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LATINO CHILD HEALTH INITIATIVE REPORT



**children
atRisk**
Speaking Out + Driving Change for Children

 **Baker
Institute** | Center for Health
and Biosciences

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EXECUTIVE SUMMARY

In Texas, almost half of the population of children under the age of 18 are Latino, yet there has not been a concerted effort to address the particular health issues facing this population. Latinos account for 48% of the population in Harris County Precinct 2 and are a rising majority in Texas.¹ Latinos now make up the largest population in Texas at 40.2% in 2022.² Nearly one in five Texas children live in poverty, and Latino children are the most likely ethnic population to live in poverty. Despite the Latino community having high rates of labor force participation, 29% of Latino children live in poverty as of 2019.³ Despite this, Latinos face deep inequities in terms of healthcare and education. Around 34% of Latinos in Texas did not complete high school.⁴ Additionally, Latinos have a high risk of developing chronic diseases, yet they have less access to healthcare.⁵ Latino children are also most likely to be uninsured compared to other race or ethnic groups in Texas.⁶ As the Latino community continues to be the fastest-growing population in Texas, it is crucial to provide equitable health, education, and opportunities.

Research shows that a healthy population can not only spur economic growth but that healthy children are more likely to be successful in educational settings, which in turn can have a positive impact on their future economic opportunities. To have a healthy population, the necessary resources must be invested to drive community led interventions, and ultimately improve outcomes. Nationwide Children's Hospital is leading the way across the country with an effort, Pediatric Vital Signs, which does just that. It measures child wellbeing and utilizes the data to improve overall outcomes. This research doesn't just rely on traditional vital signs to assess children's health but relies on eight metrics that measure the overall wellbeing of children with consideration to social determinants of health that are typically not addressed in traditional medical care.

In this report, CHILDREN AT RISK, in collaboration with Child Health Policy at the Baker Institute, investigates indicators that provide a holistic view of the health of Latino children in Precinct 2 of Harris County including type two diabetes and obesity, mental health, and kindergarten readiness. Each indicator examines key metrics to create an overall picture of the current status of Latino child health, ultimately identifying potential interventions to improve outcomes. The research found that Latinos have higher rates of type 2 diabetes and obesity and numerous barriers in accessing mental health services in the Houston area. There were also major gaps in the percentage of children identified as kindergarten ready, particularly for economically disadvantaged children. Barriers in accessing resources were found across all three indicators including: language barriers, immigration status, cultural bias, lack of insurance, food deserts, and the overall lack of resources available to the Latino community. This report aims to address major health disparities faced by the Latino child community in Houston and advocate for programmatic changes needed to mitigate negative health outcomes.

DIABETES AND OBESITY

The Latino community is particularly vulnerable to experiencing health challenges related to diet and physical activity. Indeed, national and local research regularly demonstrates that Latino children and families are at a heightened risk of developing diet-related chronic health conditions.⁷ The underlying causes behind these risks depend strongly on local access to food, acculturation⁸, their family's working conditions, and their surrounding built environment. Latino children are more likely to live in areas with a lack of access to healthy foods and spend less time doing physical activity, thus increasing the chances of chronic illness diagnoses. Locally, 678,000 residents in Harris County live in a food desert, and 20.1% of children have experienced food insecurity. Children living in these regions often rely on school for meals, through programs such as Free and Reduced lunch, and breakfast programs. When looking into the 11 ISDs that serve children and families in Precinct 2, 401,300 children qualified for free lunch. However only around 36% of these children were actually enrolled in the program, highlighting disparities in access even when children meet eligibility for essential programs. When examining the SNAP Program, out of the 216,500 Hispanic residents in Precinct 2, just over 40,000 are receiving SNAP benefits.

Both locally and nationally, Latinos face significant challenges regarding nutritional access and obesity. Per Harris County Public Health, 75.7% of Hispanic Harris County residents are overweight or obese. Hispanic children in Texas have nearly twice the rate of obesity compared to non-Hispanic white children, according to the Michael & Susan Dell Center for Healthy Living. In fact, Texas has the 10th highest obesity rate for children ages 10-17. Additionally, many local school districts including Houston ISD, Aldine ISD, and Channelview ISD report overall student obesity rates at 35% or higher. Related to obesity, we also see that up to 50% of Latino children will develop type 2 diabetes in their lifetime.⁹ Type 2 diabetes and obesity can result in longer-term lower health-related quality of life. Obesity is addressed not simply with nutritional education, but also by ensuring that children have adequate access to physical activity. The environment must be adequate to allow children to thrive, and it also has to be accessible and safe. While there are 50 parks in Precinct 2, only 19 have playgrounds. Ensuring not only are there adequate spaces for children to play, but also improving the walkability of spaces to schools can improve overall physical activity not only for children, but for communities. Family-oriented physical activity and promotion of community through culturally competent activities is key to long term success.

Fortunately, several community-based interventions meaningfully impact and improve food insecurity and physical health; we propose addressing these problems in Precinct Two by introducing three initiatives—each of which has proven successful and builds upon existing strengths and resources in the community:

- **Increase the utilization and expansion of school food programs, including breakfast and lunch.**
- **Partner with community agencies to promote increased nutrition education through Food is Medicine programs.**
- **Intentionally invest in reducing barriers to physical activity by partnering with community partners that can provide and support programming in Pre-K and K-12 schools.**

Recommendations:

01 Increase the utilization and expansion of school food programs, including breakfast and lunch.

After the COVID-19 pandemic, many Precinct Two school districts expanded their free and reduced lunch programs to cover as many students as possible. Aldine Independent School District, partially located in Precinct Two, expanded its free and reduced breakfast and lunch program eligibility to include all students regardless of income. Other districts, such as Houston Independent School District, automatically provide free and reduced lunch for most students except for a relatively small portion of their schools.

While free and reduced lunch programs successfully combat food insecurity, some roadblocks remain for these programs to reach their fullest potential:

- Meal and distribution times may conflict with the family schedules.
- Families may hesitate to participate in these programs because of language barriers or immigration status

Our team will build a collaboration with Precinct Two school districts to support ways to improve these programs' accessibility and convenience for Latino families. Further, we will offer outreach initiatives to help families navigate the free and reduced lunch programs to help better ensure that eligible children are enrolled. These efforts will be informed by the lessons learned in the pandemic and developed in partnership with a community advisory board.

Access to food programs for Latino families during the summer is also problematic. Finding ways for Latino families to interact with food programs during the summer recess is essential. School-based breakfast and lunch programs are usually only available throughout the school year, requiring families to seek and identify initiatives to meet their nutritional needs during the summer months. These programs may be difficult for many families to find or interact with, especially when they are located outside of schools. Evidence also suggests that Latino families are less likely to report the true nature of the difficulties they face with food insecurity.¹⁰ We will study how Latino families interact with food insecurity programs through surveys and focus groups in collaboration with Precinct Two schools and local nonprofits. The results of this study will be used to inform policymakers and community stakeholders in Precinct Two on how to expand food insecurity efforts in the future.

02 Partner with community agencies to promote increased nutrition education through Food is Medicine programs.

Innovative programming designed to improve nutritional health among Latino populations has recently increased in Harris County and across the United States.¹¹ Driven by the philosophy that "food is medicine," these new programs acknowledge the close relationship between diet and health outcomes. Specifically, they tailor meeting the nutritional needs of families with meals that are targeted towards preventing long-term illnesses by combating food insecurity and promoting healthy diets. Thus far, research suggests that these programs significantly reduce food insecurity for participants.¹²

The Food Rx program is among the most promising and innovative programs to tackle food insecurity and improve nutrition in Harris County. Through the Food Rx Program, families are given a prescription for either home food delivery of produce boxes every two weeks or 32 weeks of store produce vouchers.¹³ To enroll, families must have Medicaid-eligible children of 5-12 years old, be food insecure, have a risk for obesity, and receive care at partner pediatric clinics. The program offers a wide variety of fruits and vegetables to help introduce new foods to children and their families, along with culturally appropriate recipes, instructions on care and preparation, and local demonstrations at partner schools. We will work to support the mission of Food RX programs through Precinct Two.

03

Intentionally invest in reducing barriers to physical activity by partnering with community partners that can provide and support programming in Pre-K and K-12 schools.

Accessing physical activity programs outside of school can frequently be a challenge for Latino children and their families. Per the Centers for Disease Control and Prevention, Latinos/Hispanics have the highest inactivity levels outside of work among all demographic groups. These rates are reflected in children as well. Indeed, Latino high school students are more likely to report that they are not physically active for at least 60 minutes on at least one day of the week.¹⁴ Several structural barriers contribute to the disparity in physical activity levels. Reduced access to community health-related programs, work schedules, and language barriers are all factors that impact the ability of Latino students' ability to exercise.^{15 16 17}

Improving access to physical activities in schools can lead to wide-ranging positive impacts for Latino children, including reducing obesity. The health consequences associated with obesity, such as type 2 diabetes, are well known, and it is imperative to address them early in childhood to mitigate these risks. Therefore, it is imperative to determine evidence-based measures best to reduce obesity in youth, especially Latino youth. Such opportunities include the promotion of youth sports, which is lacking in Latino youth, according to Youth Behavioral Risk Survey results. Latino/Hispanic students were more likely to report playing on "0" sports teams (60.7%) compared to non-Latino/Hispanic students (47.7%). Engaging youth and team sports, especially through schools or communities can be a critical step in addressing obesity. Research has demonstrated the impact of community-based programs that incorporate nutrition education with exercise programs in Latino adolescents demonstrate success in decreasing BMI, improving insulin sensitivity, and improving weight-specific quality of life metrics. Programs such as Bienestar/NEEMA Coordinated School Health Program provide students with structured curriculum and physical activity. The curriculum is designed to increase knowledge about nutrition, physical activity, obesity prevention, and chronic conditions. It encourages a healthier lifestyle and targets key influential environments such as home, classroom, gym, and cafeteria.

We propose expanding physical activity through partnerships with pre-K and K-12 schools. Utilizing a school-based focus will help to ensure accessibility for all families. First of all, we propose to perform a comprehensive assessment of the walkability of schools. The promotion of safe walking routes to schools by performing an objective, evidence-based assessment will provide the Precinct with a tool to prioritize interventions to improve the built environment for children and promote walking in neighborhoods. This is the first step in enhancing community

connectedness. Bringing communities together will be the base to promote culturally relevant school-based programs, which have demonstrated promise in improving children's physical activity through healthy eating and exercise education. This initiative will bring together Precinct Two, public schools, and local nonprofit organizations to establish innovative initiatives promoting knowledge and physical activity. This may include, but is not limited to:

- Expanded credited physical education courses.
- Sports programs to improve exercise both within schools and community facilities.
- Parent engagement programs.

These initiatives will help link students and their families with sport programs to improve exercise and activity levels among Latino youth. Sport programs may be offered at schools or at Precinct Two parks and facilities.

MENTAL HEALTH

Latino families in the United States are facing a significant mental health crisis, particularly regarding access to mental health services. Factors behind this crisis include barriers to services, economic uncertainty, and built environmental factors. Hispanic children endure disproportionate probabilities of suffering family economic hardship, parental separation/divorce, low maternal education, and paternal incarceration compared to whites.¹⁸

The impact of these factors on Latino mental health is significant. Per the 2021 Youth Risk Behavior Survey, 46.4% Latino high school students nationally reported that they felt “sad or hopeless almost every day for two weeks or more in a row that (they) stopped doing some usual activities” compared to 42.3% of the total student population. National trends also show that 18.7% of Latino high school and 15.1% of middle school students made a plan to attempt suicide. Locally, the numbers are stark as well. In 2021, 11.7% of Latino high school students attempted suicide in Harris County. In the gulf coast region of Texas¹⁹, the number of youth with a major depressive episode increased from 7.5% from 2006–2008 to 51% from 2018–2020 per the National Survey on Drug Use and Health.

Language barriers also compromise the ability of many Latino families to seek mental healthcare in Texas. Indeed, 80% of mental healthcare providers offer services only in English.²⁰ Schools encounter severe difficulties in meeting the mental health needs of their students and in Texas, more than 98% of schools fail to meet the American School Counselor Association standard of providing 250 counselors per student.²¹

Addressing the mental health crisis among Latino families requires multiple strategies. To reduce stress and improve mental health, families and children need help accessing benefits, services, and care, walkable sidewalks and neighborhoods, and safe outdoor spaces to play. To improve the mental health of Latino children and families, a three-pronged approach is required:

- **Partner with local agencies to increase the number of counselors in Precinct Two schools and to utilize health education through community-based leaders like promotoras.**

- Establish a peer mentoring program.
- Build a new local measure to assess mental health well-being.

Combined, these strategies will assist stakeholders and policymakers in confronting, resolving, and tracking the mental health needs of Latino children and their families in Precinct Two.

Recommendations:

01

Partner with communities and agencies in Houston to increase mental health awareness, expand the number of mental health providers, and improve student support services in Precinct Two schools.

There is an unmet demand for expanded mental health service providers for Latino children and their families in Precinct Two. In local schools, there is only one school counselor for 463 students—nearly twice the student-to-counselor ratio recommended by the American School Counselor Association. The reasons behind the counselor shortage in Harris County are multifaceted, including school budgetary constraints, a need for more training programs, and a lack of dual language education programs. Meeting the mental health needs of children early in life is critical for their development; it is also crucial to adult well-being. The long-term impacts of poor student mental health are well documented: negative consequences include lower academic performance²², compromised physical health outcomes²³, and poor professional developmental outcomes.²⁴

There are various agencies, such as Communities in Schools, that provide students with services and counseling through a school-based Student Support Specialist. The services include guidance counseling, academic support, parental engagement, college readiness, and enrichment activities. Additionally, utilizing community-based leaders, such as promotoras, can be an innovative way to connect to students on mental health and continue to educate on an individual and community level in order to improve the way care is accessed. Promotoras can also help families reduce stress by helping parents access services and benefits.

Expanded student support services can improve mental health provider access for Latino children. These providers will serve to bridge potential language and cultural barriers, provide conveniently located services, and destigmatize and increase the comfort of Latino children in approaching mental health services in Precinct Two.

02

Establish a peer mentoring program for Precinct Two youth.

The COVID-19 pandemic broadened the achievement gap between Latino children and their white counterparts. The inability of children to attend school in person harmed both academic performance and mental health. Following the pandemic, educators and researchers increasingly emphasized the importance of educating the “whole child” and understanding the role of mental and social well-being in students’ academic performance. Generally, students

seek to excel academically and advance their career attainment. However, there are gaps in achievement, particularly among underrepresented students and those living in low-income households. Various approaches are being deployed to try to reduce the achievement gap, including near-peer and elder mentoring. Near-peer and elder mentoring have been demonstrated to be useful across various disciplines in K-12 education, including the arts and STEM^{25 26}. Using theories grounded in identity-based motivation, peers can play a significant role in school motivation during childhood.²⁷ Likewise, elders can provide invaluable life stories and perspectives for youth mentees.²⁸

We propose initiating and expanding both elder and near-peer mentoring programs in Precinct Two schools. Neither elder nor near-peer mentorship programs are new, but mentoring research over the decades proves their positive impacts on children can be long-lasting.²⁹ Near peers are well-situated to help younger children attain their academic and personal goals. Slightly older students can provide younger students with a more relatable model than adults, helping motivate them.

03 **Build a new local measure to assess mental health well-being.**

Community stakeholders need to identify areas where mental health and well-being determinants can be improved. By understanding local trends, policymakers and stakeholders can better respond to meeting community mental health challenges. Tracking a community's mental health well-being, however, can oftentimes be challenging, considering the variables and complexities that shape a neighborhood's mental health. Further, many of the current measures of mental well-being are crafted for state-level issues, limiting their applicability to local mental healthcare initiatives and programs.

We will build a measure that grades mental health care wellness at the local level. This measure will initially be used to understand how mental health and well-being can be improved in Precinct Two and will capture an array of factors that impact child mental health including:

- Access to mental healthcare resources
- The built environment (e.g., neighborhood walkability)
- Perceived and actual neighborhood safety
- Food insecurity
- Housing insecurity

Measurements will be age-inclusive and culturally sensitive. It will also be regularly updated to provide trends to understand how mental health is changing among Precinct Two residents.

KINDERGARTEN READINESS

Kindergarten readiness is a crucial milestone in a child's educational journey. It marks a transition from early childhood to the formal education system and encompasses a wide range of developmental skills and competencies for success in kindergarten. These include cognitive abilities, social skills, language proficiency, physical readiness, and emotional regulation. Latino children face a number of barriers to kindergarten readiness including language barriers and cultural understanding of what parent engagement looks like and when parents should introduce skills such as reading.

This can be more challenging when parents also face the same challenges and barriers as those of their children. An estimated 19% of adults in Texas lack basic prose literacy skills; this number is even higher if you include adults learning to speak English.³⁰ In Houston, over 1 million adults are functionally illiterate making it difficult for parents to encourage reading with their children, and research shows that a parent's reading ability is the most important factor in determining a child's future.³¹ There are nine public libraries in Precinct 2 that provide classes to support child and adult literacy including 38 classes in Spanish for elementary students, preschoolers, or kids as a whole, 7 growing readers and early literacy classes, and 321 classes for English learning for adults.³² Community programs and classes are important; however, it is not enough if parents don't understand the importance of introducing reading skills to their children before kindergarten.

Children who participate in Head Start and Early Head Start programs demonstrate improved outcomes in social-emotional learning, language, cognitive development and kindergarten-readiness outcomes, when compared to those that don't attend one of these programs.³³ In a 2021-2022 report on Houston Head Start and Early Head Start programs, it found that overall, 75% of students enrolled in Head Start will reach school readiness goals as they transition to kindergarten. There are Head Start programs in 8 of the school districts in Precinct 2 and Early Head Start programs in 4 of these. Of the 293 kids enrolled in Early Head Start in 2021-2022 in Houston, 110 of these children were Hispanic; of the 898 children enrolled in Head Start, 403 were Hispanic.³⁴

To improve kindergarten readiness of Latino children, we recommend building upon existing programming with community partners to strengthen tools that have proven to be successful.

- **Work with partners and local school districts to increase utilization and expansion of full day pre-K3 and pre-K4 programs.**
- **Decrease child care deserts in precinct 2 by expanding/increasing the number of high-quality subsidized seats.**
- **Assist community partners to increase capacity for family education programming that promotes skill specific development.**

Recommendations:

01 **Work with partners and local school districts to increase utilization and expansion of full day pre-K3 and pre-K4 programs.**

Research has found that high-quality pre-K can significantly impact the path of a child's life. For every dollar spent on early childhood education, economists estimate a \$7 to \$13 return.³⁵ Texas ranks 35th in state spending on pre-k. Enrollment for pre-K programs was impacted by COVID-19 with levels struggling to recover.

In Texas, an estimated 220,000 three- and four-year-olds are enrolled in state-funded pre-k. However, there are a number of restrictions for students to be considered eligible. Some of these include economically disadvantaged, unable to speak and understand English, has ever been in foster care, homeless, and a child of a member of the US Armed Forces. These requirements limit access to just a subset of the total Latino population. Expanding these programs requires not just addressing eligibility requirements but the districts and campuses in which programming is available.

In 2021, Adline ISD began providing full-day pre-K to 3- and 4-year-olds, and Houston ISD recently announced it will be expanding pre-k enrollment by adding 500 more seats by fall 2025. Many school districts offer pre-K at a limited number of campuses making it inaccessible to all families that may otherwise benefit from the program.

It is important to identify areas where students are not meeting expectations and focus on increasing opportunities for pre-K enrollment in those areas in order to maximize opportunities for improvement. Performing landscape analysis of the precinct at neighborhood levels will help to identify regions to prioritize expansions for pre-K programs, and thus make the largest impact in the shortest amount of time.

02 **Decrease childcare deserts in precinct 2 by expanding/increasing the number of high-quality subsidized seats.**

Kindergarten readiness is not just about being school ready, but it also includes physical well-being, social emotional abilities, being able to self-regulate, language skills, and cognitive skills. Gaps in kindergarten readiness can also be related to poverty, race, and experiencing two or more ACEs.

Of the 34,766 Latino students assessed for kindergarten readiness in the Houston region in the 2022-2023 school year, 25,206 attended Pre-K in the year prior, and 17,304 (50%) were designated kindergarten ready. This is compared to 68,207 total students that were assessed across the same region and 39,954 (59%) of those students designated kindergarten ready.

Part of the foundation for a child's academic success is experience in high-quality child care programs. This is particularly true for low-income families that may face additional challenges

in ensuring kindergarten readiness for their children. A key strategy to provide affordable early education is increasing access to subsidized child care. However, increasing access alone does not ensure it is high-quality care, which is necessary to reap the benefits. Some of those benefits include children are shown to earn more, live longer, are more likely to experience higher graduation rates, and lower rates of behavioral issues later in life. However, barriers such as cost and geography prevent many families from accessing affordable high-quality child care.

Texas Rising Star (TRS) is a framework used to measure, improve, and communicate the quality of early childhood education providers across the state. All child care providers who accept families receiving subsidy child care assistance are required to participate in TRS. The program assesses child care providers by four categories: director and staff qualifications and training, teacher-child interactions, program administration, and indoor/outdoor learning environments. Providers are rated 2-, 3-, 4- star ratings with benchmarks for each level that are tied to graduated enhanced reimbursement rates for children receiving subsidies. To ensure TRS reaches all low-income children, it is necessary to address barriers providers face participating in TRS as well as the lack of practices in place that promote equity.

In Precinct 2, there are 38,525 childcare seats available, 4,618 of these are subsidy seats. This means for every 100 children of low-income working parents, there are 16.9 child care subsidy seats available. Out of 44 zip codes, 41 are considered a TRS desert, with at least 30 low-income children where the demand for subsidized child care is three times greater or more than the supply of TRS 4-star child care centers. Increasing the number of high-quality subsidized child care seats requires partnering with local child care providers to better understand the barriers they face enrolling in TRS and what tools and supports are needed to make participation seamless and readily available to all providers. This is especially important in low-income communities where quality child care is lacking, and they are more likely to be a community of color.

03 Assist community partners to increase capacity for family education programming that promotes skill specific development.

Family engagement in their child's education at any level is key to promoting healthy physical, cognitive, and social-emotional development. It is important for families to not only prepare their children for school but to support them in their educational successes. Research shows that parents want to be engaged, but that some are unsure of how to best support their child or at what point they should introduce certain skills.

Equipping families with the proper tools to encourage and expand their child's learning is necessary for strong parent engagement. Parent guides or other resources are available for families to learn these tools. Building trusted relationships with community partners that can reach families is vital to their success. Programming must support the education of the whole family on kindergarten readiness and what that entails. It is not just a focus on learning how to read, but the physical and social-emotional development that can make an impact on a child's educational successes.

Expanding family education programs that promote key skill specific development will improve kindergarten readiness for Latino children. As trusted community leaders, these partners will be able to meet families where they are and provide them with the information and tools needed to support the cognitive and social-emotional development of their children. Furthermore, incorporating pre-kindergarten readiness screenings can be an additional tool to aid families in maximizing their child’s developmental potential.

CONCLUSION

A community is only as healthy as its children. The disparities experienced by the Latino child population in Harris County must be addressed in order to promote the health of the whole region. This can be accomplished through collaboration, investments in current programs, and ensuring environments are ideal for children to thrive. A focused effort on the key metrics of type two diabetes and obesity, mental health, and kindergarten readiness will streamline efforts and make significant strides in closing the gaps in Latino child health, while bringing families and communities together and creating a stronger, healthier future. Precinct 2, the Baker Institute, and CHILDREN AT RISK should work together to, on an annual basis, identify health and wellness benchmarks and assess how well Latino children and families are doing. From that data, we can recommend the implementation of key, evidence-based practices and evaluate the effectiveness of those interventions.

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