start eligible children, we analyzed the racial and ethnic characteristics of children under 5 living in Harris County and HCDE’s service area.

HARRIS COUNTY

Harris County is home to an estimated 349,047 children under age 5 accounting for 7.7% of the total population. Of these children, an estimated 25.5% are living below poverty.

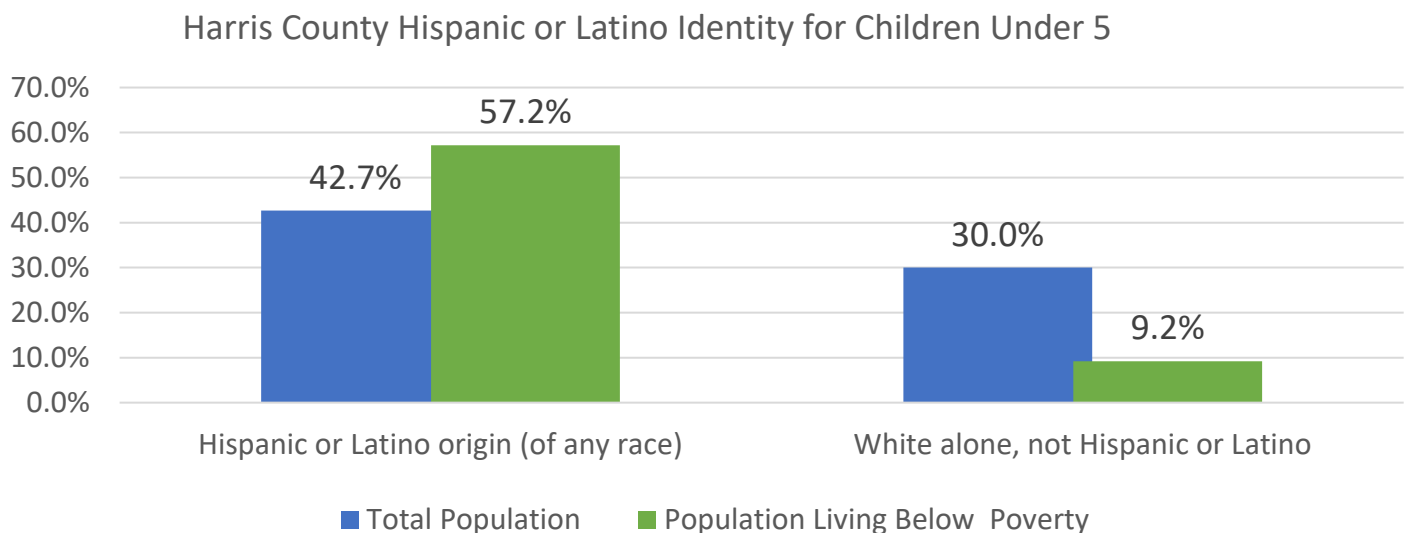
³ Data for racial characteristics was acquired from the 2018 American Community Survey 5-Year Estimates Tables B17001A through B17001I

The table below displays the estimated number of children under age 5 living below poverty by age and race.



Of the total population of children under 5, Whites represent 62.7% of the county, followed by Black or African Americans (18.5%), Asians (5.3%), two or more races (4.3%), American Indians and Alaskan Natives (0.3%), Native Hawaiians and Other Pacific Islanders (0.1%) and some other race (8.9%). The population living below poverty followed a similar distribution. Whites living below poverty represent 59.2% of the county, followed by Blacks or African American (22.8%), Asians (2.6%), two or more races (2.7%), American Indians and Alaskan Natives (0.1%), Native Hawaiian and Other Pacific Islanders (0.1%), and some other race (11.9%).

The distribution of Hispanic and Latino identity is provided in the chart below.



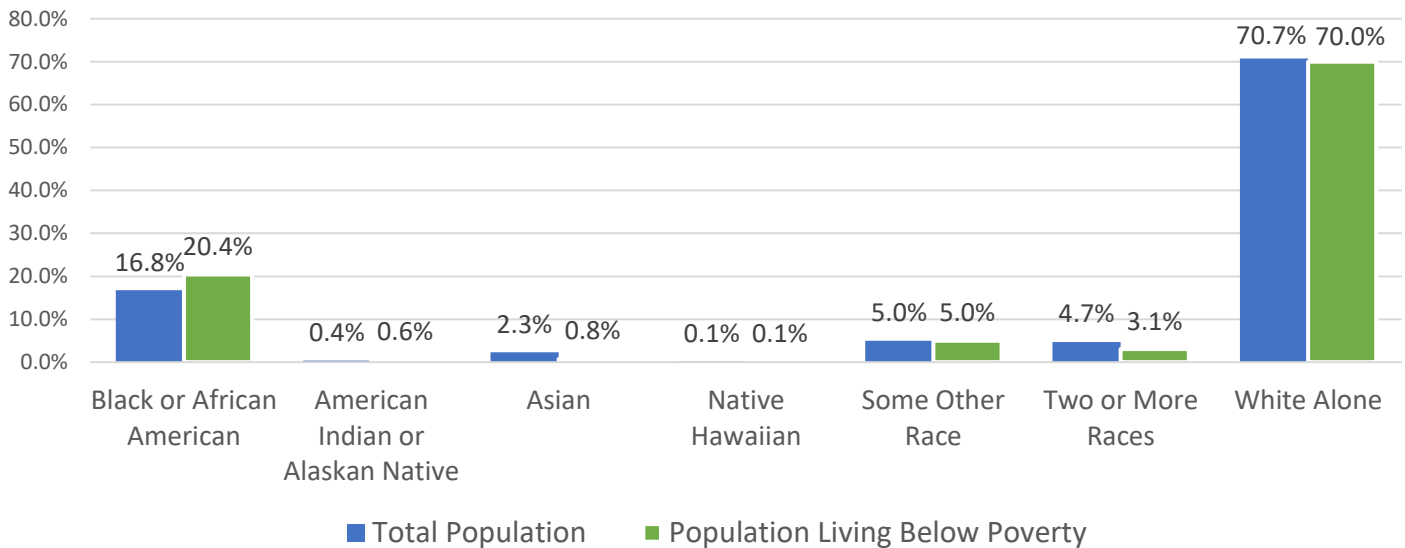
Approximately 42.7% of the total population in Harris County is of Hispanic or Latino origin while 30.0% is white alone. By comparison, the population in poverty has a different distribution. A greater percentage (57.2%) of the population living below poverty is of Hispanic or Latino origin while only 12.7% of the white population lives below poverty.

HCDE HEAD START SERVICE AREA

Within HCDE’s Head Start service area, a total of 23,761 children under age 5 are estimated to be living in poverty.

The table below displays the estimated number of children under age 5 living in poverty by age and race.

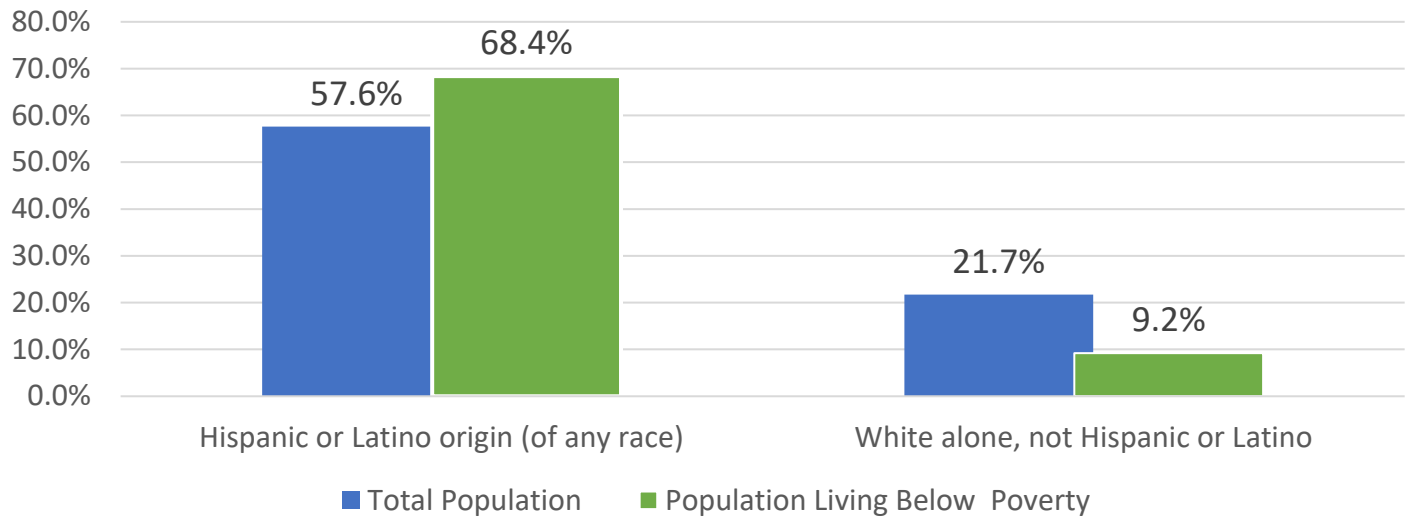
HCDE Head Start Service Area Demographics of Children Under Age 5



Of the total population of children under 5 living in HCDE Head Start’s service area, Whites represent 70.7% of the county, followed by Black or African Americans (20.4%), Asians (0.8%), two or more races (4.7%), American Indians and Alaskan Natives (0.4%), Native Hawaiians and Other Pacific Islanders (0.1%) and some other race (5.0%). The population living below poverty followed a similar distribution. Whites living below poverty represent 70.0% of the county, followed by Blacks or African American (20.4%), Asians (0.8%), two or more races (3.1%), American Indians and Alaskan Natives (0.6%), Native Hawaiian and Other Pacific Islanders (0.1%), and some other race (5.0%).

The distribution of Hispanic and Latino identity for children under age 5 is provided in the chart below.

HCDE Head Start Service Area Hispanic or Latino Identity for Children Under 5



Approximately 57.6% of the total population under 5 residing in HCDE Head Start’s service area is of Hispanic or Latino origin while 21.7% is white alone. By comparison, the population in poverty has a different distribution. Children under 5 living below poverty comprise a far greater share of the Hispanic or Latino population compared to the White Alone population. An estimated 57.6% of the population living below poverty is of Hispanic or Latino origin while only 9.2% of the white population lives below poverty.

LANGUAGE SPOKEN AT HOME⁴

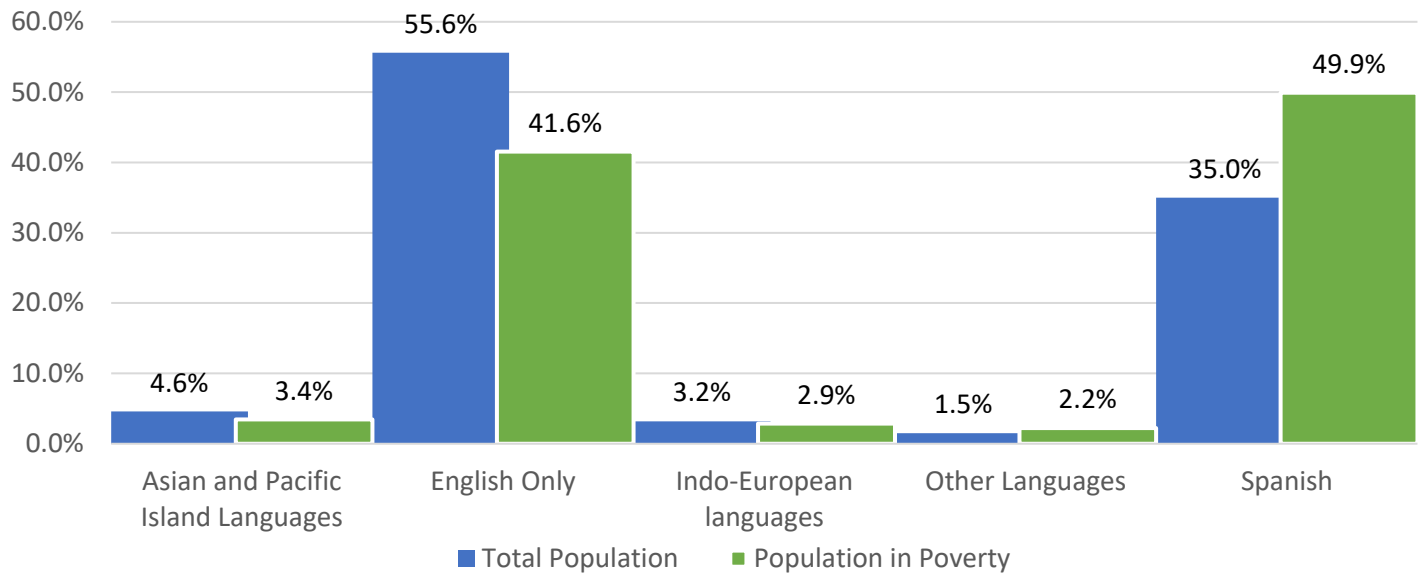
Knowing what languages are spoken in a community can help inform the languages that services are offered in. Areas with high concentrations of people speaking languages other than English means services need to accommodate for linguistic diversity. In this section, we explore the distribution of languages spoken at home by the population 5 and up.

HARRIS COUNTY

The chart below displays the distribution of people in poverty by the language spoken at home and compares it to that of the total population in Harris County.

⁴ Data for language spoken at home was acquired from the 2018 American Community Survey 5-Year Estimates Table B16009

Harris County Language Spoken at Home (Ages 5 and Up)



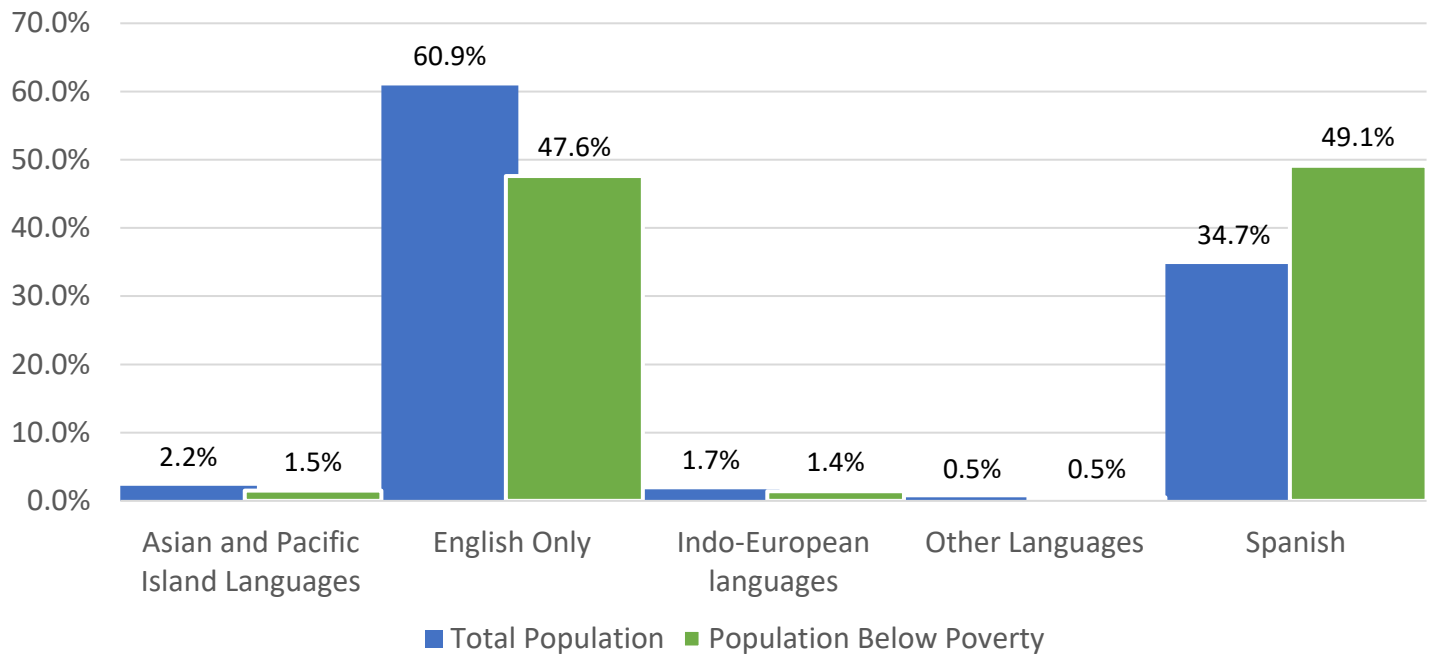
In Harris County, more than half (55.6%) of the county’s population above age 5 speak only English at home while the remaining 44.2% speak another language in addition to or instead of English. An estimated 35.0% speak Spanish, 4.6% speak languages originating from Asia and the Pacific Islands, 3.2% speak Indo-European languages, and a small percentage marked 1.5% speak other languages.

By comparison, for individuals in poverty Spanish is the most common language spoken (49.9%), followed by English (41.6%). The remaining 7.1% of the population in poverty spoke languages originating from Asia and the Pacific Islands (3.4%), Indo European languages (2.9%), and other languages (2.2%).

HCDE HEAD START SERVICE AREA

The chart below displays the distribution of people in poverty by the language spoken at home and compares it that of the total population in HCDE’s service area.

HCDE Head Start Service Area Language Spoken at Home (Ages 5 and up)



Compared to Harris County, languages primarily spoken in HCDE’s Service Area followed a similar pattern. More than half (60.9%) of HCDE’s Service Area population above age 5 speak only English at home while the remaining 39.1% speak another language in addition to or instead of English. An estimated 34.6% speak Spanish, 2.2% speak languages originating from Asia and the Pacific Islands, 1.7% speak Indo-European languages, and a small percentage marked 0.5% speak other languages.

By comparison, for individuals in poverty Spanish is the most common language spoken (49.1%), followed by English only (47.6%). The remaining 3.3% of the population in poverty spoke languages originating from Asia and the Pacific Islands (1.5%), Indo European languages (1.4%), and other languages (0.5%).

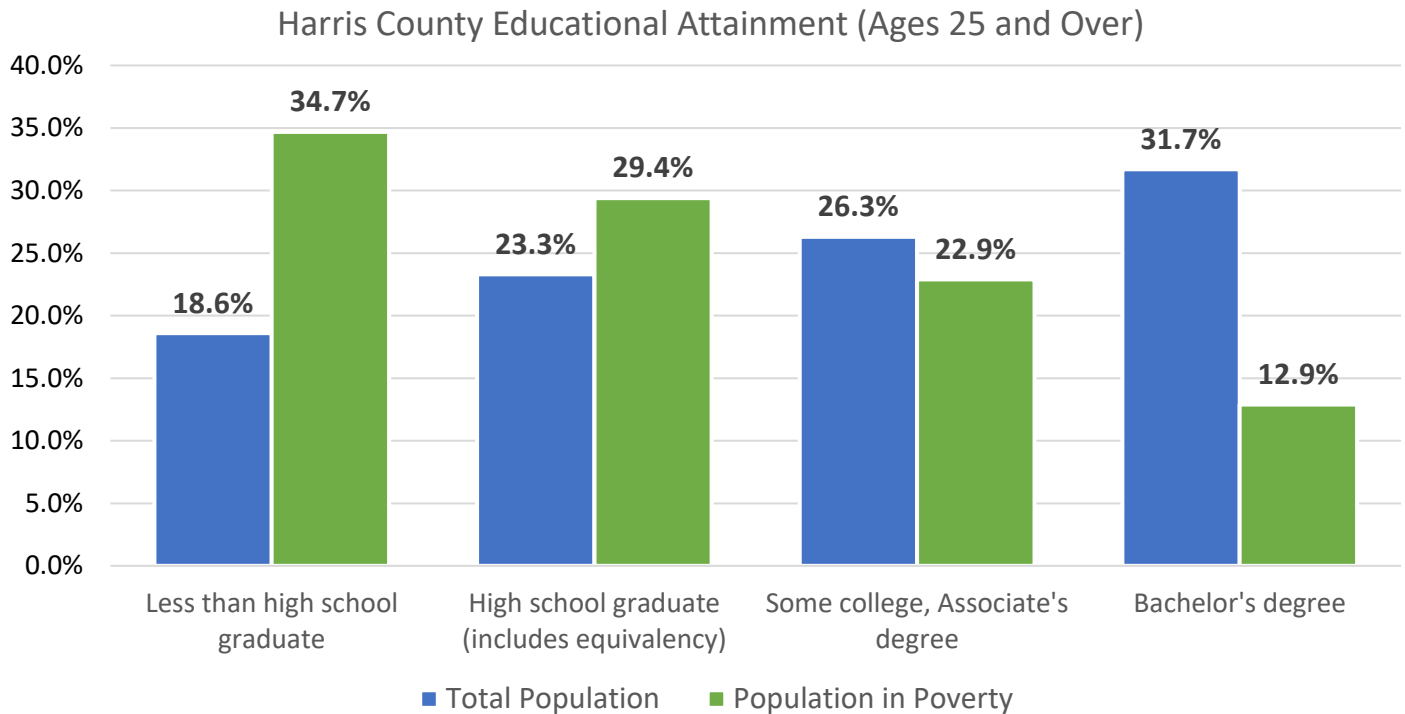
EDUCATIONAL ATTAINMENT⁵

Educational attainment is a major contributing factor in social mobility and poverty. The more educated someone is, the less likely they are to live in poverty but at the same time, the lower someone’s income is, the less likely they are to attain higher levels of educational attainment

⁵ Data for educational attainment was acquired from the 2018 American Community Survey 5 Year Estimates Table B17003

HARRIS COUNTY

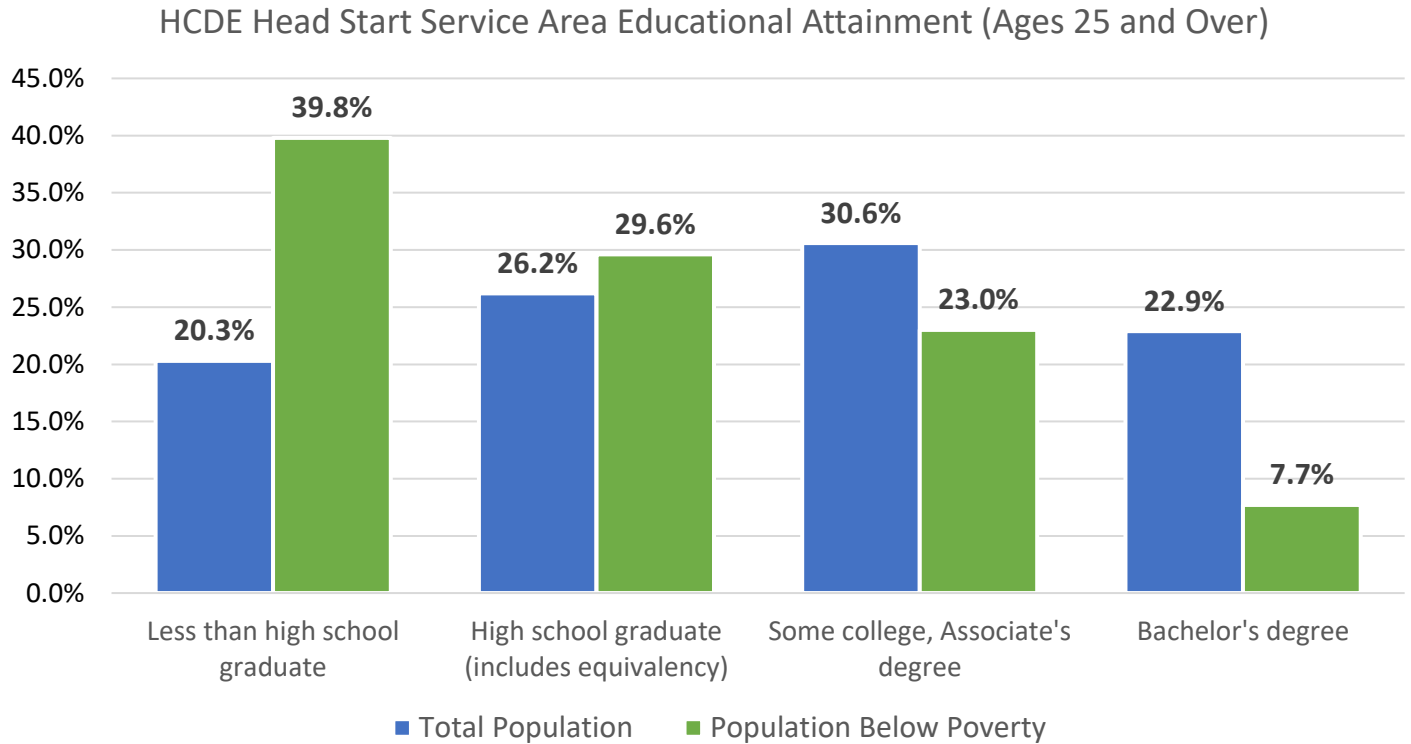
The chart below displays the distribution of people in poverty by their level of education and compares it to that of the total population.



Individuals that did not complete their high school education comprise a far greater share of the population in poverty than the total population. One in three individuals (34.7%) living in poverty does not have a high school diploma. By comparison, nearly one in five (18.4%) of the total population had less than a high school diploma. As the level of education increases, the level of attainment for the population in poverty decreases. The opposite trend is observed for the general population. Those with some college but no degree comprise a somewhat lesser share of the population in poverty than their share of the general population and those with a bachelor's degree or higher are underrepresented to a much greater degree.

HCDE HEAD START SERVICE AREA

The chart below displays the distribution of people in poverty by their level of education and compares it to that of the total population within HCDE’s Service Area.



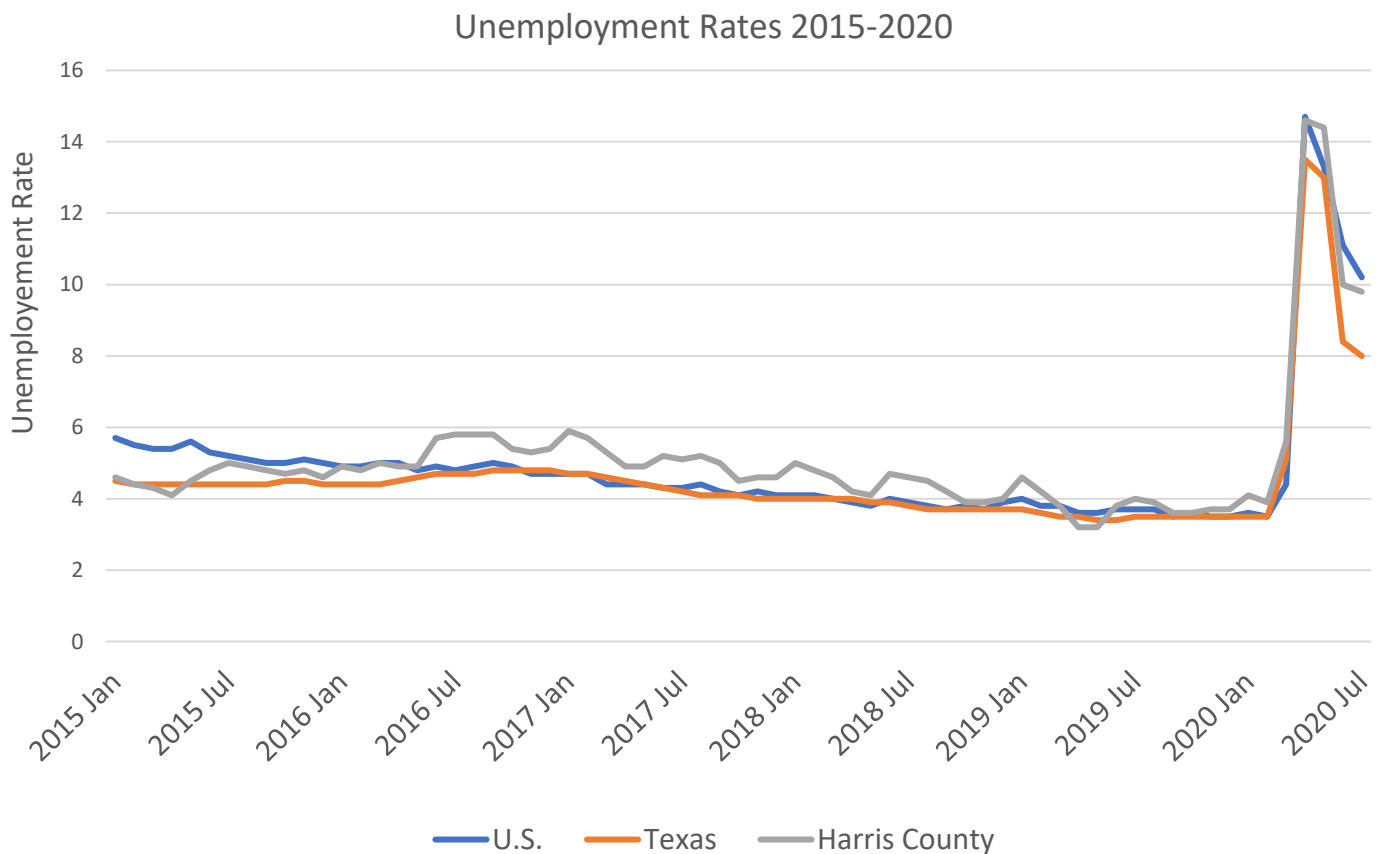
Like Harris County, Individuals in HCDE’s service area who did not complete their high school education comprise a far greater share of the population in poverty than the total population. One in three individuals (39.8%) living in poverty does not have a high school diploma. By comparison, one in five (20.3%) of the total population had less than a high school diploma. As the level of education increases, the level of attainment for the population in poverty decreases. The opposite trend is observed for the general population. The cohort with some college but no degree comprises a somewhat lesser share of the population in poverty than their share of the general population and those with a bachelor’s degree or higher are underrepresented to a much greater degree.

THE LOCAL ECONOMY

Poverty continues to be the reality for 25.5% of children under 5 residing in Harris County. Reasons for this are many and too complex for a full discussion in this assessment. However, some of the issues relevant to families' inability to sufficiently support themselves including changes in employment, stagnant wages, household characteristics, and immigration status.

EMPLOYMENT TRENDS

Unemployment rates rise and fall in response to changing economic conditions. Determining the unemployment rate is an important indicator of the overall health of the economy. The graph below displays unemployment rates for the U.S., Texas, and Harris County from January 2015 to July 2020 (U.S. Bureau of Labor Statistics, 2020).



From January 2015 to December 2019, unemployment rates in Harris County dropped from 4.6% to 3.6%. Between 2015 to 2017, Harris County lost more than 70,000 jobs when the price of oil dropped by 75% (Sturges,

2020). During this time, unemployment rates increased above state and national rates. Despite this loss, Houston's economy avoided a recession due to a strong national economy and gains in other sectors.

In the Spring of 2020, the combination of an unprecedented pandemic and an unexpected crash in the oil market led to skyrocketing unemployment rates triggering one of the worst job crises since the Great Depression (Gilmer, 2020). Between March and April of 2020, Harris County's unemployment rates increased from 5.6% to 14.6%. In response to the economic fallout, Congress approved the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) which temporarily expanded eligibility and increased unemployment benefits by \$600 per week. Despite these efforts, unemployment rates remained high.

FULL VS PART-TIME EMPLOYMENT AND AVERAGE HOURS WORKED

The American Community Survey (2018) estimates that 47.5% of the Harris County population over the age of 16 worked full-time and year-round while 21.8% worked less than full-time and 30.7% did not work at all. To gain an idea of weekly schedules, the table below provides information on the average hours worked for each gender.

Average Usual Hours Worked for Workers 16-64 Years of Age	
Gender	Average Hours
Male	42.6
Female	37.6
TOTAL	40.3

Overall, an employed person worked an average of 40.3 hours per week. Males in Harris County work an average of 42.6 hours per week and females worked an average of 37.6 hours per week. The Organization for Economic Co-operation Development (2020), suggests that women are more likely to work part-time which often results in lower wages, higher job insecurity, and less job training.

AUTOMATION AND JOBS

In an increasingly technology-dependent world, artificial intelligence and robotic technology are changing the way people live and work. According to a report published by The Brookings Institute, in the Houston Metro Statistical Area, an estimated 46.3% of jobs are susceptible to automation (Muro, Maxim & Jacob, 2019). Occupations typically held by less educated and lower-wage earners, such as those in production, food services, and transportation are the most likely to bear the burden of automation. To adapt to the changing economy, prospective employees need to develop new skills for emerging and evolving jobs.

WAGES AND INCOME

Stagnant wages are a major factor contributing to income inequality and poverty. In 2009, the federal and state minimum wage was raised to \$7.25 an hour but has remained unchanged since then. To earn a livable wage in

Texas, the Massachusetts Institute of Technology estimates, a single adult must earn \$11.48 an hour and an adult with one child must earn \$23.42 per hour. The unfortunate reality is that a minimum wage employee working full-time in Texas earns an annual income of \$15,080, earning just above the federal poverty line for a single person. For single parents supporting one or more dependents, working a full-time minimum wage job means they are living below poverty.

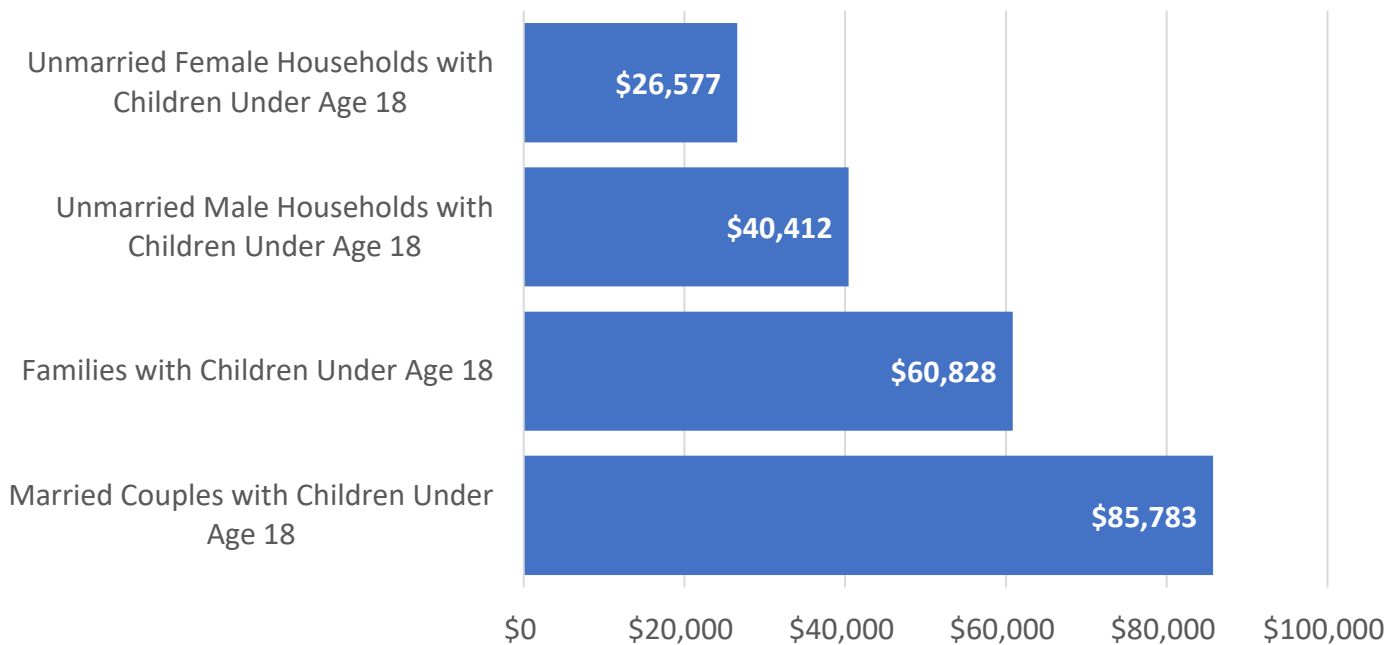
According to the Economic Policy Institute (EPI) nearly a third of American families, with two parents and two children, fall short of meeting their basic living costs. The following table displays the estimated monthly and annual income needed to meet expenses for an adequate standard of living in Harris County.

Estimated Income-Basic Standard of Living for Harris County families		
Household	Monthly Income	Annual Income
1-parent, 2 kids	\$5,298	\$63,571
2-parent, 2 kids	\$6,081	\$73,010

To meet the basic living costs in Harris County, EPI estimates that a single parent with two children needs a monthly income of \$5,298, while a 2-parent household with 2 children needs a monthly income of \$6,081.

We assessed median household income in Harris County to better understand how much families earn in relation to the estimated income needed to meet the basic standard of living. The chart below displays median incomes in Harris county according to family/household type with children under age 18.

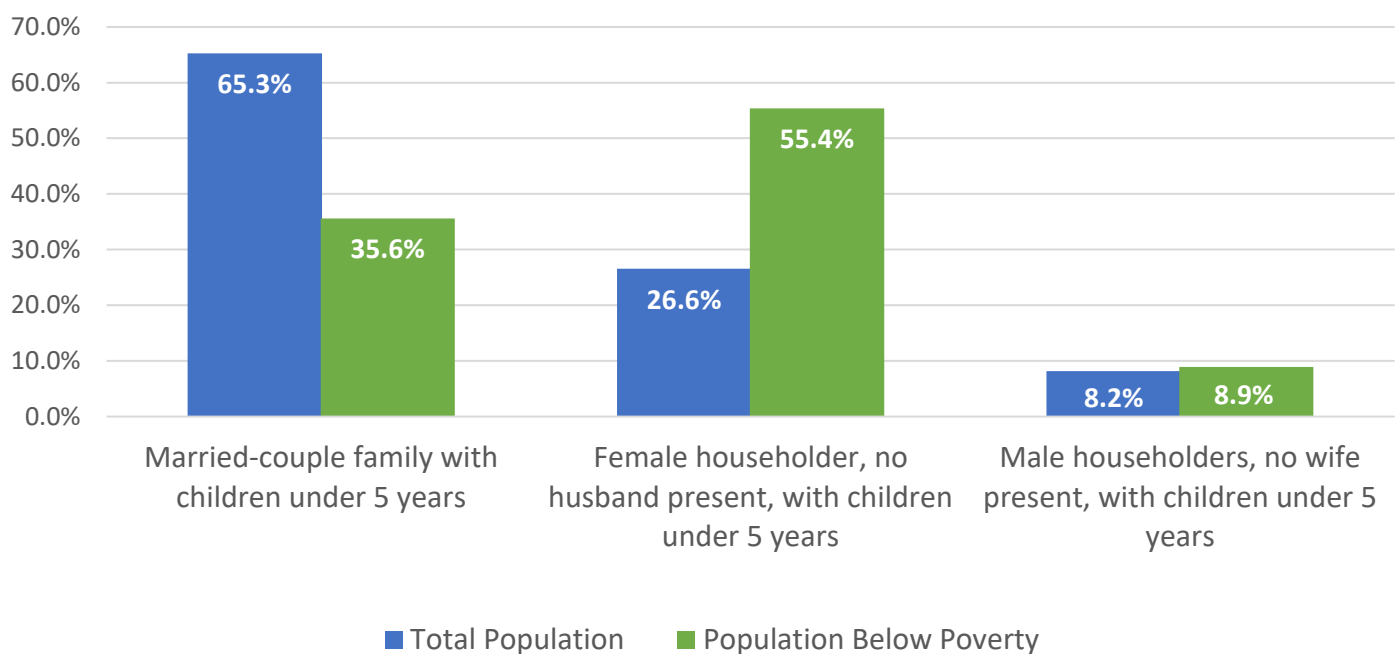
Median Household Income in Harris County



Married-couple families with children under age 18 have the highest median income of \$85,783 compared to all households. In single-parent families, the median income was markedly lower. For unmarried males with children, the median income was \$40,412 while unmarried female householders with children had a median income of \$26,577. These numbers reveal that female lead households earn substantially less than male lead households.

Harris County is home to 349,048 households with children under age 5. Of those households, 89,165 or 25.5% live below poverty. The chart below displays the distribution of people in poverty by the type of family and compares it to that of the total population in Harris County (U.S. Census Bureau, 2018).

Households in Harris County with Children Under Age 5



More than half (65.3%) of the families with children under 5 living in Harris County are married. By comparison, only 35.6% of families living below poverty are married, while more than half (55.4%) are unmarried female householders with children under 5. Unmarried male householders with children under 5 constituted the lowest percentage of households for both the total population and the population living below poverty.

HOUSING

A 2019 study conducted by Apartment List revealed rising housing costs for individuals with lower incomes. Over the past decade, Houstonians making less than the median household income, have observed costs increase by 12%, while those who earn more, have observed a 9% increase. Declining affordability is especially problematic for renters. Rice University found that 47% of renters spend more than 30% of their income on rent while 23% of those renters spend more than half their income on rent (McCaig, 2020).

The table below displays the number of owner-occupied and renter-occupied housing units in Harris County.

Owner vs Renter Occupied Housing		
Housing Type	n	%
Owner-occupied housing units	865,645	54.7%
Renter-occupied housing units	717,841	45.3%
TOTAL	1,583,486	100.0%

A total of 54.7% of housing units are owned and 45.3% are rented (U.S. Census Bureau, 2018). Approximately 63.6% of individuals living in HCDE Head Start's service area live in owner-occupied housing units while 36.4% live in renter-occupied housing units.

A survey conducted by the Kinder Institute for Urban Research in April of 2020 found that the economic downturn brought on by the spread of Covid-19 affected rent and mortgage payments (Olin, 2020). The survey reported that 40% of Houston area households experienced a loss of income and as a result, 7-10% of households reported difficulty paying rent and other bills. When broken down by race, the Kinder institute reports that between 14% and 16% of Black and Hispanic respondents experienced difficulties paying their rent compared to only 5% of white, non-Hispanic respondents.

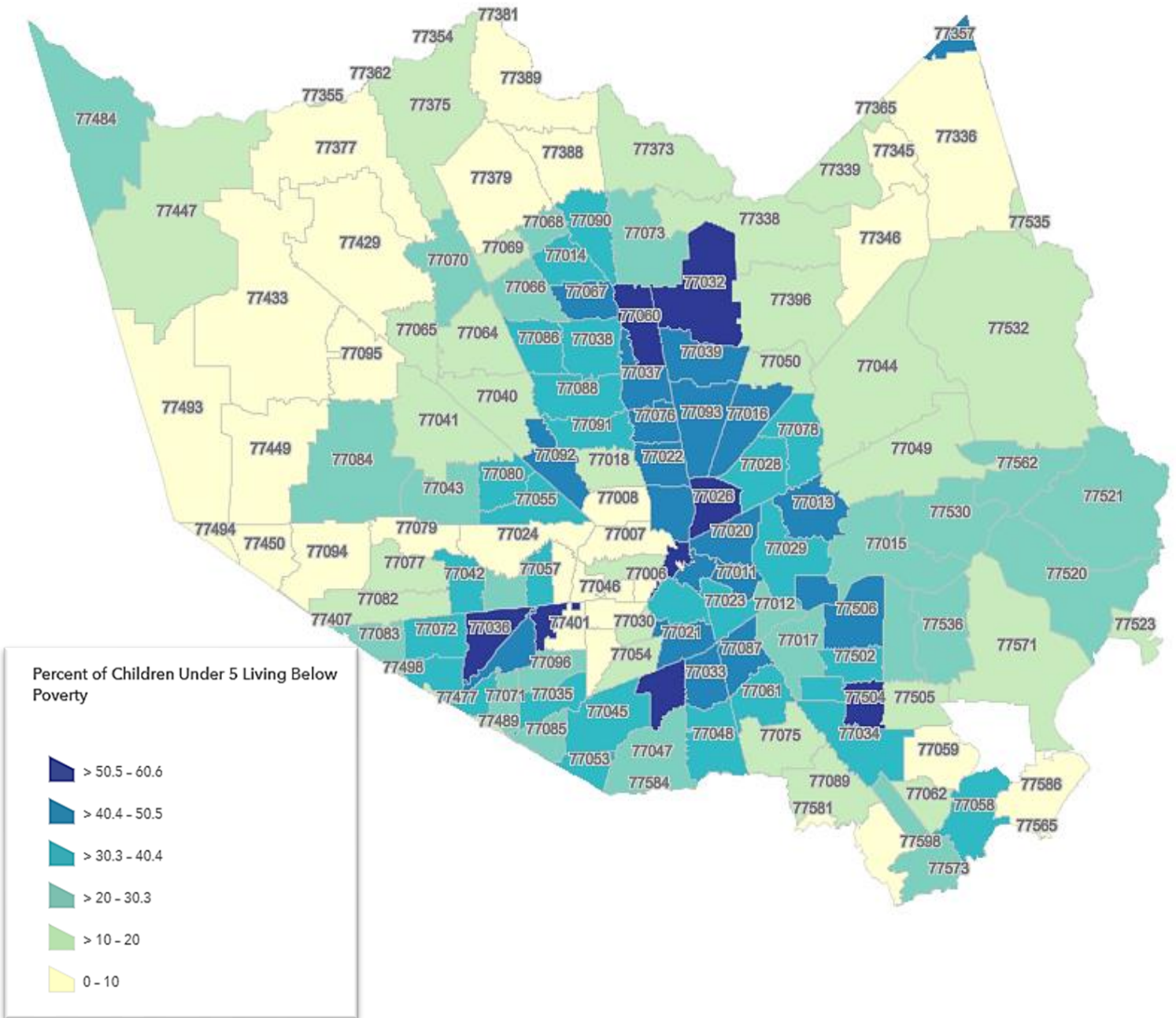
POVERTY

People who live in high-poverty neighborhoods are less likely to have access to jobs, services, high-quality education, parks, safe streets, and other essential factors contributing to their economic and social success (Clio, 2015). In 2018, an estimated 16.2% of all Harris County residents and 25.5% of children under age 5 lived in poverty (U.S. Census Bureau, 2018).

Children are disproportionately affected by poverty and the younger they are, the more likely they are to experience poverty. This is especially true in Harris County where the population of children under age 5 represents 7.7% of the total population but for the population living below poverty, they represent 12.1% of the population. Children growing up in poverty are at a greater risk of being exposed to factors that can impact brain development and lead to poor economic, health, and cognitive outcomes. According to Child Trends (2019), children from single-mother households and children of black or Hispanic origin are more likely to live in poverty.

The map below depicts poverty rates by zip code for children under 5 residing in Harris County.

CHILDREN UNDER AGE 5 LIVING BELOW POVERTY MAP



Areas with higher concentrations of children in poverty are located on the areas east of I-45 and south of the Westpark Tollway. Areas with lower concentrations of poverty are in the northwest portion of the county and between the I-10 West and the Westpark Tollway.

IMMIGRATION

Immigrants are key players in the local economy. The Greater Houston Partnership estimates that in 2017 foreign-born workers contributed \$142.1 billion to the local economy, equivalent to 29% of the region's economic output (Mistretta, 2019).

From 2010 to 2018, Harris County's foreign-born population increased by 21.5% (U.S. Census Bureau, 2010, 2018). Approximately one in four Harris County residents is foreign-born. Most originate from Latin America (67.4%) followed by Asia (22.0%). By 2036, The Center for Houston's Future (2019) estimates that immigrants will hold 43% of the region's jobs, a 14% increase from 2016.

Labor shortages make it more difficult for companies to fill open positions and expand, increasing the demand and dependency on foreign immigration. Despite the growing demand for skilled workers, stricter immigration policies discourage and limit foreign migration.

UNDOCUMENTED IMMIGRANTS

Nationally undocumented immigrants account for less than one-fourth of all foreign-born residents. The PEW Research Center estimates that as of 2016, the Houston Metro Statistical Area is home to an estimated 500,000 undocumented immigrants, the third-largest population in the country. Despite their unlawful status in the country, undocumented immigrants continue to contribute to the economy through federal, sales, and property taxes.

In recent years, aggressive federal immigration crackdowns have sparked fear in an already weary community. Immigration and Customs Enforcement (ICE) raids have terrorized communities forcing undocumented immigrants to weigh their basic education, health care, and social needs against the increased odds of deportation. Nationally the Kaiser Family Foundation found that increased immigration enforcement resulted in decreased participation in Medicaid and the Children Health Insurance Program (CHIP). Even immigrants with legal status fear repercussions of participating in financial assistance programs because of increased federal regulations.

Recent changes in economic activity due to the spread of an unprecedented pandemic has left undocumented, working-class families struggling to cover day-to-day expenses. Because of their legal status, they are unable to receive federal financial assistance such as stimulus payments, unemployment insurance, and rental assistance despite their contribution to local and federal taxes. The long-term economic impacts on families with undocumented members have yet to be seen.

DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA)

The Deferred Action for Childhood Arrivals (DACA) was initiated in 2012 under the Obama administration to protect youth who entered the United States as undocumented immigrants. The DACA program offers work

authorization and provides a renewable two-year period of deferred action from deportation for eligible immigrants under 31 years old (U.S. Citizenship and Immigration Services, n.d.).

Since 2012, DACA has granted 650,000 young immigrants legal work status, allowing recipients to become key components of the U.S. workforce (Velazquez, 2018). According to U.S. Citizenship and Immigration Services, the Houston metropolitan area is home to 33,020 DACA recipients as of September 2019. Nationally, DACA recipients contribute \$42 billion to the annual GDP (Varas, 2018) and an estimated \$1.4 billion in federal taxes.

THE DIGITAL DIVIDE

In our technology-dependent world, the internet and computer devices are increasingly important resources that facilitate access to education, employment, government, health care, entertainment, and commerce among other sectors. The American Community Survey estimates that an astounding 18.7% of Harris County households lack internet access and 10.1% lack access to computer devices such as smartphones, tablets, laptops, and desktops.

For many students living in poverty, access to reliable internet service and computer devices poses a significant problem. Lack of internet hinders students' ability to complete their homework, creating what is known as a homework gap. As schools move towards incorporating online learning into their curriculum, children without reliable internet access are at an increased risk of falling behind.

In March of 2020, the rapid transmission of SARS-CoV-2, a highly contagious and lethal coronavirus, forced schools and school districts across the county to close preemptively. These closures presented unprecedented challenges for educators. To mitigate the potential learning loss, schools transitioned to online learning, making broadband access a requirement to keep teachers and students connected. Despite local area school districts' efforts to distribute devices, laptops, and hotspots to students in need, gaps in access persist.

HEALTH

The Robert Wood Johnson Foundation's 2020 county health rankings rank Harris County 32nd out of 244 ranked counties in Texas for its overall health outcomes. This section explores the health outcomes affecting Head Start eligible children and their families.

For this section, it is important to note that the Texas Department of State Health Services divides the state into eleven public health regions. The Southeast region, or Region 6, includes Harris County along with 11 other counties: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton.

VITAL STATISTICS

Tracking the causes of death provides valuable information on the overall health of the population. The table below displays the number of deaths among different races in Harris County for 2015.

Underlying Cause	White	Black	Hispanic	Other	Total
Heart Disease	3051	1445	884	289	5669
Cancer (Malignant Neoplasms)	2769	1264	1009	372	5414
Cerebral Vascular Diseases	686	327	232	87	1332
Accidents	723	285	409	74	1491

According to the Texas Department of State Health Services, the top four leading causes of death as of 2015 are Heart Disease, Cancer, Cerebral Vascular Diseases, and Accidents. For White and Black individuals, Heart Disease is the leading cause of death followed by cancer. By comparison, Cancer is the leading cause of death for Hispanics and people of other races.

The number of deaths in Harris County for children ages 0 to 4 years is displayed in the following table:

Underlying Cause	White	Black	Hispanic	Other	All Races
Certain Conditions Originating in the Perinatal Period	30	76	77	14	197
Congenital Malformations, Deformations and Chromosomal Abnormalities	19	20	56	*	102
All Other Diseases [†]	29	47	40	*	121
Accidents	*	*	10	*	25

* Number of deaths are masked for values 1-9 to protect identities

[†]This includes diseases of the nervous system, metabolic disorders, epilepsy, cerebral palsy, etc.

For children ages 0 to 4, accidents, certain conditions originating in the perinatal period, congenital malformations, deformations, and chromosomal abnormalities, all other diseases (including infections and diseases of the respiratory, circulatory, and nervous systems), and accidents are the leading causes of death across all races. Certain conditions originating in the perinatal period were the leading cause of death across all races. Black and Hispanic children had higher rates of deaths in all categories when compared to white and other children.

FOOD INSECURITY AND NUTRITION

Food insecurity refers to the lack of access to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. For children, food insecurity poses a serious threat to health and development (National Public Radio, 2019). Feeding America estimates that in 2018, 14.8% of the entire population in Harris County faced food insecurity. For children under age 18, the rate was even higher at 21.2%.

PUBLIC ASSISTANCE

To mitigate food insecurity, low-income families may be eligible to participate in publicly funded programs such as the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC). The Texas Department of Health and Human Services indicates that an average of 653,450 Harris County residents received SNAP benefits in 2018, 17.7% of which are children under the age of 5. Additionally, the Houston Department of Health and Human Services WIC Program serves 80,000 clients of the estimated 184,995 potentially eligible participants in Harris County (Women, infants, and children program, n.d.).

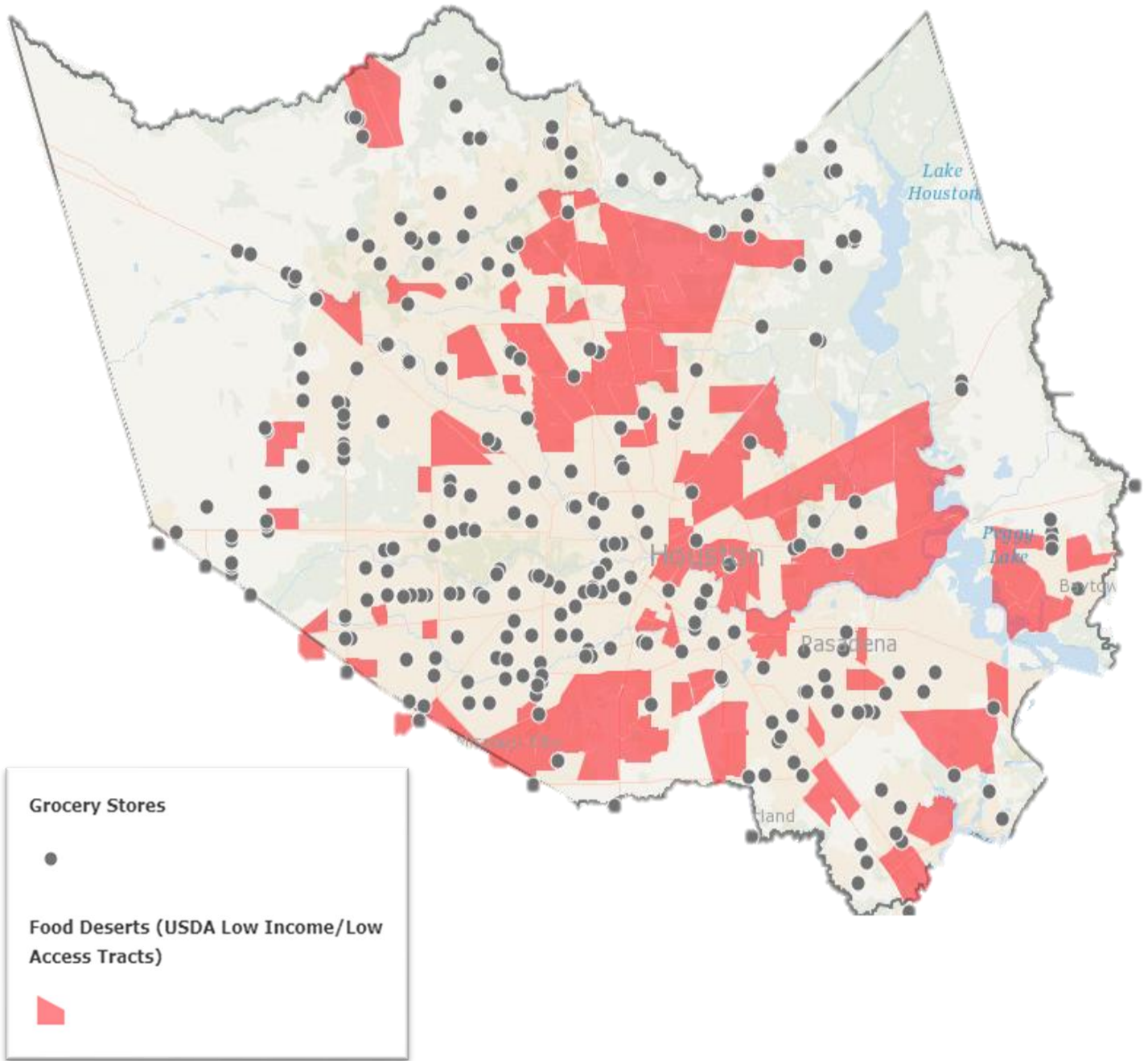
Local schools and school districts also do their part to combat food insecurity. Houston ISD, the largest school district in Harris County, offers free breakfast and lunch to all students regardless of their socioeconomic status. During the Covid-19 pandemic, when school closures caused students to lose access to reliable meals, local school districts, nonprofits, food pantries, and other education programs made efforts to ensure families in need did not suffer hunger by providing free curbside meals.

FOOD DESERTS

Food Deserts are urban areas with low access to healthy, affordable foods due to a low concentration of grocery stores where a large proportion of the households are low income and have limited access to transportation. These areas tend to have smaller populations, higher rates of abandoned or vacant homes, and residents who have lower levels of education, lower incomes, and higher unemployment. Food Deserts contribute to unhealthy eating habits and obesity by making it exceptionally hard to access fresh and healthy foods.

The map below highlights areas that are low-income (LI) and have low access (LA) to grocery stores:

FOOD ACCESS MAP: HARRIS COUNTY 2017⁶



⁶ 2017 Houston Area Food Access Analysis Tool UT Health Science Center at Houston, SPH retrieved from <https://utxsph.maps.arcgis.com/apps/webappviewer/index.html?id=a2ad56a8981347c489993140040effd6>

The areas depicted in red 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. The map also shows a higher concentration of grocery stores in the area between I-10 and US-69, east of downtown. Areas showing a significant lack of grocery stores are on the eastern and northwest portions of the county.

CHILDHOOD OBESITY

Childhood obesity places children at a greater risk of developing chronic diseases. While poor food choices and sedentary behavior are some of the primary contributors to childhood obesity, in lower socio-economic areas, obesity is also linked to food insecurity and food deserts. Limited access to healthy food options means children are more likely to consume processed foods high in saturated fats and sugars. In the U.S., an estimated 13.9% of children aged two to five years are obese.

ACCESS TO HEALTH INSURANCE

Health insurance and access to healthcare are essential components in maintaining good health. Uninsured adults and children are less likely to receive critical medical services due to high costs (McWilliams, 2009). Health care costs are estimated to be between 10-14% of a household's budget. In 2017, 21.9% of adults residing in Region 6 reported not seeing a doctor because of cost.

For many, having a health insurance plan does not eliminate financial concerns. An estimated 69.1% of all uninsured Texans reported being uninsured because insurance premiums are too expensive (Rice University, 2016). In Harris County, an estimated 22% of people under 65 years of age are uninsured. Those without insurance are more likely to be Hispanic and living below 138% of the Federal Poverty Line. According to a study released by Georgetown University's Center for Children and Families, the rates of uninsured children statewide increased by 1.4% from 2016 to 2018 (Alker, Roygardner, 2019). Funding cuts to the Affordable Care Act, eliminating the individual mandate, and efforts to cut funds and limit access to Medicaid have only exacerbated the problem. The state has also contributed to the growing problem by failing to expand Medicaid to parents and adults earning up to 138% of the Federal Poverty Line, creating a coverage gap. Those who fall into the coverage gap lack access to health insurance options because their household income is too high to qualify for Medicaid but too low to qualify for health insurance subsidies or afford private insurance.

Public assistance such as Children's Medicaid and the Children's Health Insurance Program (CHIP) are options available to families in need of coverage. The following table displays the number of pregnant women and children served by public health insurance programs in the fiscal year 2019.

Public Health Insurance Enrollment (2019)	
Public Insurance Type	Harris County Count
Pregnant Women	22,526
Children's Medicaid (under 21)	525,965
Regular CHIP	72,323

A total of 688,425 Harris County residents receive public assistance through Medicaid, Medicare, and CHIP. Of these recipients, 22,526 women receive Medicaid due to pregnancy, 525,965 children receive Medicaid assistance, and 72,323 participate in CHIP.

MATERNAL AND INFANT HEALTH

Maternal and infant health are critical elements of public health. This is especially true in Harris County, which 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).

The table below displays the characteristics of women who gave birth in 2018.

Characteristics of Women Who Gave Birth (2018)					
Category	Subcategory	Harris County		HCDE Service Area	
		n	%	n	%
AGE GROUPS	15 to 19 years	3,142	4.4%	1,238	6.1%
	20 to 34 years	52,067	72.7%	15,152	74.5%
	35 to 50 years	16,429	22.9%	3,952	19.4%
RACE	White	44,274	61.8%	14,133	69.5%
	Black or African American	14,034	19.6%	3,305	16.2%
	American Indian and Alaska Native	380	0.5%	189	0.9%
	Asian	5,567	7.8%	848	4.2%
	Native Hawaiian and Other Pacific Islander	13	0.0%	4	0.0%
	Some other race	6,063	8.5%	1,302	6.4%
	Two or more races	1,307	1.8%	561	2.8%
HISPANIC OR LATINO ORIGIN	Hispanic or Latino origin (of any race)	34,698	48.4%	10,926	53.7%
	White alone, not Hispanic or Latino	16,597	23.2%	4,887	24.0%
Nativity	Native	45,821	64.0%	14,930	73.4%
	Foreign born	25,817	36.0%	5,412	26.6%
EDUCATIONAL ATTAINMENT	Less than high school graduate	13,678	19.1%	3,567	17.5%
	High school graduate (includes equivalency)	17,738	24.8%	5,821	28.6%
	Some college or Associate's degree	19,396	27.1%	6,833	33.6%
	Bachelor's degree	13,721	19.2%	2,876	14.1%
	Graduate or professional degree	7,105	9.9%	1,245	6.1%
POVERTY STATUS IN THE PAST 12 MONTHS	Below 100 percent of poverty level	19,624	27.4%	5,638	27.7%
PUBLIC ASSISTANCE INCOME IN THE PAST 12 MONTHS	Received public assistance income	1,522	2.1%	670	3.3%

TOTAL	71,638	---	20,342	---
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The American Community Survey estimates that 71,638 women in Harris County gave birth in 2018. Of these women, 4.4% are teenage girls between the ages of 15-19yrs, 72.7% are women between the ages of 20 and 34 years, and the remaining 22.9% are women between the ages of 35 and 50. Most women (69.5%) are white, 16.2% are Black or African American, 8.5% are some other race, 7.8% are Asian, and the remaining 2.3% are American Indian or two or more races. Nearly half (48.4%) of women who gave birth are of Hispanic or Latino origin and 64.0% are foreign-born. In terms of education, 19.1% have not graduated high school, 24.8% have a high school diploma, 19.2% have a Bachelor's degree, and 9.9% have a graduate or professional degree. More than a quarter (27.4%) live below poverty and 2.1% receive some type of public assistance in the last 12 months.

Women who gave birth within HCDE's service area followed similar trends. A total of 20,342 women in HCDE Head Start's service area gave birth in 2018. Of these women, 6.1% are teenage girls between the ages of 15-19yrs, 74.5% are women between the ages of 20 and 34 years, and the remaining 19.4% are women between the ages of 35 and 50. Most women (61.8%) are white, 19.6% are Black or African American, 6.4% are some other race, 4.2% are Asian, and the remaining 3.7% are American Indian or two or more races. More than half (53.7%) of women who gave birth are of Hispanic or Latino origin and 26.6% are foreign-born. In terms of education, 17.5% have not graduated high school, 28.6% have a high school diploma, 14.1% have a Bachelor's degree, and 6.1% have a graduate or professional degree. More than a quarter (27.7%) live below poverty and 3.3% receive some type of public assistance in the last 12 months.

TEEN BIRTHS

In 2018, the state of Texas had the 7th highest rate of teen births in the nation. While the rate of teen pregnancies decreased by 33% since 2014, Texas had a rate of 25.3 births per 1,000 teen girls (15-19 yr.) in 2018 (Martin, J., Hamilton, B., Osterman, M., Driscoll, A., 2019). Harris County has a rate slightly lower of 24.4 per 1,000 teenage girls (Teen Birth Data, 2020).

Although the number of teen births decreased from 2014 to 2018, 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. These differences can largely be attributed to social disparities such as poverty and level of education (Penman-Aguilar, Carter, Snead, Kourtis, 2013).

MATERNAL MORBIDITY AND MORTALITY

The Texas Department of State Health Services indicates that the rate of maternal mortality is 36.6 per 100,000 live births. According to a report released by the Houston Endowment, between 2012 and 2015, the top causes of maternal deaths included: drug overdose (17%), cardiac events (14%), homicide (11%), suicide (9%), and infection/sepsis (8%).

A major indicator in maternal health is severe maternal morbidity (SMM) which refers to the unexpected outcomes of pregnancy, labor, or delivery that result in consequences to a woman's health. Health conditions

such as having diabetes, high blood pressure, and obesity increase a mother’s risk of developing complications. From 2008-2015 trends in severe maternal morbidity (SMM) across Harris County revealed an overall increase of 53%. By comparison during the same period, the SMM rate statewide increased by only 15%. Increased access to prenatal care along with promoting healthy eating and exercise before and during pregnancy, can help reduce SMM.

HEALTH OUTCOMES FOR INFANTS

Harris County women delivered infants with monitored birth defects at a prevalence of 516 out of 10,000 births (Texas Health Data). The most common congenital defects (with the highest prevalence) for all infants was Atrial septal heart defects at a rate of 72.3 out of 10,000 births followed by Hypospadias (71.5), Ventricular septal defect (65.7), Patent ductus arteriosus (63.3), and Talipes equinovarus (16.85).

Birth defects are not the only possible health outcome for infants. The March of Dimes (2018) estimates that 8% of all babies born in the United States are born with low birth weight. Babies with low birth weight are at an increased risk for complications such as respiratory issues and bleeding in the brain.

The following table shows the rate of low birth rates by race or ethnicity in Harris County.

Low Birth Weight Rates in Harris County (2016)	
Race or Ethnicity	Rate per 1,000
Black	13.48
White	7.49
Hispanic	7.35
ALL	8.69

In Harris County, black newborns were born with low birth weights at higher rates compared to white and Hispanic newborns. Across all races, the rate of low birth weight was 8.69 per 1,000. Unfortunately, death can be another outcome for infants. Common causes include birth defects, preterm birth, low birth weight, Sudden Infant Death Syndrome, pregnancy complications, and accidents.

CHILDREN WITH DISABILITIES

The Texas Health and Human Services (HHS) and the Texas Education Agency (TEA) both assess and serve children under the age of 5 with disabilities. HHS, 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). Within Harris County, HHS contracts with seven agencies to provide 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 daycare facility, at a local center, etc. According to HHS, in 2018 a total of 6,678 or 2.2% of Harris County children ages birth to 3 received ECI services.

As children in the ECI program approach their third birthday, they can apply for services from TEA through their local public school. Eligible children with disabilities ages 3 to 5 can access free appropriate public education under Part B of IDEA 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, 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. Services focus on promoting individual skills such as self-help, self-care, social-emotional development, movement, logistics, writing legibly, and verbalizing. As of 2019, an additional 1,716 3 and 4-year-olds belong to a Special Education program in Region 4 (Texas Education Agency).

ASTHMA

Asthma is a leading chronic childhood disease 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. While the cause of asthma is unknown, indoor and outdoor air pollutants are responsible for setting off asthma attacks (Agency for Toxic Substances and Disease Registry, 2010).

The table below displays the prevalence of asthma in Texas by age group for 2016.

Childhood Current Asthma Prevalence (2016): Texas		
Age Group	n	Prevalence %
Texas (Overall)	479,712	7.0
0-4yr	80,027	5.4
5-9yr	119,316	7.4
10-14yr	147,180	9.9
15-17yr	89,965	8.1

Statewide, asthma prevalence ranged from 9.9% for 10 to 14-year-olds to 5.4% for 0 to 4-year-olds. Overall, 7.0% of children under age 18 suffer from asthma (2016 Child Asthma Factsheet).

The table below displays the prevalence of asthma in Texas children by race for 2016:

Childhood Current Asthma Prevalence (2016): Texas		
Race	n	Prevalence %
White	188,081	9.2
Black	84,096	10.7
Hispanic	169,417	5.1
Other	-	-

According to the Texas Department of Health and Human Services, Black children suffer from asthma at a higher rate than White and Hispanic children. Data for children classified as Other was not available (2016 Child Asthma Factsheet).

COVID-19

In 2019, the first known case of a novel coronavirus, later named SARS-CoV-2, was detected in Wuhan City, Hubei Province, China. In humans, the virus causes a highly contagious respiratory illness referred to as COVID-19 which presents itself in a wide range of symptoms including coughing, fever, shortness of breath, and loss of taste and smell. Males and older adults with underlying health conditions such as diabetes, obesity, and hypertension are at an increased risk of experiencing complications that can lead to hospitalization or even death (Garg, Whitaker, 2020).

By March of 2020, community transmission of the virus in the United States led to rapid and sudden closures of schools, businesses, and social activities nationwide. In that same month, the Texas Department of State Health Services declared a public health disaster for the first time since 1901. Statewide stay-at-home and shelter-in-place orders went into effect on March 26, 2020. Weeks later, as businesses attempted to re-open, local governments implemented mask mandates to help curb the spread of the virus.

As the virus continues to spread, data collected by the Houston Health Department shows that the Hispanics have been the hardest hit by the pandemic. As of September 28, 2020, the Houston Health Department reported a total of 141,707 confirmed cases of Covid-19. For those whose race and ethnicity are known, 21.5% are Hispanic, 9.2% are Black, and 11.3% are White. As of September 27, 2020, the Houston/Harris County area has reported 1,095 Covid-19 related deaths. Of these deaths 55.8% are Hispanic, 21.8% are Black, and 16.5% are White.

MENTAL HEALTH

For children, the Center for Disease Control defines mental disorders as serious changes in the way children typically learn, behave, or handle their emotions, resulting in distress and problems getting through the day. The National Center for Children in Poverty estimates that 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). Children's well-being is also affected by the mental health problems of relative and non-relative caregivers (Stagman, 2010). In 2017, the Texas Behavioral Risk Factor Surveillance System reported that 20.6% of the sampled population in Region 6 experienced five or more days of 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. The Harris Center served more than 47,000 individuals and 24.1% of all Harris County jail inmates who 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.

TRAUMA AND POST-TRAUMATIC STRESS DISORDER

Trauma inducing events like Hurricane Harvey, school shootings, and Covid-19 sparked nationwide conversations on the effect of trauma on children. Trauma affects each child differently but can lead to substantial short and long-term effects on their mental, developmental, and physiological wellbeing. For most children, the aftermath of a traumatic event can resolve on its own or through proper treatment. Factors such as a child's resiliency, family life, and their environment can tremendously impact their likelihood of recovery.

While it is not uncommon for children to experience distress following a traumatic event, for some, traumatic stress can persist and lead to the development of Post-Traumatic Stress Disorder (PTSD). Symptoms of PTSD include fearfulness, regressive behaviors, and reenacting trauma through play. These symptoms may often be delayed and occur months after the event in question (Children's Hospital of Philadelphia, 2014). Contributing factors to the development of PTSD include the proximity, severity, duration, and recurrence of trauma as well as biology, family, and environment. An estimated 4% of children under age 18 experience a traumatic event resulting in PTSD (Children's Hospital of Philadelphia, 2014).

COVID-19 AND CHILDREN'S MENTAL HEALTH

To mitigate transmission of COVID-19, early childhood education programs all over the county have made efforts to adapt to this new normal while adhering to public health measures. Some programs switched from in-person to virtual learning environments, while others incorporated preventative steps such as practicing social distancing, wearing masks, and increasing hygiene awareness in the classroom. These measures help keep young students physically healthy but do little to address their social and emotional well-being. For young children, sudden disruptions to everyday life can be particularly overwhelming. Changes in their routines caused by sudden school closures can wreak havoc on their mental well-being and in some cases can result in a break in their continuity of care. Their limited understanding of the pandemic and their limited coping skills often result in added stress. These factors all highlight the need for increased emphasis on social-emotional learning both in the classroom and in the home.

IMMUNIZATIONS

Immunizations are critical for the health of a community. To enroll in kindergarten, children are required to receive the following immunizations:

1. DTaP: Diphtheria, tetanus, and acellular pertussis (whooping cough)
2. Polio
3. HepB: Hepatitis B vaccine
4. MMR: Measles, mumps, and rubella vaccines combined
5. Varicella: Chickenpox vaccine. May be written VAR on record
6. HepA: Hepatitis A vaccine

According to the National Immunization Survey, in 2017, 81.5% of children 19 to 35 months of age were vaccinated in Harris County. This rate is lower than both the state (82.1%) and the country (84.6%). Doctors say 95% coverage is necessary to protect those who can't be vaccinated for medical reasons.

Even though these vaccines are mandatory for most schoolchildren, parents are legally allowed to claim conscientious objections, which allow parents to opt their children out of the vaccine schedule due to moral or religious reasons. According to a new report from the Texas Department of State Health Services, an increasing number of parents are opting out of the required vaccine schedule resulting in a rising number of unvaccinated kindergartners (Stone, 2019).

HOMELESSNESS

Oftentimes families living in poverty fall into homelessness due to an unforeseen financial challenge such as loss of employment. Other factors like lack of affordable housing, a decline in public assistance, domestic violence, mental illness, and addictive disorders also place families at a greater risk of losing their homes. Homelessness has profound and lasting effects on children's health, education, and emotional stability. In 2020, The Coalition for the Homeless' Point-In-Time (PIT) count⁷ found that 3,974 homeless persons resided in Harris County, a 25.7% decrease from 2014.

Data for the 2018-2019 academic year revealed that hundreds of young children lacked a fixed, regular, and adequate nighttime residence. The table below shows the number of students enrolled in early education and preschool programs who did not have stable housing.

2018-2019 Homeless Children Enrolled in Harris County ISDs	
Homeless Children	n
Early Education Homeless Children	19
Preschool Homeless Children	1,374

*Early Education programs in public ISDs are in collaboration with Early Head Start Programs

According to a public information request submitted to the Texas Education Agency, a total of 1,374 children ages 3-4 were homeless in the 2018-2019 academic year. In the same year, a total of 19 children under age 3 enrolled in early education programs were homeless.

FOSTER CARE

Children are placed in foster care when Child Protective Services determines that a child's home environment is unsuitable due to abuse, neglect, or because their parents are unable to care for them. On average, children who have been removed from their home, spend an average of 27 months in Foster Care before receiving permanent placement (U.S. Department of Health and Human Services, 2010).

⁷ A Point-In-Time count is a federally mandated count of sheltered and unsheltered individuals on a single night in January of each year

The table below displays the number of children in foster care within Region 6.

2018 Children in Foster Care in Region 6		
Age Group	n	%
0-2	796	58.5%
3-5	564	41.5%
Total	1360	100.0%

Data acquired from the Texas Department of Family and Protective Services revealed that in 2018, 796 children between the ages of 0 to 2 and 564 children 3 to 5 were in foster care in Region 6.

2018-2019 Foster Care Children enrolled in Public Pre-K in Harris County ISDs	
Homeless Children	N
Early Education Foster Care Children*	10
Preschool Foster Care Children	214

*Early Education programs in public ISDs are in collaboration with Early Head Start programs in the area

According to a public information request submitted to the Texas Education Agency, a total of 10 children enrolled in early education programs and 214 children enrolled in preschool programs were in foster care during the 2018-2019 school year.

SUBSTANCE ABUSE

In recent years, substance abuse related to the misuse of opioids has gained national attention as a public health crisis. In Harris County, opioids are responsible for 48% of all substance abuse-related deaths (Harris County Institute of Forensic Sciences, 2018). Heroin, the deadliest opioid, claimed 25.9% of these deaths.

In 2019, the CDC awarded a to \$2 million grant to Harris County Public Health to launch an opioid overdose prevention program focusing on data collection, treatment, and prevention through partnerships with local organizations (Watkins, 2019). Statewide efforts to curb opioid abuse are also underway. Texas legislators enacted House Bill 2174 during the 86th Texas Legislative Session to prevent opioid abuse by limiting prescriptions to a 10-day supply for patients experiencing acute pain.

ENVIRONMENTAL HEALTH

The health of a community is dependent on the environment where people live. In terms of the physical environment, The University of Wisconsin Population Health Institute ranks Harris County 244th out of 254 counties in Texas. The effects of the county's rapid development and expansion on the environment are explored through the quality of air, water, and urban development.

LEAD POISONING

Lead, a highly toxic metal, can cause serious health problems when inhaled or ingested. Young children, especially those living in older, deteriorated homes built before 1978, are at greater risk of lead poisoning, as they are more likely to eat non-nutritional objects or place contaminated hands in their mouths.

Children who are exposed to lead can suffer long term health effects as their brain and nervous system have yet to fully develop. In 2018, the Texas Department of State Health Services reported that 65,917 or 15.3% of children 0-5 years of age residing in Harris County tested for lead poisoning. A total of 818 (1.2%) children had elevated blood lead levels.

WATER QUALITY

Within Harris County, there are 1,200 public drinking water systems (Harris County Public Health). 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 the 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 (Duhigg & City of Houston, n.d.). The table below compares the average levels of contaminants found in the City of Houston's drinking water to the maximum contaminant levels (MCL) allowed.

Regulated Contaminants: Main System City of Houston (2019) ⁸		
Contaminant	Maximum Contaminant Level	Average
Lead (ppb)**	90% below 15	90% below 4.01
Copper (ppm)*	90% below 1.3	90% below 0.13
Arsenic (ppb)**	10.0	12.3
Atrazine (ppb)**	3.0	0.1

* Parts Per Million (ppm) per milligrams per liter (mg/L)

** Parts Per Billion (ppb) per micrograms per liter (mg/L)

⁸ <https://www.publicworks.houstontx.gov/sites/default/files/assets/003-wq2019.pdf>

The average levels of Lead, Copper, Atrazine fell well below the maximum contaminant level. On average 90% of Lead fell below 4.01 ppb, 90% of Copper fell below 0.13 ppm, and Atrazine had an average of 0.1 ppb. The average level of Arsenic, on the other hand, was higher than the MCL by 2.3 ppb.

HURRICANE HARVEY

In late August 2017, Hurricane Harvey made landfall as a Category 4 storm dumping as much as 47 inches of rain across Harris County over four days and gaining infamy as the worst rainfall event to ever hit the continental U.S. Wide-spread flooding displaced more than 30,000 people and damaged more than 200,000 homes and businesses ultimately resulting in \$126.3 billion in damage (Amadeo, 2019). Unfortunately, an estimated 80% of households affected by Harvey did not have flood insurance, according to the Federal Emergency Management Agency (FEMA). Recovery continues three years after the storm. In 2018, Harris County voters passed a \$2.5 billion flood bond for flood mitigation and improvement of infrastructure (Children at Risk, 2019).

HARVEY'S IMPACT ON CHILDREN'S MENTAL HEALTH

While the impact of the hurricane on the physical environment took center stage, Hurricane Harvey also had detrimental effects on mental health, especially in children. Two years after the storm The Texas Children's Harvey Resiliency and Recovery Program, a program conducted by the Texas Children's Hospital, continues to treat children exhibiting symptoms of PTSD long after the storm. As of 2019, the hospital estimates that approximately 250 children are treated each month (Lemaire, 2019).

PUBLIC SAFETY

Public safety is an important factor influencing children's environment, health, and mental wellbeing. The annual Kinder Houston Area Survey conducted in 2020, reported that 11% of respondents felt that crime was the biggest problem facing Houston Area residents, and even more respondents (17.6%) worried that they or a loved one would become the victim of a crime. According to City-Data, the 2018 crime rate in Houston was 498 per 100,000, a 5% decrease from 2017. Despite the overall decline, Houston has a higher crime rate than 95.6% of U.S. cities. Compared to 2017, the rate of homicides increased from 269 per 100,000 to 276 per 100,000 contributing to an overall rise in violent crime.

HUMAN AND CHILD TRAFFICKING

In the Houston/Harris County area, human and child trafficking is particularly relevant because of its proximity to the U.S.-Mexico border, diverse population, large international airports and ports, and presence of interstate highways.

Even though, human trafficking is notoriously difficult to measure, in 2019 Texas had the second-highest number of reported cases of human trafficking according to the National Human Trafficking Hotline. The hotline indicates that a total of 1,080 trafficking cases were reported to the hotline. Of these cases, sex trafficking

constituted 74.5% of cases while the remaining 10.3% were labor trafficking, 10% were not specified and 5.2% were sex and labor.

While many misconceptions about the nature of human and child trafficking exist, the unfortunate reality is that children can become victims of trafficking in their own community. Traffickers often target children that have been made vulnerable through adverse childhood events such as homelessness, neglect, and abuse. The ever-increasing child trafficking threat means it is critical for educators and social service workers to receive appropriate training to identify warning signs and risk factors.

AIR QUALITY

Between 2015 and 2017, the American Lung Association ranked Houston among the top 25 cities with the worst ozone pollution based on a higher average of unhealthy air days. Air quality is primarily impacted by sprawling highways, a car-dependent culture, and an abundant network of manufacturing plants and industries residing in the area. The region is host to 2 of the largest refineries in the country; the petrochemical complex along the Houston Ship Channel and the Port of Houston.

EMISSION EVENTS - DEER PARK FIRE

Due to Harris County's vast network of facilities, emission events, or events that cause unauthorized emissions of air contaminants into the environment, are a common occurrence. On March 17, 2019, a petrochemical tank belonging to Intercontinental Terminals Company caught fire and continued burning for three consecutive days, blanketing the city in a cloud of smoke (Magee, 2019). Several local school districts closed, and county officials mandated that residents in the area establish a shelter-in-place due to increased benzene levels in the air. Benzene is a known carcinogen that can cause harmful and permanent effects such as infertility and birth defects like Spina Bifida. The event highlighted the impact of industrial sites on the local community.

TOXIC RELEASE INVENTORY

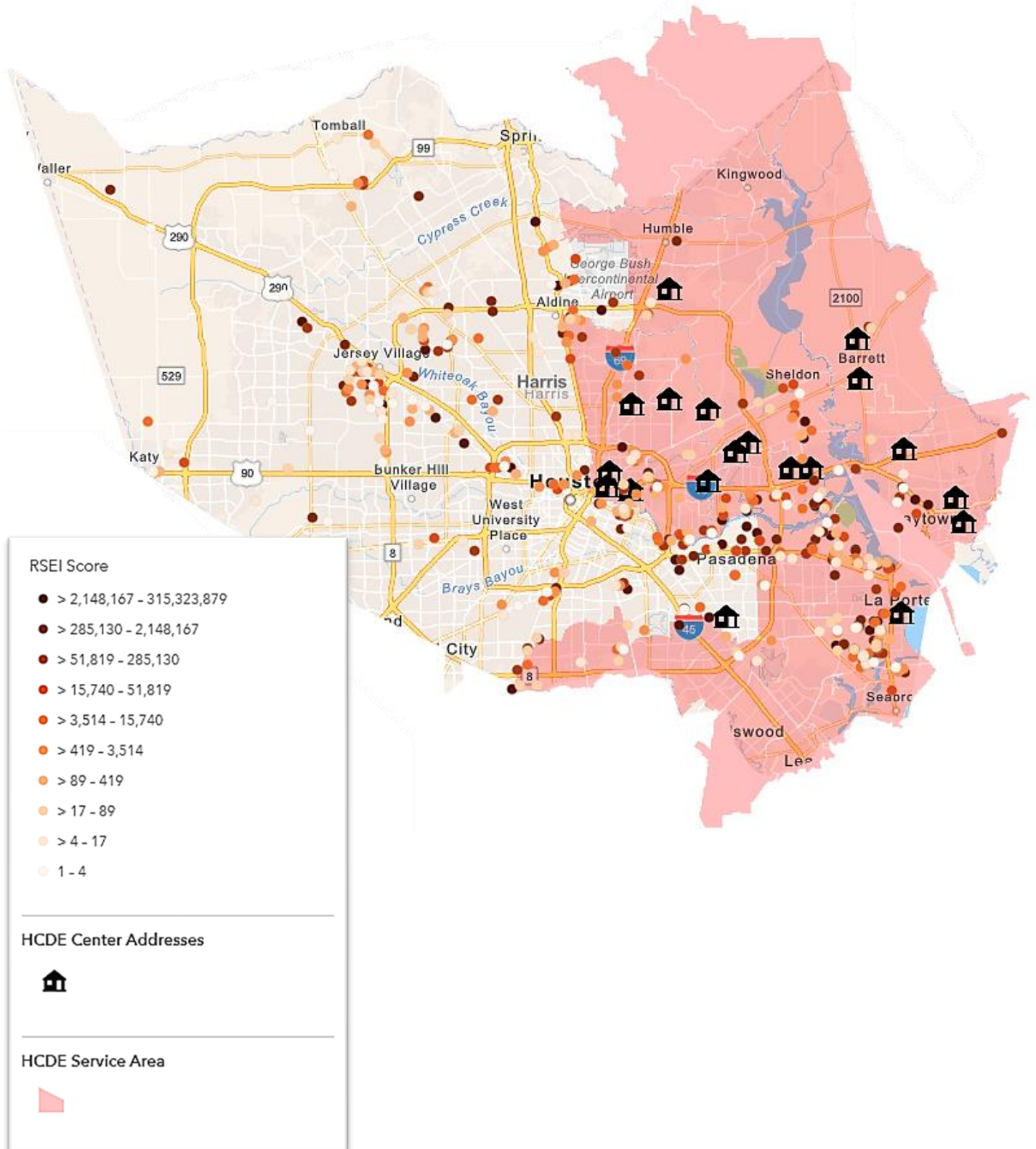
In 2018 the Houston MSA experienced some of the highest amounts of toxic air releases in the country. A total of 410 facilities around Houston released an estimated 288 million tons of toxicity-weighted air pollution, accounting for a whopping 24% of the toxic emissions reported across all of Texas and 6% of the toxic emissions reported nationally (Watkins, 2020).

In Houston, lack of zoning laws means communities exist next to industrial sites resulting in exposure to pollutants responsible for cancer, respiratory illnesses, and a myriad of other health issues. Identifying toxic release sites and their proximity to Head Start and Early Head Start centers is necessary to protect the health of enrolled children. In 2018, the Environmental Protection Agency identified 378 facilities in Harris County with a Risk-Screening Environmental Indicators (RSEI) Score⁹ of 1 or greater.

⁹ RSEI scores are estimates of potential human health risk based on modeling of chemical concentrations at specific points in the environment, like in the air around a facility or in the water downstream from a facility.

The following map displays toxic release facilities color coded by RSEI Score and Head Start centers located in and around HCDE's Head Start service area.

TOXIC RELEASE SITES' PROXIMITY TO HCDE HEAD START CENTERS MAP



CHILD DEVELOPMENT PROGRAMS

As part of the community assessment, we identified an estimated number of children that are eligible and available for Head Start Services. This was done by determining the total number of children under 5 that are living below poverty and subtracting the number of children served by other organizations including childcare centers, family childcare programs, publicly funded preschools. The resulting values provided information on the total number of children that are eligible and available to receive Head Start services.

PUBLIC PRE-K

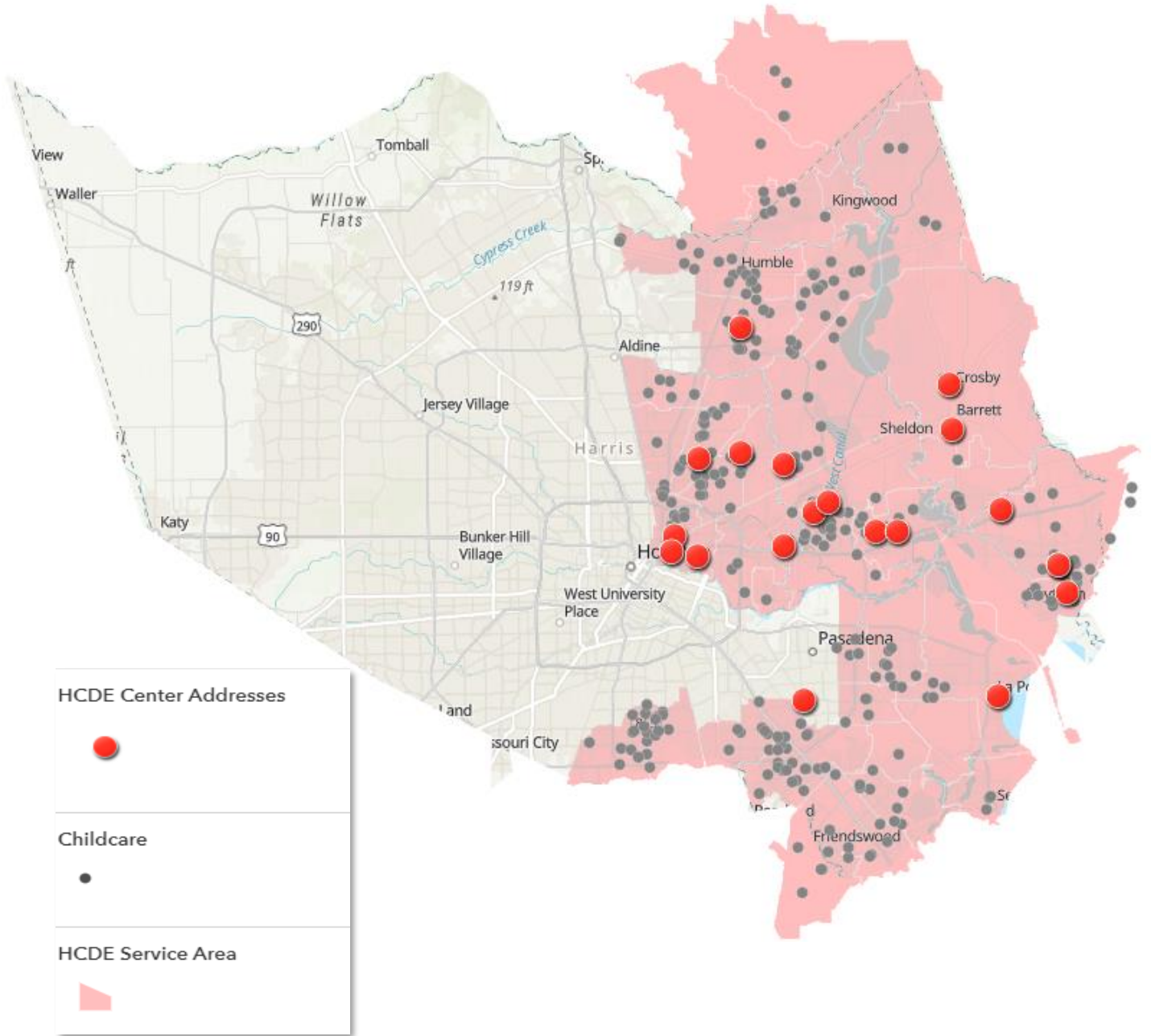
During the 86th Texas Legislature, Governor Abbott signed House Bill 3 into law which provides funding for full-day prekindergarten for eligible children. Despite the state's new early education allotment, not all school districts provide public pre-K. Those that do, only offer services to a mix of children of low income and fee-paying families as well as to children with disabilities and LEP students despite their income status. Some are also in partnership with Head Start programs. Therefore, the number of children in Pre-K abstracted from TEA's Texas Public Education Information Resource (TPIER) and reported per school district is confounded by several elements and therefore, cautionary to be used in the calculation of eligible and available children for Head Start. However, this data is useful to collect and report as it indicates the schools and corresponding zip code areas that do and do not offer the service. A total of 134 public pre-k programs serving economically disadvantage children operate in HCDE Head Start's service area.

CHILD CARE SUBSIDIZED BY WORKFORCE SOLUTIONS

Under the Child Care and Development Fund (CCDF), parents can receive subsidies to help cover the cost of childcare. 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 at least 25 hours a week; (3) meet family income guidelines (200% of federal poverty guidelines). A total of 284 childcare centers and registered homes are located within HCDE's service area and accept subsidized payments and reduced parent fees according to income.

A map follows of the subsidized Child Care locations/homes proximal to HCDE's HS centers.

SUBSIDIZED CHILDCARE CENTERS AND HOMES WITHIN HCDE HEAD START SERVICE AREA



ELIGIBLE AND AVAILABLE HEAD START CHILDREN

The American Community Survey estimates that as of 2018, 25.5% of children under the age of 5 in Harris County are living in poverty. One of the tasks of the Community Assessment is to locate and calculate the percent saturation levels of these eligible and available children served in each Early Head Start and Head Start grantee service area. This calculation 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 the 2013-2018 American Community Survey 5-Year Estimates. This most recent data on children living below poverty were retrieved using the zip code tabulation areas for the grantees' service areas through the U.S. Census website. For HCDE, this step determines the number of children eligible for HS services in the funded enrollment areas of the eastern quadrant of Harris.

The following table summarizes the numbers and percent of projected eligible and available children served by HCDE in 2018.

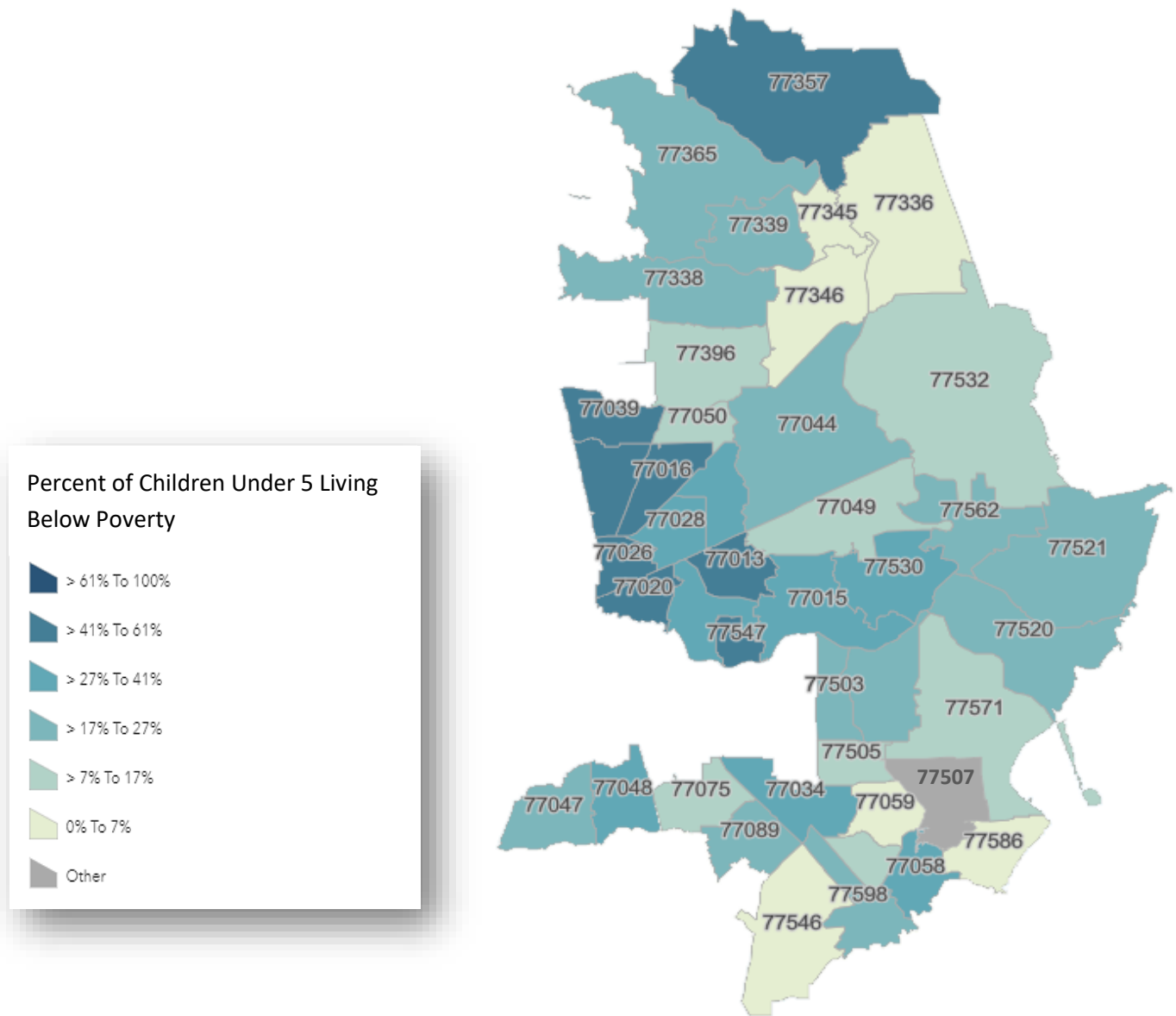
HCDE Percent of Eligible and Available Children Served							
Eligible children living below poverty	Served by Subsidized Child Care	Enrolled in Pre-K	Eligible/ Available Children to Head Start	Total HS and EHS Funded Enrollment	% Eligible/ Available children served (with Funded Enrollment)	Actual Enrollment: from PIR	% Eligible/ Available children served (Actual Enrollment)
23,761	4,031	11,069	8,661	1,330	15.4%	1,421	16.4%

*Average with only subsidized removed

**Overall average with both subsidized and pre-K removed

Based on this data, 23,761 children under the age of five are in HCDE's service area are estimated to be living below poverty and are therefore eligible for Head Start and Early 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 childcare from the eligible group per zip code. As the number of children in pre-K per zip code during 2018-19 can only be determined by enrollment in schools located in those zip codes and not by their residence, calculation of the overall saturation rate is provided as a range based on the removal of total pre-k and subsidized and subsidized alone (per zip code) from the totals. Removal of subsidized children only left approximately 8,661 children available for HCDE Head Start program in 2018-2019. During that year, HCDE had a total funded enrollment of 1,330 participants in HS and EHS and served 1,421 children (PIR 2018-19). Therefore, the agency served approximately 15.4% to 16.4% of its total eligible and available population which is much less than the saturation level of 85% (Buckley and Watkins, 2003).

CONCENTRATION OF CHILDREN LIVING BELOW POVERTY IN HCDE HEAD START SERVICE AREA MAP



Areas with the greatest concentration of children under the age of five living below poverty seem to lie along I 10 east within and beyond the 610 East loop toward Channelview and down to Baytown. Another pocket of extreme poverty lies between the Hardy toll road and Hwy 59 going north of the 610 North loop toward Aldine. Less concentrated but still covering sizeable areas are communities scattered north east of Houston to Lake Houston. According to the American Community Survey, no children under 5 reside in zip code 77507, therefore the area is shaded in gray and labeled as “other.”

STRENGTHS & NEEDS

Families, Family Services Providers (FSP), and Community Partners (CP) completed surveys to identify services needed by Head Start and Early Head Start families. The Research and Evaluation Institute (REI) analyzed the responses collected to gauge the perceptions of the strengths and needs of families eligible for HCDE Head Start and Early Head Start services.

Surveys explored the needs of families across eleven categories; disabilities, education, adult education, employment, family education/parenting, financial literacy, health & nutrition, mental health, social services, other public services, and transportation. A total of 452 families, 27 of HCDE's Family Service Providers, and 21 Community Partners completed the surveys.

Tables for each service category display the number of respondents who indicated the service was an immediate need, need, not needed, or not applicable. Services needed at a level of 25% or more are identified as needs and services not needed at a level of 75% or more are identified as strengths. Respondents who selected N/A, indicate the service is irrelevant to their lives and if selected is considered as "missing" in calculations.

Results are presented for each respondent group and then compared to gauge the differences in actual needs, as determined by families, versus perceived needs identified by FSPs and CPs.

FAMILY STRENGTHS AND NEEDS

For HCDE, 452 caregivers completed the Head Start Family Survey, but not all surveys 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 their percent out of the number of surveys submitted. Survey results for each category are then displayed in tables with short narratives that summarize the greatest service needs and strengths of Head Start families.

As a reminder, services needed at a level of 25% or more are identified as needs. Services that are not needed at a level of 75% or more are identified as strengths. Respondents who selected N/A, indicate the service is irrelevant to their lives and if selected is considered as "missing" in calculations.

Each table has highlighted values to help identify the needs and strengths for each category. Percentages under the Immediate Need and Need columns that are highlighted in yellow, together met the 25% threshold to be identified as a need. On the other hand, percentages highlighted in green under the Not Needed columns met the threshold of 75% and are therefore classified as a strength.

DISABILITIES

The response rates for the Disabilities section displayed in the following table ranged from 96.9% to 98.2%.

Disabilities – HCDE Families								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Help identifying if my young child may have a disability	444	9	2.6%	25	7.1%	316	90.3%	94
Early Childhood Interventions (ECI)- birth to 3 years	442	9	2.6%	16	4.7%	318	92.7%	99
Special education services through my local public school	442	5	1.5%	25	7.3%	313	91.3%	99
Support for a family member with disabilities	438	4	1.2%	17	5.1%	315	93.8%	102
Childcare for children with disabilities	440	3	0.9%	16	4.7%	319	94.4%	102
Assistive technology services (i.e. wheelchair, hearing aids, etc.)	438	4	1.2%	5	1.5%	326	97.3%	103

Disability Service Needs. Parents indicate low percentages of need for disability services. None of the six services met the threshold as a need.

Strengths: All six services met the threshold as a need. The top strengths (did not need or need is met) identified by most respondents (over 75%) are *Assisted technology services, Childcare for children with disabilities, Support for a family member with disabilities, and Assistive technology services (i.e. wheelchair, hearing aids, etc.)*.

EDUCATION

The response rates for the Education section displayed in the following table ranged from 89.4% to 93.6%.

Education – HCDE Families								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Affordable education for birth - 5yrs from a Pre-K, Head Start program or daycare	421	42	11.1%	121	32.1%	214	56.8%	44
Quality education for birth- 5 yrs from a Pre-K, Head Start program or daycare	423	43	11.3%	131	34.3%	208	54.5%	41

Affordable before and after school care	404	36	9.9%	108	29.8%	219	60.3%	41
Helping school age children with schoolwork (ie tutoring)	412	27	7.2%	90	24.1%	257	68.7%	38

Education Service Needs: HCDE families identified a need for all four Educational services. The top needs for children are *Affordable education for birth - 5yrs from a Pre-K, Head Start program or daycare (43.2%)* and *Quality education for birth- 5 yrs. from a Pre-K, Head Start program or daycare (45.5%)*.

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

ADULT EDUCATION

The response rates for the Education section ranged from 92.9% to 96.0%. Responses are displayed in the following table.

Adult Education – HCDE Families								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
		N	n	%	n	%	n	%
Adult Basic Education	420	19	5.1%	69	18.4%	287	76.5%	45
Help enrolling and/or staying in college	421	28	7.5%	83	22.1%	264	70.4%	46
English as a Second Language classes	434	27	7.1%	66	17.3%	288	75.6%	53
Help learning to read/becoming a better reader (for adults)	423	14	3.7%	66	17.6%	295	78.7%	48
Computer classes	427	23	6.0%	108	28.0%	255	66.1%	41
Assistance enrolling in a program to help me learn a trade or profession	431	23	5.9%	97	25.1%	267	69.0%	44

Adult Education Service Needs: The top three needs for adults were *Computer classes (33.9%)*, *Assistance enrolling in a program to help me learn a trade or profession (31.0%)* and *Help enrolling and/or staying college (29.6%)*.

Strengths: Three services met the threshold as a strength. Respondents expressed they did not need *Adult Basic Education (76.5%)*, *Help learning to read/becoming a better reader for adults (78.7%)*, and *English as a Second Language classes (75.6%)*.

EMPLOYMENT

The response rates for the Employment section ranged from 92.9% to 94.7%. Responses are displayed in the following table.

Employment – HCDE Families		
Services	Total	Level of Need per Service

	N	Immediate need		Need		Not needed		N/A
		n	%	n	%	n	%	n
Help with my resume, interview skills, professional clothing	428	19	5.2%	68	18.6%	278	76.2%	63
Help finding and getting a good job	420	27	7.4%	86	23.6%	252	69.0%	55

Employment Service Needs: HCDE families identified a need for *Help finding and getting a good job* (31.0%).

Strengths: *Help with my resume, interview skills, professional clothing* (76.2%) met the threshold as a strength.

FAMILY EDUCATION/PARENTING

The response rates for the Family Education/Parenting section ranged from 95.4% to 96.2%. Responses are displayed in the following table.

Family Education/ Parenting – HCDE Families								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
		n	%	n	%	n	%	n
Support with strengthening my marriage/relationship	435	11	3.1%	39	10.9%	309	86.1%	76
Programs to help dads be more involved with their children	431	17	4.5%	86	22.9%	272	72.5%	56
Support with improving my parenting skills	433	21	5.5%	84	22.2%	274	72.3%	54

Family Education/Parenting Service Needs: HCDE families identified a need for two Family Education/Parenting services. The top need is *Support with improving my parenting skills* (27.7%).

Strengths: *Support with strengthening my marriage/relationship* (86.1%) met the threshold as a strength.

FINANCIAL LITERACY

The response rates for the Financial Literacy section ranged from 89.2% to 91.2%. Responses are displayed in the following table.

Financial Literacy- HCDE Families								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
		n	%	n	%	n	%	n
Tax preparation	403	9	2.5%	49	13.7%	299	83.8%	46

Gaining an Individual Taxpayer Identification Number (ITIN)	404	11	3.1%	30	8.4%	316	88.5%	47
Basic money management	409	18	4.9%	70	18.9%	283	76.3%	38
Home-buyer education	411	27	7.2%	96	25.5%	253	67.3%	35
Information on starting a business	410	22	5.9%	88	23.7%	262	70.4%	38
Credit Repair/Rebuilding	412	46	12.2%	108	28.7%	222	59.0%	36

Financial Literacy Needs: HCDE families identified a need for three of the six Financial Literacy services. The top needs were *Information on starting a business* (29.6%), *Credit Repair/Rebuilding* (41.0%), and *Homebuyer education* (32.7%).

Strengths: Most caregiver respondents (88.5%) reported services to help *Gain an Individual Taxpayer Identification Number* services are not needed. *Tax preparation* (83.8%) and *Basic money management* (76.3%) are also strengths.

HEALTH/NUTRITION

The response rates for the Health/Nutrition section ranged from 93.6% to 95.1%. Responses are displayed in the following table.

Health/Nutrition- HCDE Families								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Assistance enrolling in state-funded (CHIP, CHIP Perinatal, Children's Medicaid) or private insurance	429	12	3.3%	38	10.3%	319	86.4%	60
Affordable health insurance	430	12	3.2%	75	20.2%	285	76.6%	58
Quality health care I can afford	428	12	3.2%	84	22.4%	279	74.4%	53
Prenatal care	428	6	1.7%	19	5.4%	328	92.9%	75
Pediatric care	425	7	2.0%	40	11.2%	311	86.9%	67
Quality dental care I can afford	427	25	6.8%	84	22.7%	261	70.5%	57
Quality pediatric dental care that I can afford	427	10	2.7%	47	12.9%	308	84.4%	62
Immunizations for my children (Measles, Mumps, Rubella, Whooping Cough)	427	7	1.9%	32	8.8%	324	89.3%	64
Immunizations for me or other adult family members (Meningitis, Influenza)	427	12	3.3%	50	13.8%	301	82.9%	64
Screening services (Diabetes, High blood pressure, vision, annual exams)	430	17	4.6%	67	18.0%	289	77.5%	57

Management of chronic diseases	427	8	2.2%	39	10.8%	314	87.0%	66
Classes on healthy eating and cooking	426	22	5.8%	83	21.9%	274	72.3%	47
Fresh fruit and vegetables that I can afford	426	19	5.1%	80	21.3%	276	73.6%	51
Information on growing a vegetable garden	427	15	4.1%	66	17.9%	288	78.0%	58
Information or classes on staying healthy, exercising, etc.	423	22	5.9%	95	25.5%	255	68.5%	51

Health/Nutrition Needs: HCDE families saw a need for five Health and Nutrition services. The top three needs are *Quality dental care I can afford* (29%), *Classes on healthy eating and cooking* (27.7%), and *Information or classes on staying healthy, exercising, etc.* (31.5%).

Strengths: The top three strengths are *Prenatal Care* (92.9%), *Immunizations for my children (Measles, Mumps, Rubella, Whooping Cough)* (89.3%), and *Management of Chronic Diseases* (87.0%).

MENTAL HEALTH

The response rates for the Mental Health section ranged from 93.4% to 94.5%. Responses are displayed in the following table.

Mental Health- HCDE Families								
Services	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	n	%	n	%	n	%	n
Counseling or therapy services	424	11	3.0%	47	12.7%	311	84.3%	55
Classes on how to raise well adjusted, healthy children	422	11	2.9%	77	20.6%	285	76.4%	49
Help with domestic violence issues	426	3	0.8%	15	4.2%	335	94.9%	73
Help with child abuse or neglect issues	427	2	0.6%	7	2.0%	344	97.5%	74
Treatment for drug or alcohol problems	426	0	0.0%	7	2.0%	345	98.0%	74
Care for sick/disabled family members so I can rest/run errands	427	5	1.4%	13	3.7%	335	94.9%	74
Support with stress management	426	9	2.5%	62	16.9%	295	80.6%	60
Support with anger management	426	9	2.5%	29	8.1%	322	89.4%	66
Referrals for Post-Traumatic Stress Disorder	426	2	0.6%	19	5.3%	335	94.1%	70
Referrals for postpartum anxiety or depression	424	3	0.8%	22	6.2%	329	92.9%	70

Mental Health Needs: HCDE families did not see a need for any of the Mental Health services.

Strengths: All services related to Mental Health met the 75% threshold to be identified as a strength. The top strengths identified by families are *Help with child abuse or neglect issues* (97.5%) and *Treatment for drug or alcohol problems* (98.0%).

OTHER PUBLIC SERVICES

The response rates for the Other Public Services section ranged from 93.1% to 94.0%. Responses are displayed in the following table.

Other Public Services- HCDE Families								
Services	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	n	%	n	%	n	%	n
Emergency response services (police, ambulance, etc.)	422	1	0.3%	23	6.6%	324	93.1%	74
Neighborhood watch or to keep my neighborhood safe	423	11	3.1%	37	10.4%	308	86.5%	67
Public services (trash collection, street maintenance, etc.)	423	6	1.7%	30	8.6%	313	89.7%	74
Walkable paths/Sidewalks	424	14	4.0%	38	10.8%	301	85.3%	71
Recycling programs	421	11	3.1%	40	11.3%	302	85.6%	68
Access to affordable stores, restaurants, entertainment	425	11	3.0%	57	15.8%	293	81.2%	64
Public parks and recreation areas	423	12	3.3%	56	15.5%	293	81.2%	62
Community centers	421	11	3.1%	48	13.6%	295	83.3%	67
Churches	421	9	2.5%	48	13.4%	301	84.1%	63
Community centers that serve my culture	423	8	2.3%	31	8.8%	315	89.0%	69

Other Public Service Needs: HCDE families did not see a need for any of the Public services

Strengths: All services related to Other Public Services met the 75% threshold to be identified as a strength. The top strengths identified by families are *Emergency response services (police, ambulance, etc.)* (93.1%), *Public services (trash collection, street maintenance, etc.)* (89.7%), and *Community centers that serve my culture* (89.0%).

SOCIAL SERVICES

The response rates for the Social Services section ranged from 93.4% to 94.7%. Responses are displayed in the following table.

Social Services – HCDE Families								
Services	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	n	%	n	%	n	%	n
Help getting food for my family	428	8	2.2%	50	13.6%	309	84.2%	61
Help paying my rent or other bills	426	21	5.8%	65	17.9%	277	76.3%	63

Help finding a shelter or other assistance	424	7	2.0%	16	4.5%	332	93.5%	69
Safe, affordable housing	423	17	4.7%	54	15.1%	287	80.2%	65
Services available in my language	425	5	1.4%	41	11.4%	314	87.2%	65
Access to a lawyer or legal advice	422	10	2.8%	52	14.6%	294	82.6%	66
Help with immigration questions or concerns	424	4	1.1%	45	12.6%	307	86.2%	68

Social Service Needs: HCDE families did not see a need for any of the Social Services.

Strengths: All seven Social Services met the threshold to be identified as a strength. The top strengths are *Help finding a shelter or other assistance* (93.5%), *Services available in my language* (87.2%), and *Help with immigration questions or concerns* (86.2%).

TRANSPORTATION

The response rates for the Transportation section ranged from 94.5% to 94.7%. Responses are displayed in the following table.

Transportation – HCDE Families								
Services	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	n	%	n	%	n	%	n
Private family vehicle	427	20	5.6%	29	8.1%	308	86.3%	70
Community carpool/vanpool	427	4	1.1%	17	4.8%	332	94.1%	74
Public transportation (bus, taxi, school bus)	427	8	2.3%	29	8.2%	318	89.6%	72
Paid private transportation (ie. childcare van, before or after school care)	427	14	4.0%	33	9.3%	306	86.7%	74
Alternative transportation (walk, motorcycle, bicycle)	428	6	1.7%	16	4.5%	333	93.8%	73

Transportation Needs: There is no reported need for Transportation services, based on selected threshold.

Strengths: All five services met the threshold to be identified as a strength. The top strengths are *Community carpool/vanpool* (94.1%), *Public transportation (bus, taxi, school bus)* (89.6%), and *Alternative transportation (walk, motorcycle, bicycle)* (93.8%).

FAMILY SERVICES PROVIDERS SURVEYS

REI solicited the views of Family Services Providers working with HS/EHS families. A total of 27 Family Service Providers completed the surveys, though not all respondents completed each question. Their responses are displayed in the following tables.

As a reminder, services needed at a level of 25% or more are identified as needs. Services that are readily available and therefore not needed at a level of 75% or more are identified as strengths. Respondents who

selected N/A, indicate the service is irrelevant to their lives and if selected is considered as “missing” in calculations.

Each table has highlighted values to help identify the needs and strengths of each category. Percentages under the Immediate Need and Need columns that are highlighted in yellow, met the 25% threshold to be identified as a need. On the other hand, percentages highlighted in green under the Not Needed columns met the threshold of 75% and are therefore classified as a strength.

DISABILITIES

The response rates for the Disabilities section displayed in the following table ranged from 96.3% to 100.0%.

Disabilities- HCDE FSPs								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Help identifying if my young child may have a disability	26	4	16.7%	16	66.7%	4	16.7%	2
Early Childhood Interventions (ECI)- birth to 3 years	27	4	17.4%	12	52.2%	7	30.4%	4
Special education services through my local public school	26	6	26.1%	13	56.5%	4	17.4%	3
Support for a family member with disabilities	26	3	12.5%	14	58.3%	7	29.2%	2
Childcare for children with disabilities	26	3	13.0%	14	60.9%	6	26.1%	3
Assistive technology services (i.e. wheelchair, hearing aids, etc.)	26	3	15.0%	7	35.0%	10	50.0%	6

Disabilities Service Needs: FSP respondents reported that all Disabilities services are needed by HCDE families. The services with the highest needs were *Help identifying if a young child may have disability* (83.3%), *Special education services through the local public school* (82.6%), and *Childcare for children with disabilities* (73.9%).

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

EDUCATION

The response rates for the Education section displayed in the following table ranged from 77.8% to 92.6%.

Education – HCDE FSPs					
Services	Total	Level of Need per Service			
		Immediate need	Need	Not needed	N/A

	N	n	%	n	%	n	%	n
Affordable education for birth - 5yrs from a Pre-K, Head Start program or daycare	24	8	33.3%	15	62.5%	1	4.2%	0
Quality education for birth- 5yrs from a Pre-K, Head Start program or daycare	24	8	33.3%	15	62.5%	1	4.2%	0
Affordable before and after school care	25	10	40.0%	12	48.0%	3	12.0%	0
Helping school age children with schoolwork (i.e. tutoring)	21	5	23.8%	12	57.1%	4	19.0%	0

Education Service Needs: HCDE Family Services Providers reported that all nine Educational services were needed by HS families. The top three needs for children were *Affordable education for birth - 5yrs from a Pre-K, Head Start program or daycare (95.8%)*, *Quality education for birth- 5yrs from a Pre-K, Head Start program or daycare (95.8%)*, and *Affordable before and after school care (88.0%)*.

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

ADULT EDUCATION

The response rates for the Education section ranged from 88.9% to 97%. Responses are displayed in the following table.

Adult Education – HCDE FSPs								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	N
Adult Basic Education	25	8	32.0%	17	68.0%	0	0.0%	0
Help enrolling and/or staying in college	24	5	20.8%	16	66.7%	3	12.5%	0
English as a Second Language classes	25	10	40.0%	15	60.0%	0	0.0%	0
Help learning to read/becoming a better reader (for adults)	26	8	30.8%	11	42.3%	7	26.9%	0
Computer classes	25	5	20.0%	19	76.0%	1	4.0%	0
Assistance enrolling in a program to help me learn a trade or profession	25	4	16.0%	20	80.0%	1	4.0%	0

Adult Education Service Needs: All six Adult Education services met the threshold as a need. The top needs for adults are English as a Second Language classes Computer classes (100.0%) and Adult Basic Education (100.0%).

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

EMPLOYMENT

The response rates for the Employment section remained at 96.3%. Responses are displayed in the following table.

Employment – HCDE FSPs								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Help with my resume, interview skills, professional clothing	26	6	24.0%	18	72.0%	1	4.0%	1
Help finding and getting a good job	26	7	28.0%	17	68.0%	1	4.0%	1

Employment Service Needs: FSP respondents reported that all Employment services were needed by HCDE families. FSPs classified both services as a need 96.0% of the time; however, *Help parents finding and getting a good job* had a higher immediate need of 28.0%.

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

FAMILY EDUCATION/PARENTING

The response rates for the Family Education/Parenting section remained at 96.3%. Responses are displayed in the following table

Family Education/Parenting – HCDE FSPs								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Support with strengthening marriages/relationships	26	4	17.4%	12	52.2%	7	30.4%	3
Programs to help dads be more involved with their children	26	6	25.0%	17	70.8%	1	4.2%	2
Support with improving parenting skills	26	6	24.0%	19	76.0%	0	0.0%	1

Family Education/Parenting Needs: FSP respondents reported a need for all three Family Education/Parenting services, based on the selected threshold. The top family need by FSP respondents is *Classes to help parents improve their parenting skills* (100.0%).

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

FINANCIAL LITERACY

The response rates for the Financial Literacy section ranged from 74.1% to 92.6%. Responses are displayed in the following table.

Financial Literacy- HCDE FSPs								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Tax preparation	24	3	12.5%	15	62.5%	6	25.0%	0
Gaining an Individual Taxpayer Identification Number (ITIN)	20	4	20.0%	12	60.0%	4	20.0%	0
Basic money management	25	5	20.0%	20	80.0%	0	0.0%	0
Home-buyer education	24	4	16.7%	18	75.0%	2	8.3%	0
Information on starting a business	25	3	12.0%	16	64.0%	6	24.0%	0
Credit Repair/Rebuilding	25	6	24.0%	18	72.0%	1	4.0%	0

Financial Literacy Needs: FSP respondents reported families need all Financial Literacy services. The top needs are *Homebuyer education* (91.7%), *Basic money management* (100.0%), and *Credit Repair/Rebuilding* (96.0%).

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

HEALTH/NUTRITION

The response rates for the Health/Nutrition section ranged from 92.6% to 96.3%. Responses are displayed in the following table.

Health/Nutrition- HCDE FSPs								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Assistance enrolling in state-funded (CHIP, CHIP Perinatal, Children's Medicaid) or private insurance	26	7	28.0%	13	52.0%	5	20.0%	1
Affordable health insurance	26	9	36.0%	13	52.0%	3	12.0%	1
Quality health care I can afford	26	8	32.0%	15	60.0%	2	8.0%	1
Prenatal care	26	6	24.0%	15	60.0%	4	16.0%	1

Pediatric care	26	7	28.0%	14	56.0%	4	16.0%	1
Quality dental care I can afford	26	9	36.0%	14	56.0%	2	8.0%	1
Quality pediatric dental care that I can afford	26	8	32.0%	15	60.0%	2	8.0%	1
Immunizations for my children (Measles, Mumps, Rubella, Whooping Cough)	25	6	25.0%	12	50.0%	6	25.0%	1
Immunizations for me or other adult family members (Meningitis, Influenza)	26	6	26.1%	10	43.5%	7	30.4%	3
Screening services (Diabetes, High blood pressure, vision, annual exams)	26	7	28.0%	13	52.0%	5	20.0%	1
Management of chronic diseases	26	5	22.7%	12	54.5%	5	22.7%	4
Classes on healthy eating and cooking	26	5	20.0%	19	76.0%	1	4.0%	1
Fresh fruit and vegetables that I can afford	26	7	28.0%	17	68.0%	1	4.0%	1
Information on growing a vegetable garden	26	4	17.4%	15	65.2%	4	17.4%	3
Information or classes on staying healthy, exercising, etc.	26	4	16.0%	21	84.0%	0	0.0%	1

Health and Nutrition Service Needs: FSP respondents reported a need for all Health/Nutrition services. The top three needs for a Healthy Lifestyle are *Information on classes on staying healthy, exercising, etc.* (100.0%), *Classes on healthy eating and cooking* (96.0%), and *Fresh fruit and vegetables that parents can afford* (96.0%).

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

MENTAL HEALTH

The response rates for the Mental Health section remained at 96.3%. Responses are displayed in the following table.

Mental Health- HCDE FSPs								
Services	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
		n	%	n	%	n	%	
Counseling or therapy services	26	7	26.9%	17	65.4%	2	7.7%	0
Classes on how to raise well-adjusted, healthy children	26	9	34.6%	15	57.7%	2	7.7%	0
Help with domestic violence issues	26	6	25.0%	13	54.2%	5	20.8%	2
Help with child abuse or neglect issues	26	6	24.0%	15	60.0%	4	16.0%	1
Treatment for drug or alcohol problems	26	6	27.3%	8	36.4%	8	36.4%	4
Care for sick/disabled family members so I can rest/run errands	26	6	26.1%	13	56.5%	4	17.4%	3

Support with stress management	26	7	26.9%	16	61.5%	3	11.5%	0
Support with anger management	26	7	29.2%	14	58.3%	3	12.5%	2
Referrals for Post-Traumatic Stress Disorder	26	5	22.7%	8	36.4%	9	40.9%	4
Referrals for postpartum anxiety or depression	26	5	21.7%	12	52.2%	6	26.1%	3

Mental Health Service Needs: FSP respondents reported that all Mental Health services were needed by HCDE families. The top three needs are *Classes on how to raise well adjusted, healthy children* (92.3%), *Counseling or therapy services* (92.3%) and *Support with anger management* (88.5%).

Strengths: None of the services met the threshold as a strength, though nearly a two-fifths of the FSP respondents reported HCDE families' did not need *Referrals for Post-Traumatic Stress Disorder* (40.9%).

OTHER PUBLIC SERVICES

The response rates for the Other Public Services section ranged from 92.6% to 96.3%. Responses are displayed in the following table.

Other Public Services- HCDE FSPs								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Emergency response services (police, ambulance, etc.)	26	4	16.7%	8	33.3%	12	50.0%	2
Neighborhood watch or to keep my neighborhood safe	26	5	20.8%	15	62.5%	4	16.7%	2
Public services (trash collection, street maintenance, etc.)	26	4	18.2%	10	45.5%	8	36.4%	4
Walkable paths/Sidewalks	26	6	24.0%	13	52.0%	6	24.0%	1
Recycling programs	25	4	18.2%	12	54.5%	6	27.3%	3
Access to affordable stores, restaurants, entertainment	26	4	16.7%	15	62.5%	5	20.8%	2
Public parks and recreation areas	26	6	25.0%	11	45.8%	7	29.2%	2
Community centers	26	5	20.8%	14	58.3%	5	20.8%	2
Churches	26	3	12.5%	14	58.3%	7	29.2%	2
Community centers that serve my culture	26	5	20.8%	13	54.2%	6	25.0%	2

Other Public Service Needs: FSP respondents reported a need for all ten Other Public services, based on the selected threshold. The top three needs are *Access to affordable stores, restaurants, entertainment* (79.2%), *Neighborhood Watch or to keep my neighborhood safe* (83.3%) and *Community centers* (79.2%).

Strengths: None of the services met the threshold as a strength, though 50% of FSP respondents felt HCDE families did not need (or need is met for) *Emergency response services (police, ambulance, etc.)*

SOCIAL SERVICES

The response rates for the Social Services section remained at 96.3%. Responses are displayed in the following table.

Social Services – HCDE FSPs								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Help getting food for their family	26	8	30.8%	15	57.7%	3	11.5%	0
Help paying rent or other bills	26	10	38.5%	13	50.0%	3	11.5%	0
Help finding a shelter or other assistance	26	5	20.0%	16	64.0%	4	16.0%	1
Safe, affordable housing	26	9	34.6%	14	53.8%	3	11.5%	0
Services available in different languages	26	10	41.7%	12	50.0%	2	8.3%	2
Access to a lawyer or legal advice	26	7	28.0%	14	56.0%	4	16.0%	1
Help with immigration questions or concerns	26	10	38.5%	14	53.8%	2	7.7%	0

Social Service Needs: FSP respondents reported that all Social services are needed by HCDE families. The top needs are *Services available in different languages (91.7%)*, *Help with immigration questions or concerns (92.3%)*.

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

TRANSPORTATION

The response rates for the Transportation section remained at 96.3%. Responses are displayed in the following table.

Transportation-HCDE FSPs								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Private family vehicle	26	8	30.8%	12	46.2%	6	23.1%	0
Community carpool/vanpool	26	8	33.3%	15	62.5%	1	4.2%	2
Public transportation (bus, taxi, school bus)	26	7	26.9%	17	65.4%	2	7.7%	0
Paid private transportation (ie. childcare van, before or after school care)	26	8	30.8%	17	65.4%	1	3.8%	0

Alternative transportation (walk, motorcycle, bicycle)	26	3	12.5%	18	75.0%	3	12.5%	2
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Transportation Needs: FSP respondents reported that all Transportation services are needed by HCDE families, based on selected thresholds. The top three needs were *Community carpool/vanpool* (95.8%), *Paid private transportation (i.e. childcare van, before or after school care)* (96.2%), and *Public transportation (bus, taxi, school bus)* (92.3%).

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

COMMUNITY PARTNERS' SURVEY RESULTS

REI solicited the views of local community partners who serve low-income families eligible for HS/EHS services through an online survey. Respondents completed a total of 26 surveys. Of this number, a total of 21 respondents indicated they share their service area with HCDE Head Start; however, not all 21 respondents answered all questions.

Responses from the Community Partners survey are displayed in the following tables by service category. As a reminder, services needed at a level of 25% or more are identified as needs. Services that are readily available and not needed at a level of 75% or more are identified as strengths. Respondents who selected N/A, indicate the service is irrelevant to their lives and if selected is considered as “missing” in calculations.

Each table has highlighted values to help identify the needs and strengths of each category. Percentages under the Immediate Need and Need columns that are highlighted in yellow met the 25% threshold to be identified as a need. On the other hand, percentages highlighted in green under the Not Needed columns met the threshold of 75% and are therefore classified as a strength.

CHARACTERISTICS OF RESPONDENTS

Local community partners who serve low-income families in HCDE's service area completed the online needs assessment surveys. They represented the following services:

Community Partners' Agency Services		
Service Type	n	%
Arts	0	0.0%
Business	3	14.3%
Childcare	2	9.5%
Community Action Agency	1	4.8%
Education	3	14.3%
Government	1	4.8%
Head Start Committees/Councils	1	4.8%
Health Services	3	14.3%
Law Enforcement	0	0.0%
Mental Health	1	4.8%

Other	4	19.0%
Religion	1	4.8%
Social/Family Services	1	4.8%

Respondents identified as working in the following sectors: Business, Childcare, Community Action Agencies, Education, Government, Head Start Committees/councils, Health Services, Mental Health, Other, Religion, and Social/Family Services.

DISABILITIES

The response rates for the Disabilities section displayed in the following table ranged from 90.5% to 95.2%.

Disabilities– Community Partners								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Support for a family member with disabilities	19	6	37.5%	10	62.5%	0	0.0%	3
Childcare for children with disabilities	20	7	41.2%	10	58.8%	0	0.0%	3
Help identifying if my young child may have a disability	19	5	31.3%	11	68.8%	0	0.0%	3
Special education services through my local public school	19	6	37.5%	10	62.5%	0	0.0%	3
Assistive technology services (i.e. wheelchair, hearing aids, etc.)	20	10	58.8%	7	41.2%	0	0.0%	3

Disabilities Service Needs: CP respondents reported that all Disabilities services are 100.0% needed by HCDE families. The service with the highest immediate needs is *Assistive technology services (i.e. wheelchair, hearing aids, etc.)* (58.8%) followed by *Childcare for children with disabilities* (41.2%).

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

EDUCATION

The response rates for the Education section displayed in the following table ranged from 85.7% to 90.5%.

Education – Community Partners								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	N
Affordable education for birth - 5yrs from a Pre-K, Head Start program or daycare	18	13	72.2%	5	27.8%	0	0.0%	0
Quality education for birth- 5 yrs from a Pre-K, Head Start program or daycare	19	13	68.4%	6	31.6%	0	0.0%	0

Affordable before and after school care	19	11	57.9%	8	42.1%	0	0.0%	0
Helping school age children with schoolwork (ie tutoring)	18	5	27.8%	13	72.2%	0	0.0%	0

Education Needs: Community Partners reported that all nine Educational services are 100.0% needed by HS families in HCDE’s service area. The most immediate need identified for children is *Affordable education for birth - 5yrs from a Pre-K, Head Start program or daycare (72.2%)*.

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

ADULT EDUCATION

The response rates for the Education section ranged from 81% to 95.2%. Responses are displayed in the following table.

Adult Education – Community Partners								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Adult Basic Education	17	5	29.4%	11	64.7%	1	5.9%	0
Help enrolling and/or staying in college	19	6	31.6%	12	63.2%	1	5.3%	0
English as a Second Language classes	19	8	42.1%	11	57.9%	0	0.0%	0
Help learning to read/becoming a better reader	20	9	45.0%	10	50.0%	1	5.0%	0
Computer classes	20	7	35.0%	13	65.0%	0	0.0%	0
Assistance enrolling in a program to help me learn a trade or profession	19	8	42.1%	10	52.6%	1	5.3%	0

Adult Education Needs: All six services met the threshold as a need. The highest immediate needs for adults are *Assistance enrolling in a program to help me learn a trade or profession (42.1%)*, *Help learning to read/becoming a better reader (45.0%)*, and *English as a Second Language classes (42.1%)*.

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

EMPLOYMENT

The response rates for the Employment section ranged from 95.2% to 100.0%. Responses are displayed in the following table.

Employment – Community Partners								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Help with my resume, interview skills, professional clothing	20	6	31.6%	12	63.2%	1	5.3%	1
Help finding and getting a good job	21	8	40.0%	11	55.0%	1	5.0%	1

Employment Needs: Community Partners respondents reported that all Employment services were highly needed by HCDE families. *Help finding and getting a good job* is the most immediate need according to 40.0% of Community Partners.

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

FAMILY EDUCATION/PARENTING

The response rates for the Family Education/Parenting section ranged from 95.2% to 100.0%. Responses are displayed in the following table

Family Education/ Parenting – Community Partners								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Support with strengthening my marriage/relationship	20	6	33.3%	11	61.1%	1	5.6%	2
Programs to help dads be more involved with their children	20	6	33.3%	12	66.7%	0	0.0%	2
Support with improving my parenting skills	21	8	40.0%	12	60.0%	0	0.0%	1

Family Education/Parenting Needs: Community Partners respondents reported a need for all three Family Education/Parenting services, based on the selected threshold. The top immediate need is *Support with improving my parenting skills* (40.0%).

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

FINANCIAL LITERACY

The response rates for the Financial Literacy section ranged from 71.4% to 81.0%. Responses are displayed in the following table.

Financial Literacy – Community Partners								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Tax preparation	16	3	18.8%	11	68.8%	2	12.5%	0
Gaining an Individual Taxpayer Identification Number (ITIN)	12	4	33.3%	8	66.7%	0	0.0%	0
Basic money management	17	9	52.9%	8	47.1%	0	0.0%	0
Home-buyer education	16	4	25.0%	11	68.8%	1	6.3%	0
Information on starting a business	15	5	33.3%	9	60.0%	1	6.7%	0
Credit Repair/Rebuilding	17	7	41.2%	9	52.9%	1	5.9%	0

Financial Literacy Needs: Community Partners respondents reported families need all five Financial Literacy services. The top immediate needs are *Basic money management* (52.9%), *Credit Repair/Rebuilding* (41.2%), and *Gaining an Individual Taxpayer Identification Number* (33.3%).

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

HEALTH/NUTRITION

The response rates for the Health/Nutrition section ranged from 85.7% to 100.0%. Responses are displayed in the following table.

Health/Nutrition – Community Partners								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Assistance enrolling in state-funded (CHIP, CHIP Perinatal, Children's Medicaid) or private insurance	21	6	31.6%	12	63.2%	1	5.3%	2
Affordable health insurance	20	9	47.4%	9	47.4%	1	5.3%	1
Quality health care parents can afford	20	9	47.4%	10	52.6%	0	0.0%	1
Prenatal care	19	4	25.0%	11	68.8%	1	6.3%	3
Pediatric care	18	4	25.0%	11	68.8%	1	6.3%	2
Quality dental care parents can afford	20	6	31.6%	13	68.4%	0	0.0%	1
Quality pediatric dental care that parents can afford	20	6	31.6%	13	68.4%	0	0.0%	1

Immunizations for my children (Measles, Mumps, Rubella, Whooping Cough)	20	6	35.3%	10	58.8%	1	5.9%	3
Immunizations for me or other adult family members (Meningitis, Influenza)	19	6	40.0%	8	53.3%	1	6.7%	4
Screening services (Diabetes, High blood pressure, vision, annual exams)	20	9	52.9%	7	41.2%	1	5.9%	3
Management of chronic diseases	19	8	53.3%	6	40.0%	1	6.7%	4
Classes on healthy eating and cooking	19	9	52.9%	8	47.1%	0	0.0%	2
Fresh fruit and vegetables that families can afford	20	10	55.6%	8	44.4%	0	0.0%	2
Information on growing a vegetable garden	18	5	31.3%	8	50.0%	3	18.8%	2
Information or classes on staying healthy, exercising, etc.	19	7	41.2%	9	52.9%	1	5.9%	2

Health and Nutrition Service Needs: CP respondents reported a need for all Health/Nutrition services. Respondents identified *Fresh fruit and vegetables that families can afford* (55.6%) as the most immediate need followed by *Management of Chronic Diseases* (53.3%).

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

MENTAL HEALTH

The response rates for the Mental Health section ranged from 90.5% to 95.2%. Responses are displayed in the following table.

Mental Health – Community Partners								
Services	Total	Level of Need per Service						N/A
		Immediate need		Need		Not needed		
	N	n	%	n	%	n	%	n
Counseling or therapy services	19	8	44.4%	9	50.0%	1	5.6%	1
Classes on how to raise well-adjusted, healthy children	20	5	26.3%	14	73.7%	0	0.0%	1
Help with domestic violence issues	20	7	36.8%	11	57.9%	1	5.3%	1
Help with child abuse or neglect issues	19	6	33.3%	12	66.7%	0	0.0%	1
Treatment for drug or alcohol problems	21	9	45.0%	10	50.0%	1	5.0%	1
Care for sick/disabled family members so I can rest/run errands	19	5	31.3%	10	62.5%	1	6.3%	3
Support with stress management	19	3	16.7%	15	83.3%	0	0.0%	1
Support with anger management	19	3	16.7%	14	77.8%	1	5.6%	1
Referrals for Post-Traumatic Stress Disorder	19	5	29.4%	12	70.6%	0	0.0%	2
Referrals for postpartum anxiety or depression	19	5	29.4%	12	70.6%	0	0.0%	2

Mental Health Service Needs: Community Partners respondents reported that all Mental Health services are needed by HCDE families. Respondents *identified treatment for drug and alcohol problems* as the most immediate need.

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

OTHER PUBLIC SERVICES

The response rates for the Other Public Services section ranged from 85.7% to 95.2%. Responses are displayed in the following table.

Other Public Services – Community Partners								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
		N	n	%	n	%	n	%
Emergency response services (police, ambulance, etc.)	18	2	11.8%	12	70.6%	3	17.6%	1
Neighborhood watch or to keep my neighborhood safe	19	2	11.8%	11	64.7%	4	23.5%	2
Public services (trash collection, street maintenance, etc.)	19	3	16.7%	11	61.1%	4	22.2%	1
Walkable paths/Sidewalks	20	5	26.3%	11	57.9%	3	15.8%	1
Recycling programs	19	6	33.3%	9	50.0%	3	16.7%	1
Access to affordable stores, restaurants, entertainment	18	3	17.6%	11	64.7%	3	17.6%	1
Public parks and recreation areas	19	2	11.1%	12	66.7%	4	22.2%	1
Community centers	19	3	16.7%	13	72.2%	2	11.1%	1
Churches	19	2	11.1%	11	61.1%	5	27.8%	1
Community centers that serve my culture	18	3	17.6%	11	64.7%	3	17.6%	1

Other Public Service Needs: CP respondents reported a need for all nine Other Public services, based on the selected threshold. The top immediate needs are *Walkable paths/Sidewalks* (26.3%) and *Recycling programs* (33.3%).

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

SOCIAL SERVICES

The response rates for the Social Services section ranged from 85.7% to 100.0%. Responses are displayed in the following table.

Social Services – Community Partners								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
		N	n	%	n	%	n	%
Help getting food for my family	21	7	36.8%	10	52.6%	2	10.5%	2
Help paying my rent or other bills	21	8	42.1%	10	52.6%	1	5.3%	2

Help finding a shelter or other assistance	20	6	33.3%	11	61.1%	1	5.6%	2
Safe, affordable housing	21	6	30.0%	13	65.0%	1	5.0%	1
Services available in my language	18	6	35.3%	10	58.8%	1	5.9%	1
Access to a lawyer or legal advice	20	5	26.3%	13	68.4%	1	5.3%	1
Help with immigration questions or concerns	19	9	50.0%	7	38.9%	2	11.1%	1

Social Service Needs: Community Partners respondents reported that all Social services are needed by HCDE families. The top immediate needs are *Help paying their rent or other bills (42.1%)*, *Help getting food for my family (36.8%)*, *help with immigration questions or concerns (50.0%)*.

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

TRANSPORTATION

The response rates for the Transportation section ranged from 85.7% to 95.2%. Responses are displayed in the following table.

Transportation – Community Partners								
Services	Total	Level of Need per Service						
		Immediate need		Need		Not needed		N/A
	N	n	%	n	%	n	%	n
Private family vehicle	19	5	29.4%	8	47.1%	4	23.5%	2
Community carpool/vanpool	19	4	25.0%	7	43.8%	5	31.3%	3
Public transportation (bus, taxi, school bus)	19	6	35.3%	7	41.2%	4	23.5%	2
Paid private transportation (ie. childcare van, before or after school care)	20	4	23.5%	9	52.9%	4	23.5%	3
Alternative transportation (walk, motorcycle, bicycle)	18	3	20.0%	9	60.0%	3	20.0%	3

Transportation Needs: CP respondents reported that all Transportation services are needed by HCDE families. Respondents identified *Public Transportation (35.3%)* as the greatest immediate need followed by a *private family vehicle (29.4%)*.

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

COMPARING RESPONDENT VIEWS

Comparisons of the views of respondent groups for Harris County Department of Education are based on Needs Assessment survey results collected from families, Family Service Providers (FSPs), and Community Partners. Services needed at a level of 25% or more are identified as needs and services not needed at a level of 75% or more are identified as strengths/assets.

DISABILITIES

Responses related to disabilities services among families, FSPs, and Community Partners are compared in the following table.

Disabilities	Needs			Strengths/Assets		
	Families	FSPs	CPs	Families	FSPs	CPs
Support for a family member with disabilities	---	83.4%	100.0%	90.3%	---	---
Childcare for children with disabilities	---	69.6%	100.0%	92.7%	---	---
Help identifying if my young child may have a disability	---	82.6%	100.0%	91.3%	---	---
Special education services through my local public school	---	70.8%	100.0%	93.8%	---	---
Assistive technology services (i.e. wheelchair, hearing aids, etc.)	---	73.9%	100.0%	94.4%	---	---

Disabilities: Within the category of *Disabilities*, of the families who responded to services as relevant, 75% or more identified all services as strengths/assets because they are not needed. On the other hand, more than 25% of the FSP and CP respondents reported that all Disabilities services were needed by HCDE families.

EDUCATION

Responses related to transportation services among families, FSPs, and Community Partners are compared in the following table.

Education	Needs			Strengths/Assets		
	Families	FSPs	CPs	Families	FSPs	CPs
Affordable education for birth - 5yrs from a Pre-K, Head Start program or daycare	43.2%	95.8%	100.0%	---	---	---
Quality education for birth- 5 yrs from a Pre-K, Head Start program or daycare	45.6%	95.8%	100.0%	---	---	---
Affordable before and after school care	39.7%	88.0%	100.0%	---	---	---
Helping school age children with schoolwork (ie tutoring)	31.3%	80.9%	100.0%	---	---	---

Education: Education is the highest category of need for all three respondent categories. Compared to FSP and CP respondents, fewer families reported a need for all four education services. All three respondent groups agreed that each of the Education services are needed.

ADULT EDUCATION

Responses related to adult education services among families, FSPs, and Community Partners are compared in the following table.

Adult Education	Needs			Strengths/Assets		
	Families	FSPs	CPs	Families	FSPs	CPs
Adult Basic Education	---	100.0%	94.1%	76.5%	---	---
Help enrolling and/or staying in college	29.6%	87.5%	94.8%	---	---	---
English as a Second Language classes	---	100.0%	100.0%	75.6%	---	---
Help learning to read/becoming a better reader (for adults)	---	73.1%	95.0%	78.7%	---	---
Computer classes	34.0%	96.0%	100.0%	---	---	---
Assistance enrolling in a program to help me learn a trade or profession	31.0%	96.0%	94.7%	---	---	---

Adult Education: Families reported a need for three out of five services. By comparison, FSP and CP respondents reported a need for all six services. All three respondent groups agreed that three out of the six Adult Education services are needed.

EMPLOYMENT

Responses related to employment services among families, FSPs, and Community Partners are compared in the following table.

Employment	Needs			Strengths/Assets		
	Families	FSPs	CPs	Families	FSPs	CPs
Help with my resume, interview skills, professional clothing	---	96.0%	94.7%	76.2%	---	---
Help finding and getting a good job	31.0	96.0%	95.0%	---	---	---

Employment: Families reported a need for one service. By comparison, FSP and CP respondents reported both services as needs. All three respondent groups agreed that *Help finding and getting a good job* is a needed service.

FAMILY EDUCATION AND PARENTING

Responses related to family education and parenting among families, FSPs, and Community Partners are compared in the following table.

Family Education and Parenting	Needs			Strengths/Assets		
	Families	FSPs	CPs	Families	FSPs	CPs

Support with strengthening my marriage/relationship	---	69.6%	94.4%	86.1%	---	---
Programs to help dads be more involved with their children	27.5%	95.8%	100.0%	---	---	---
Support with improving my parenting skills	27.7%	100.0%	100.0%	---	---	---

Family Education/Parenting: Families reported a need for two out of the three services related to family education and parenting. On the other hand, FSP and CP respondents reported a need for all three services. All three respondent groups agreed that *Programs to help dads be more involved with their children* and *Support with improving my parenting skills* are needed services.

FINANCIAL LITERACY

Responses related to financial literacy services among families, FSPs, and Community Partners are compared in the following table.

Financial Literacy	Needs			Strengths/Assets		
	Families	FSPs	CPs	Families	FSPs	CPs
Tax preparation	---	75.0%	87.5%	83.8%	---	---
Gaining an Individual Taxpayer Identification Number (ITIN)	---	80.0%	100.0%	88.5%	---	---
Basic money management	---	100.0%	100.0%	76.3%	---	---
Home-buyer education	32.7%	91.7%	93.7%	---	---	---
Information on starting a business	39.6%	76.0%	93.3%	---	---	---
Credit Repair/Rebuilding	51.0%	96.0%	94.1%	---	---	---

Financial Literacy: Families reported a need for half of the services related to financial literacy. By comparison, FSP and CP respondents reported a need for all six services at much higher rates than families. All three respondent groups agreed that *Home-buyer education*, *Information on starting a business*, and *Credit Repair/Rebuilding* are needed services.

HEALTH AND NUTRITION

Responses related to health and nutrition services among families, FSPs, and Community Partners are compared in the following table.

Health and Nutrition	Needs			Strengths/Assets		
	Families	FSPs	CPs	Families	FSPs	CPs
Assistance enrolling in state-funded (CHIP, CHIP Perinatal, Children's Medicaid) or private insurance	---	80.0%	94.7%	86.4%	---	---
Affordable health insurance	---	88.0%	94.7%	76.6%	---	---
Quality health care I can afford	25.6%	92.0%	100.0%	---	---	---
Prenatal care	---	84.0%	93.7%	92.9%	---	---
Pediatric care	---	84.0%	93.7%	86.9%	---	---

Quality dental care I can afford	29.5%	92.0%	100.0%	---	---	---
Quality pediatric dental care that I can afford	---	92.0%	100.0%	84.4%	---	---
Immunizations for my children (Measles, Mumps, Rubella, Whooping Cough)	---	75.0%	94.1%	89.3%	---	---
Immunizations for me or other adult family members (Meningitis, Influenza)	---	69.6%	93.3%	82.9%	---	---
Screening services (Diabetes, High blood pressure, vision, annual exams)	---	80.0%	94.1%	77.5%	---	---
Management of chronic diseases	---	77.2%	93.3%	87.0%	---	---
Classes on healthy eating and cooking	27.7%	96.0%	100.0%	---	---	---
Fresh fruit and vegetables that I can afford	26.4%	96.0%	100.0%	---	---	---
Information on growing a vegetable garden	---	82.6%	81.2%	78.0%	---	---
Information or classes on staying healthy, exercising, etc.	31.4%	100.0%	94.1%	---	---	---

Health and Nutrition: HCDE Families identified 5 of the 15 services as needed while FSPs and CPS thought families had need for all services. All three respondent groups agreed that five of the Health and Nutrition services are needed.

MENTAL HEALTH

Responses related to mental health services among families, FSPs, and Community Partners are compared in the following table.

Mental Health	Needs			Strengths/Assets		
	Families	FSPs	CPs	Families	FSPs	CPs
Counseling or therapy services	----	92.3%	94.4%	84.3%	---	---
Classes on how to raise well-adjusted, healthy children	----	92.3%	100.0%	76.4%	---	---
Help with domestic violence issues	----	79.2%	94.7%	94.9%	---	---
Help with child abuse or neglect issues	----	84.0%	100.0%	97.5%	---	---
Treatment for drug or alcohol problems	---	63.6%	95.0%	98.0%	---	---
Care for sick/disabled family members so I can rest/run errands	---	82.6%	93.7%	94.9%	---	---
Support with stress management	---	88.5%	100.0%	80.6%	---	---
Support with anger management	---	88.5%	94.4%	89.4%	---	---
Referrals for Post-Traumatic Stress Disorder	---	59.1%	100.0%	94.1%	---	---
Referrals for postpartum anxiety or depression	---	73.9%	100.0%	92.9%	---	---

Mental Health: HCDE HS families identified zero *Mental Health* services as a need, while FSPs and CPs identified all services as needed. There was no agreement among the three respondent groups.

OTHER PUBLIC SERVICES

Responses related to other public services among families, FSPs, and Community Partners are compared in the following table.

Other Public Services	Needs			Strengths/Assets		
	Families	FSPs	CPs	Families	FSPs	CPs
Emergency response services (police, ambulance, etc.)	---	50.0%	82.4%	93.1%	---	---
Neighborhood watch or to keep my neighborhood safe	---	85.3%	76.5%	86.5%	---	---
Public services (trash collection, street maintenance, etc.)	---	63.6%	77.8%	89.7%	---	---
Walkable paths/Sidewalks	---	76.0%	84.2%	85.3%	---	---
Recycling programs	---	72.7%	83.3%	85.6%	---	---
Access to affordable stores, restaurants, entertainment	---	79.2%	82.4%	81.2%	---	---
Public parks and recreation areas	---	70.8%	77.8%	81.2%	---	---
Community centers	---	50.0%	82.4%	93.1%	---	---
Churches	---	85.3%	76.5%	86.5%	---	---
Community centers that serve my culture	---	63.6%	77.8%	89.7%	---	---

Other Public Services: Families did not identify any of the services as needs while FSPs and CPs identified all 10 services as needs. There was no agreement in respect to needs and strengths among the three respondent groups.

SOCIAL SERVICES

Responses related to social services among families, FSPs, and Community Partners are compared in the following table.

Social Services	Needs			Strengths/Assets		
	Families	FSPs	CPs	Families	FSPs	CPs
Help getting food for my family	---	88.5%	89.5%	84.2%	---	---
Help paying my rent or other bills	---	88.5%	94.7%	76.3%	---	---
Help finding a shelter or other assistance	---	84.0%	94.4%	93.5%	---	---
Safe, affordable housing	---	88.5%	95.0%	80.2%	---	---
Services available in my language	---	91.7%	94.1%	87.2%	---	---
Access to a lawyer or legal advice	---	84.0%	94.7%	82.6%	---	---
Help with immigration questions or concerns	---	92.3%	88.9%	86.2%	---	---

Social Services: Families did not report any services as needs. By comparison, FSP and CP respondents reported all the services as needs. There was no agreement in respect to needs and strengths among the three respondent groups.

TRANSPORTATION

Responses related to transportation services among families, FSPs, and Community Partners are compared in the following table.

Transportation	Needs			Strengths/Assets		
	Families	FSPs	CPs	Families	FSPs	CPs
Private family vehicle	---	76.9%	74.5%	86.3%	---	---
Community carpool/vanpool	---	95.8%	68.7	94.1%	---	---
Public transportation (bus, taxi, school bus)	---	92.3%	76.5%	89.6%	---	---
Paid private transportation (ie. childcare van, before or after school care)	---	96.2%	76.5%	86.7%	---	---
Alternative transportation (walk, motorcycle, bicycle)	---	87.5%	80.0%	93.8%	---	---

Transportation: Of the families who responded to services as relevant, 75% or more identified all services as not needed, which meet the threshold for considering them as strengths or assets. On the other hand, 25% or more of the FSP and CP respondents reported that all Transportation services were needed by HCDE families. There was no agreement in respect to needs and strengths among the three respondent groups.

CONCLUSIONS

Family Services Providers and Community Partners shared the perspectives with HS families of HCDE for their needs, but not for their strengths. The following tables compare the number of services identified as needs and strengths/assets by group.

Needs per threshold					
Respondents	Total services	# of needs	%	# needs agreed with families	% agreed
Families	73	18	24.7%	---	---
FSPs	73	73	100.0%	18	24.7%
CPs	73	73	100.0%	18	24.7%

Strengths/Assets per threshold					
Respondents	Total services	# of strengths/ assets	%	# strengths agreed with families	% agreed
Families	73	55	75.3%	---	---
FSPs	73	0	0.0%	0	0.0%
CPs	73	0	0.0%	0	0.0%

Based on a need threshold of 25% or more, of the 73 services aligned under eleven categories, HCDE's families identified 18 (24.7%) services as needs and 55 (74.3%) services as strengths or assets. However, FSPs and Community Partners identified all 73 (100%) of the services as needs and zero services as strengths.

These findings 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 HCDE' families.

CHALLENGES AND RECOMMENDATIONS

The Research and Evaluation Institute reviewed survey results and findings across the different topics presented to identify several issues and develop recommendations for HCDE Head Start and Early Head Start program planning considerations. Issues are grouped into five categories: services available, linking services, location of centers, and program options

SERVICES AVAILABLE

We explored family needs through surveys from the perspective of the families, FSPs, and Community Partners. Needs Assessment surveys asked whether families needed a service (combined immediate need and need for reporting) or whether the service was considered a strength (not needed). 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. Services with at least 25% of respondents identifying them as needs are designated as needs while services with at least 75% of respondents indicating they are not needed are identified as strengths.

ISSUE 1: AWARENESS OF FAMILIES’ SIGNIFICANT STRENGTHS AND NEEDS

Strengths (S): Families identified 55 (75.3%) of the 73 services as services not needed. Current strengths include the following:

HCDE Strengths			
Services	% Identified	Services	% Identified
Disability			
Support for a family member with disabilities	90.3%	Special education services through my local public school	93.8%
Childcare for children with disabilities	92.7%	Assistive technology services (i.e. wheelchair, hearing aids, etc.)	94.4%
Help identifying if my young child may have a disability	91.3%		
Adult Education			
Adult Basic Education	76.5%	Help learning to read/becoming a better reader (for adults)	78.7%

English as a Second Language classes	75.6%		
Employment			
Help with my resume, interview skills, professional clothing	76.2%		
Family Education and Parenting			
Support with strengthening my marriage/relationship	86.1%		
Financial Literacy			
Tax preparation	83.8%	Basic money management	76.3%
Gaining an Individual Taxpayer Identification Number (ITIN)	88.5%		
Health and Nutrition			
Assistance enrolling in state-funded (CHIP, CHIP Perinatal, Children's Medicaid) or private insurance	86.4%	Immunizations for my children (Measles, Mumps, Rubella, Whooping Cough)	89.3%
Affordable health insurance	76.6%	Immunizations for me or other adult family members (Meningitis, Influenza)	82.9%
Prenatal care	92.9%	Screening services (Diabetes, High blood pressure, vision, annual exams)	77.5%
Pediatric care	86.9%	Management of chronic diseases	87.0%
Quality pediatric dental care that I can afford	84.4%	Information on growing a vegetable garden	78.0%
Mental health			
Counseling or therapy services	84.3%	Care for sick/disabled family members so I can rest/run errands	94.9%
Classes on how to raise well-adjusted, healthy children	76.4%	Support with stress management	80.6%
Help with domestic violence issues	94.9%	Support with anger management	89.4%
Help with child abuse or neglect issues	97.5%	Referrals for Post-Traumatic Stress Disorder	94.1%
Treatment for drug or alcohol problems	98.0%	Referrals for postpartum anxiety or depression	92.9%
Other Public Services			
Emergency response services (police, ambulance, etc.)	93.1%	Access to affordable stores, restaurants, entertainment	81.2%
Neighborhood watch or to keep my neighborhood safe	86.5%	Public parks and recreation areas	81.2%
Public services (trash collection, street maintenance, etc.)	89.7%	Community centers	93.1%

Walkable paths/Sidewalks	85.3%	Churches	86.5%
Recycling programs	85.6%	Community centers that serve my culture	89.7%
Social Services			
Help getting food for my family	84.2%	Services available in my language	87.2%
Help paying my rent or other bills	76.3%	Access to a lawyer or legal advice	82.6%
Help finding a shelter or other assistance	93.5%	Help with immigration questions or concerns	86.2%
Safe, affordable housing	80.2%		
Transportation			
Private family vehicle	86.3%	Paid private transportation (ie. childcare van, before or after school care)	86.7%
Community carpool/vanpool	94.1%	Alternative transportation (walk, motorcycle, bicycle)	93.8%
Public transportation (bus, taxi, school bus)	89.6%		

Significant Needs (N): Based on a Family threshold of 25%, HCDE's families identified a significant need for 18 (24.7%) of the 73 services. Top needs for HCDE's HS families were found in *Education, Adult Education, Employment, Health and Nutrition, and Family Education/Parenting, and Financial Literacy.*

Significant needs that stand out by category include the following:

HCDE Families' Significant Needs			
Services	% Identified	Services	% Identified
Education			
Affordable education for birth - 5yrs from a Pre-K, Head Start program or daycare	43.2%	Affordable before and after school care	39.7%
Quality education for birth- 5 yrs from a Pre-K, Head Start program or daycare	45.6%	Helping school age children with schoolwork (i.e. tutoring)	31.3%
Adult Education			
Help enrolling and/or staying in college	29.6%	Assistance enrolling in a program to help me learn a trade or profession	31.0%
Computer classes	34.0%		
Employment			
Help finding and getting a good job	31.0%		
Family Education/Parenting			
Programs to help dads be more involved with their children	27.5%	Support with improving my parenting skills	27.7%
Health and Nutrition			

Quality health care I can afford	25.6%	Fresh fruit and vegetables that I can afford	26.4%
Quality dental care I can afford	29.5%	Information or classes on staying healthy, exercising, etc.	31.4%
Classes on healthy eating and cooking	27.7%		
Financial Literacy			
Home-buyer education	32.7%	Credit Repair/Rebuilding	51.0%
Information on starting a business	39.6%		

ISSUE 2: NEED FOR A SHARED UNDERSTANDING OF FAMILIES' NEEDS

Based on a need threshold of 25% or more, of the 73 services aligned under eleven categories, HCDE's families identified 18 (24.7%) services as needs and 55 (74.3%) services as strengths or assets. However, FSPs and Community Partners identified all 73 (100%) of the services as needs and zero 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 Head Start families.

Recommendation: Even though findings show a shared understanding of many of the needs between all respondent groups, they indicate a need 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 as a starting point of discussion between managers, staff, and families on how understanding family strengths can be built on (i.e. Appreciative inquiry) to better support Head Start families' access and use of needed services.

LINKING SERVICES

As previously mentioned, each respondent group had different views of what the unmet needs were for HCDE 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 AND CHILD CARE SERVICES FOR THEIR CHILDREN

HCDE families identified Education services as their highest unmet need. More than two-fifths (43.2%) of surveyed parents reported *affordable education for birth-5yrs from a pre-K, Head Start program, or daycare* as the highest unmet need. Childcare is a major expense in family budgets, often exceeding the cost of housing, college tuition, transportation, and food. Lack of affordable childcare and early education programs serves as a barrier for families to access educational and employment opportunities. In Harris County, a family of four must

have an annual income of \$73,010 (or 275% above the Federal Poverty Level) and spend no more than \$1,021 (16.8%) of their monthly budget on child care to attain a modest and adequate standard of living. Comparatively, a family of four living at or below the poverty line has a maximum household income of \$26,200 and a monthly budget of \$1,021 for childcare is equal to 47% of their income. Within HCDE Head Start, 100% of children participating in Head Start are living below 100% of the Federal Poverty Level, meaning these families lack the necessary income to sustain an adequate standard of living.

Recommendation: The grantee can assist families or provide information on how to access financial aid to help subsidize the cost of childcare for children not participating in Head Start or for those who need childcare outside of Head Start hours. The grantee can also assist families to search for quality, affordable childcare using the Collaborative for Children online database (<https://findchildcare.collabforchildren.org/>). This is a web-based system that provides information on childcare and education centers located in areas convenient to the families. Childcare centers are ranked based on quality indicators such as teacher-to-child ratio, teacher education and training, teacher tenure, and family involvement. Costs, hours, acceptance of subsidies and programs available are also described. The Collaborative for Children also provides a brief guide and checklist to assist parents with finding a quality childcare center or home.

ISSUE 4: FAMILIES NEED HELP FINDING EMPLOYMENT THAT PROVIDES A LIVABLE WAGE.

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 low unemployment rate and positive job growth, conditions such as insufficient/competitive entry-level jobs and lack of experience to enter the job market, still impact job availability. HCDE's PIR (2018-2019) indicated that more than a third (36.3%) of single parents were unemployed, though only 5.8% (n=76) of families participated in job training.

Education is a significant barrier to accessing employment opportunities. The PIR reports indicated that approximately 35% of HCDE's parents have less than a high school diploma. Survey results show that parents are aware of their need for adult education and vocational programs. To increase access to educational programs, classes can be offered at various times and in different formats such as online and in-person.

Lack of affordable childcare, especially before and after school may be one of the main barriers to both employment and educational achievement. More than a third of surveyed families identified affordable childcare as an unmet need, indicating that lack of accessibility may be a barrier for all family types to securing a job or take advantage of educational opportunities needed to improve their qualifications. Families also need more opportunities to build vocational and readiness skills and learn of jobs they qualify for now and in the future.

Recommendation: For families who need childcare services outside of Head Start hours, FSPs can help them apply for subsidized childcare and use the Collaborative for Children database to find affordable before & after school care. Accessing affordable childcare services would help parents obtain employment and attend educational opportunities.

Additionally, Head Start could 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. For self-employed parents, HCDE Head Start could also link them with information on how to market their services to increase their client-base.

Connecting parents with resources such as Workforce Solutions will help parents participate in adult education and/or technical training programs. Workforce Solutions also provides career and job placements through individual coaching, workshops, and job fairs. Partnering with community and junior colleges may also increase opportunities for presentations at parent meetings and announcements of special programs and financial assistance from which parents could benefit.

ISSUE 5: FAMILIES NEED MORE INFORMATION ON CREATING AND MAINTAINING HEALTHY LIFESTYLES THROUGH EXERCISE AND AFFORDABLE, NUTRITIOUS MEALS.

HCDE families identified Health and Nutrition education services as a top need. According to HCDE's PIR more than half (71.8%) of HS families received services under the Supplemental Nutrition Assistance Program (SNAP). Despite almost 31.4% of parents reporting a need for nutrition education, according to the 2018-2019 PIR, only 8% (n=16) of Head Start families participated in health education programs.

Based on nationwide data of WIC participants, one in three low-income children aged two to four years is either obese or overweight.¹⁰ This is further supported by HCDE's 2018-2019 PIR which indicates that 36.7% of HS children are overweight or obese, placing them at greater risk of developing chronic diseases such as heart disease, diabetes, high blood pressure, and cancer among other serious health conditions.

Recommendation: HCDE staff could 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 does not fit their culture) that prevent them from accessing healthy options. Additionally, Head Start could also partner with Women, Children, and Infants (WIC) to bring the WIC mobile unit to Early Head Start and Head Start centers so parents can access WIC services in a more convenient location.

ISSUE 6: FAMILIES NEED HELP IMPROVING THEIR PARENTING SKILLS.

According to HCDE'S 2018-2019 PIR, 216 (16.4%) of HS families and 6 (3.9%) participated in parenting education. Regularly scheduled activities to help dads be more involved with their children was also identified as a need (27.5%). Families may have barriers to accessing and/or participating in these services that may be cultural or due to scheduling conflicts.

Recommendation: HCDE Head Start can identify external (i.e. time, money) and internal barriers that prevent families from participating/accessing beneficial parenting education opportunities, assist families in obtaining 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 the fathers.

ISSUE 7: FAMILIES NEED INCREASED ACCESS TO FINANCIAL LITERACY SERVICES

Survey findings indicate that across the board, services related to financial literacy was one of the higher need categories. A large percentage of parents reported needing specific services such as home-buyer education (32.7%), information on starting a business (39.6%), and credit repair/rebuilding (51.0%).

Recommendation: As part of the asset-building services offered to families, HCDE could incorporate or expand on home-buyer education and credit repair and rebuilding services. To increase parent participation, HCDE could identify external and internal barriers that prevent families from participating in beneficial financial education opportunities, and follow-up with families to check on appropriateness, access, and effectiveness of these services. HCDE could also assist families in obtaining appropriate services from collaborating partners, such as Family Houston, to connect families with free services such as individualized financial coaching and online workshops that parents can participate in.

ISSUE 8: BRIDGING THE DIGITAL DIVIDE

In our technology-dependent world, the internet and computer devices are increasingly important resources that facilitate access to education, employment, government, health care, entertainment, and commerce among other sectors. The American Community Survey estimates that an astounding 18.7% of Harris County households lack access to the internet and 10.1% lack access to computer devices such as smartphones, tablets, laptops, and desktops.

For many students living in poverty, access to reliable internet service and computer devices poses a significant problem. As Head Start students reach elementary school, the lack of internet can hinder their ability to complete their homework, creating what is known as a homework gap. As schools move towards incorporating online learning into their curriculum, children without reliable access to the internet are at an increased risk of falling behind.

The recent emergence of a pandemic has further exacerbated the digital divide. With schools and employers switching from in-person to online, reliable internet is now more important than ever. Internet access can help young students remain connected through virtual learning to avoid potential learning losses. For parents and caretakers, internet access allows for greater employment opportunities and the flexibility to further their academic careers.

Recommendation: HCDE Head Start can assess internet and technology needs of families to determine how many families are lacking broadband access. To help close the gap, Head Start can collaborate with community partners to identify and collaborate with organizations in the area that offer free internet access.

Additionally, HCDE Head Start can help link families with services by providing information on low-cost internet providers in the area. Nonprofit organizations such as everyone.org provide a list of internet providers in specific zip codes that offer discounted rates for eligible households.

ISSUE 9: INCREASE FOCUS ON MENTAL HEALTH AND TRAUMA INFORMED CARE

While families did not report mental health services as a need, trauma-inducing events such as Hurricane Harvey and the emergence of a pandemic have highlighted the need for increased focus on the mental wellbeing of children and families. Family Service Providers, on the other hand, noted that many children and families have unmet mental health needs. This finding was supported by Community Partners who reported a need for more mental health providers with early childhood expertise and reported challenges with finding mental health providers that accept Medicaid.

Recommendations: Early education programs play a critical role in buffering the impact of trauma by promoting resilience for children, families, and staff. Certain factors such as the relationship between parents and child, the relationship between parents, HS/EHS staff, and child, and the relationship between HS families and their community can lessen the effects of trauma and can work to improve mental wellbeing. To ensure Head Start staff is well equipped to handle the mental health needs of children and families, HCDE Head Start could implement or enhance available trainings for teachers and Family Service Providers working in centers with high needs. There are also some immediate steps parents, caretakers, and educators can take to provide stability, security, and emotional support for children during these trying times. For starters, the Center for Disease Control (CDC) recommends that caregivers recognize, and address fear and stress experienced by children. Children have limited coping skills, but caretakers can make efforts to help children self-regulate by validating their feelings and helping them manage their emotions in positive ways. For children participating in virtual learning, the CDC also encourages keeping children socially connected through activities such as spending quality time with caregivers, video chatting, and engaging in virtual playdates. Parents and Caregivers can also help improve mental well-being in children by maintaining routines as much as possible to provide a sense of safety and predictability. These steps, though small, can help mitigate some of the stress caused by the pandemic.

On a larger scale, HCDE Head Start could also consider partnering with institutes of higher education that may be able to place social work graduate students, therapists, and psychologists in programs as part of their practicum requirements. Additionally, HCDE Head Start could also consider partnering with mental health providers, including providers who offer telehealth services to reach families with transportation challenges, for steady and ongoing consultation with families. To address trauma specifically, HCDE Head Start could develop mechanisms to collect data and track the number of children and families experiencing trauma, prioritize hiring staff with expertise in trauma-informed care, and offer additional classes for parents on the effects of trauma on children and on disrupting the cycle of trauma.

ISSUE 10: MONITOR AND ASSESS THE IMPACT OF COVID-19 ON CHILDREN, FAMILIES, AND STAFF

On March 13, 2020, the state of Texas declared a public health disaster in response to COVID-19. At the time of this report, it is unknown what the long-term impacts of the pandemic will be on HCDE EHS and HS programming and the children and families enrolled.

Recommendations: The recommendations outlined in this report reflect the broader needs identified by the community prior to the pandemic. However, data examined in this report points to several additional recommendations related to supporting families and EHS and HS sites with COVID-19 challenges as the situation evolves and changes. Recommendations include:

- Continue to provide guidance on how to operate safely and to develop plans for possible closures and staff absences as the situation changes and evolves.
- Continue to assess short-term family needs and develop plans for how to address these needs remotely as they change.
- Utilize resources such as the Harris County COVID-19 Dashboards to identify service area zipcodes and centers located in areas with higher rates of confirmed COVID-19 cases.
 - Website: <https://publichealth.harriscountytexas.gov/Resources/2019-Novel-Coronavirus/COVID-19-Data-Dashboards>
- Reevaluate family needs and assess long-term challenges for families, including job loss and housing loss, to determine additional supports that may need to be in place as families.
- Ensure parents are well informed on the services and resources available to them. These include free COVID-19 testing, unemployment benefits, public health insurance options, affordable health clinics in their area, SNAP, food pantries, and other public services available to them.
- If students return to virtual learning environments, Head Start could work towards creating virtual learning communities for educators, as well as virtual trainings and enhanced virtual technical assistance.

LOCATION OF CENTERS

In 2018-2019, HCDE supported fifteen centers in their service area, which includes thirteen school districts in Harris County. However, despite families reporting easy access, HCDE's centers are concentrated in the central most of the service area, north/northeast of downtown, which is an area of high poverty and older infrastructure. On the other hand, families living in the far northern section of HCDE Head Start's service area near Humble and New Caney would have a long way to go to access services, with some commutes to a center and other services as great as 20 miles or more.

ISSUE 11: POPULATION GROWTH AND TRANSPORTATION

As may be seen in other recently growing areas, public transit can be very limited. Some families may face considerable commutes to a Head Start center or other health and social service agencies than families located in older and denser Head Start service regions.

Recommendation: Among the Office of Head Start’s Performance Standards and Other Regulations is an article on transportation. The Office encourages Head Start grantees to participate in the establishment of a local transportation coordinating council. The option is appropriate if transportation cannot be coordinated between other service agencies or if contracted transportation costs are high.

ISSUE 12: HCDE’S SERVICE AREA IS SURROUNDED BY MULTIPLE INDUSTRIAL COMPLEXES.

This section of Harris County contains multiple toxic release sites and Superfund sites.

Recommendation: HCDE could identify methods for minimizing the threat of poor air quality by improving indoor air quality (i.e. use environmentally friendly cleaning agents). HCDE could also confirm procedures for receiving and responding to emergency environmental hazards alerts near the centers.

PROGRAM OPTIONS

HCDE Head Start centers provide full-day enrollment, five days a week from August to May.

ISSUE 13: FAMILIES NEED INCREASED OPTIONS FOR YEAR-ROUND QUALITY, AFFORDABLE EARLY EDUCATION FOR BIRTH TO AGE 5.

As reported in the Family Survey, 39.6% of caregivers noted a need for affordable early education for birth to 5. Because HCDE’s Head Start program is not offered during the summer months, parents may need continued quality care during that time.

Recommendation: Assist families in identifying and applying for affordable or subsidized child care services in the community, especially in the summer months. HCDE could also look for more pre-K partnerships and expanded funding to extend services for children into the summer.

COMMUNITY RESOURCES

For the 2016-2020 Head Start 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 Head Start grantees can use to find and make referrals to families according to their needs. The following is a review of some of these primary online resources used to serve 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 in the unincorporated areas.

ADULT EDUCATION

Adult education resources available for Head Start and Early Head Start parents to improve their employment prospects are listed below.

UPSKILL HOUSTON

UpSkill Houston is a business-led, community-wide, integrated workforce effort focused on attracting, training, and placing individuals in critical skills jobs and professions. The site includes information on how to access professions within the oil and gas, manufacturing, and healthcare industries.

Website: <http://upskillhouston.org/>

HARRIS COUNTY DEPARTMENT OF EDUCATION

The Harris County Department of Education (HCDE) offers free English as a Second Language, basic adult literacy, math skills, and GED classes to eligible Harris County and Houston residents.

Website: <https://hcde-texas.org/adult-education/>

CHILD CARE

Childcare services allow parents and caregivers to work or attend school. Access to financial assistance and quality childcare can greatly benefit Head Start and Early Head Start families.

FIND CHILDCARE NOW

Find Childcare Now is a search engine hosted by the Collaborative for Children and features an interactive system to help individuals search for quality childcare and education centers. Parents and guardians can simply enter an address or zip code to find available centers in their area. Results include quality indicators

(class size, teacher tenure, and family involvement) and other useful information such as hours, languages spoken, and acceptance of subsidies.

Website: www.FindChildcareNow.org

WORKFORCE SOLUTIONS FINANCIAL AID

Workforce Solutions offers childcare subsidies for eligible residents in Harris and Fort Bend Counties. To qualify, parents and caregivers must meet income guidelines and work at least 25 hours per week, attend school full time, or work and attend school for a combined 25 hours per week.

Website: <https://www.wrksolutions.com/for-individuals/financial-aid/financial-aid-for-child-care>

COVID-19

COVID-19 DATA DASHBOARDS

Harris County COVID-19 Dashboards help educate residents of Harris County on the status of COVID-19 confirmed cases in the area, a number of maps and dashboards are available for reference.

Website: <https://publichealth.harriscountytexas.gov/Resources/2019-Novel-Coronavirus/COVID-19-Data-Dashboards>

TESTING LOCATIONS AND INFORMATION

Harris County Public Health Offers information on where to locate COVID-19 testing sites and provides a platform for residents to sign-up for testing. Additionally the site provides information on the testing process, general guidance, and recommendations for every day activities.

Website: <https://publichealth.harriscountytexas.gov/Resources/2019-Novel-Coronavirus/COVID-19-Testing-Information>

HELPLINES

Houstonians and Harris County residents have access to several helplines that provide free information or services.

2-1-1 UNITED WAY OF GREATER HOUSTON

2-1-1 Texas or the United Way Helpline is a free information and referral assistance service that 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. 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.

Phone Number: 2-1-1

Website: www.unitedwayhouston.org/?id=38

3-1-1 HOUSTON SERVICE HELPLINE

The 311 Houston Service Helpline, a consolidated call center designed to make city government more user-friendly, can be used to access information on city services and to report non-emergency concerns. From traffic fines and sewer concerns to pothole problems and neighborhood complaints, Houstonians can call 311 and speak to an agent at any time of the day or night.

Phone Number: 3-1-1 or 713-837-0311 if calling from outside of the city

Website: <https://www.houstontx.gov/311/>

7-1-1 RELAY TEXAS

Dialing 7-1-1 allows anyone with a hearing or speech disability to use the telephone system via a text telephone (TTY) or another device to call persons with or without such disabilities.

Phone Number: 7-1-1

HOUSING

Access to affordable housing is a cost-effective strategy for reducing childhood poverty and increasing economic mobility. Resources to help families locate affordable housing in Houston and Harris County are listed below.

HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT – HOUSING AND COMMUNITY DEVELOPMENT

This office is focused on addressing the housing, infrastructure, and public service needs of the low to moderate income community in Harris County. On the website, residents can access information on services related to disaster recovery, home repair, and downpayment assistance.

Website: <https://housingandcommunityresources.net/>

HOUSTON HOUSING AUTHORITY

The Houston Housing Authority offers information on how to apply and access services related to public housing, rental assistance, and voucher programs.

Website: <http://www.housingforhouston.com/>

LEGAL SERVICES

Pro bono legal and free legal aid services available to eligible Harris County and Fort Bend residents are listed below.

HOUSTON LEGAL AIDE

Houston Legal Aid provides pro bono or reduced-cost legal services in a variety of areas of law for those who cannot afford to pay market rates for an attorney. Houston Legal Aid Center currently provides education, self-help, and in some cases, legal representation in the following areas:

- Immigration
- Family Law
- Wills and Probate
- Powers of Attorney
- Nonprofit

Website: <https://www.houstonlegalaid.org/>

LONE STAR LEGAL AID

Lone Star Legal Aid's mission is to protect and advance the civil legal rights of the millions of Texans living in poverty by providing free advocacy, legal representation, and community education that ensures equal access to justice. The organization focuses on assisting low-income individuals through:

- Maintaining, enhancing, and protecting income and economic stability
- Preserving housing
- Improving outcomes for children
- Establishing and sustaining family safety and stability, health and well-being
- Assisting populations with special vulnerabilities, such as those who have disabilities, or who are elderly, homeless, or have limited English language skills

Website: <http://www.lonestarlegal.org/>

NUTRITION SERVICES

Access to nutritious meals is an essential component that allows for proper growth and development in children. Resources available to low-income families are listed below.

THE HOUSTON FOODBANK

The Houston Food Bank distributes food and other essentials to those in need through a network of 1,500 community partners in Harris and Fort Bend counties. They also provide programs and services aimed at helping families achieve long-term stability including nutrition education, job training, health management, and help in securing state-funded assistance such as SNAP.

Phone Number: 832-369-9390

Website: <https://www.houstonfoodbank.org/>

WOMEN INFANTS AND CHILDREN (WIC)

WIC is a federally-funded public health nutrition program administered through the Texas Department of State Health Services that provides support to pregnant women or women who are breastfeeding or have recently had a baby, infants, and children up to the age of five.

Website: <https://publichealth.harriscountytexas.gov/Services-Programs/Services/WIC>

SPECIAL EDUCATION SERVICES

Parents with children who had special needs can find information and assistance in the organizations listed below.

THE TEXAS PROJECT FIRST

Texas Project First is a website organized to link parents to a variety of information and resources most relevant for the age of their child. Information on services is categorized into various age groups from birth to age 21. Resources include:

- Community services
- Guidelines on laws and policies including the Americans with Disabilities Act, Every Student Succeeds Act, and the Individuals with Disabilities Education Act
- Early Childhood Intervention
- Therapy services in schools

Website: <http://www.texasprojectfirst.org/>

APPENDIX

Each respondent group (e.g. Families, Family Services Associates, and community partner) completed the survey below. The initial 5 questions varied depending on the respondent group but the remaining questions related to services remained the same.

SURVEY

The Head Start programs in Harris County are currently conducting a community assessment. We are interested in learning about the needs of your family and community in order to provide better services. Please take a moment to complete the questionnaire. **All responses will remain anonymous unless you indicate otherwise.**

Please bubble the Head Start center your child has been assigned to:

Barrett Station
Baytown Head Start
Baytown Early Head Start
Channelview
Compton
Coolwood
Dogan
Fifth Ward
Fonwood
Humble
JD Walker
La Porte
Pugh
San Jacinto
Sheffield
Tidwell

What zipcode do you live in?

How do you best describe your race? Please select one.

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Two or more Races
- Other

How do you best describe your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

Please select the primary language(s) spoken at home

- English
- Spanish
- Other, please specify: _____

Below are a list of services that may or may not be accessible to you or a member of your family. Please click your response to identify whether the service is an "immediate need", what you need handled right away, a "need", what you have an interest in, but do not need handled soon, and "not needed", what you already have access to or possess, and is a benefit to your family. Not applicable ("N/A") can be selected when the service does not relate to you or your family.

Disabilities: Do you or your family need help with any of the following services :

	Immediate Need	Need	Not needed	N/A
Help identifying if my young child may have a disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Childhood Interventions (ECI)- birth to 3 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special education services through my local public school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for a family member with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care for children with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive technology services (i.e. wheelchair, hearing aids, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Education: Do you or your family need help with any of the following services:

	Immediate Need	Need	Not needed	N/A
Affordable education for birth - 5yrs from a Pre-K, Head Start program or daycare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality education for birth- 5 yrs from a Pre-K, Head Start program or daycare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable before and after school care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping school age children with school work (ie tutoring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adult Education: Do you or your family need help with any of the following services:

	Immediate Need	Need	Not Needed	N/A
Adult Basic Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help enrolling and/or staying in college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English as a Second Language classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help learning to read/becoming a better reader (for adults)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance enrolling in a program to help me learn a trade or profession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Employment: Do you or your family need help with any of the following services :

	Immediate Need	Need	Not needed	N/A
Help with my resume, interview skills, professional clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help finding and getting a good job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Education/Parenting: Do you or your family need help with any of the following services :

	Immediate Need	Need	Not needed	N/A
Support with strengthening my marriage/relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs to help dads be more involved with their children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support with improving my parenting skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Financial Literacy: Do you or your family need help with any of the following services:

	Immediate Need	Need	Not needed	N/A
Tax preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gaining an Individual Taxpayer Identification Number (ITIN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic money management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-buyer education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on starting a business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Credit Repair/Rebuilding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health/Nutrition: Do you or your family need help with any of the following services:

	Immediate Need	Need	Not needed	N/A
Assistance enrolling in state-funded (CHIP, CHIP Perinatal, Children's Medicaid) or private insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality health care I can afford	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality dental care I can afford	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality <i>pediatric</i> dental care that I can afford	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunizations for my children (Measles, Mumps, Rubella, Whooping Cough)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunizations for me or other adult family members (Meningitis, Influenza)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening services (Diabetes, High blood pressure, vision, annual exams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management of chronic diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classes on healthy eating and cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh fruit and vegetables that I can afford	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information on growing a vegetable garden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information or classes on staying healthy, exercising, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mental Health : Do you or your family need help with any of the following services:

	Immediate Need	Need	Not needed	N/A
Counseling or therapy services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classes on how to raise well adjusted, healthy children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with domestic violence issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with child abuse or neglect issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment for drug or alcohol problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for sick/disabled family members so I can rest/run errands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support with stress management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support with anger management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals for Post-Traumatic Stress Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals for postpartum anxiety or depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Public Services: Do you or your family need help with any of the following services.

	Immediate Need	Need	Not needed	N/A
Emergency response services (police, ambulance, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood watch or to keep my neighborhood safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (trash collection, street maintenance, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walkable paths/Sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recycling programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to affordable stores, restaurants, entertainment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public parks and recreation areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Churches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community centers that serve my culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your culture:

Social Services: Do you or your family need help with any of the following services.

	Immediate Need	Need	Not needed	N/A
Help getting food for my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help paying my rent or other bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help finding a shelter or other assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe, affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services available in my language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to a lawyer or legal advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with immigration questions or concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Transportation: Do you or your family need help with any of the following services.

	Immediate Need	Need	Not needed	N/A
Private family vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community carpool/vanpool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transportation (bus, taxi, school bus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid private transportation (ie. childcare van, before or after school care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative transportation (walk, motorcycle, bicycle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How difficult is it for your family to access the services that were listed?

- Extremely difficult
- Somewhat difficult
- Neither difficult nor easy
- Somewhat easy
- Extremely easy

From the list below, rank the three greatest area of interest currently for your family, *place 1 next to the greatest area of interest, 2 for the second greatest area of interest and 3 next to the third.*

- _____ Education
- _____ Adult Education
- _____ Employment
- _____ Legal/Immigration Services
- _____ Transportation
- _____ Disabilities
- _____ Food and Nutrition
- _____ Health
- _____ Housing
- _____ Social/Family Services
- _____ Mental Health
- _____ Money Management

Do you know any specific groups in your community that are not receiving services (i.e. elderly, youth, homeless, and different cultural groups)? Please Select all that apply.

- Teen parents
- Homeless families
- Refugees
- Newly-arrived immigrants
- Elementary aged youth (5 - 11 yrs)
- Middle school aged youth (11-14 yrs)
- High school aged youth (14-18yrs)
- Grandparent caregivers
- Foster care caregivers

- Kinship care caregivers
- Elderly individuals
- N/A

Would you like Head Start to follow up with you regarding the services you selected as an immediate need?

- yes
- no

By selecting yes, please note that your responses will no longer be anonymous

Please provide your name and contact information in the fields below:

- Name _____
- Phone Number _____
- Email _____

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