



WEBB COUNTY, TEXAS
COMMISSIONERS COURT

Head Start and Early Head Start

2019 - 2020 COMMUNITY ASSESSMENT
2021 – 2022 Update



Prepared by



ESSENTIAL ELEMENTS
THE KEY TO HEAD START SUCCESS

Table of Contents

List of Tables	3
Table of Figures	7
Introduction	8
Executive Summary	10
Opportunities and Considerations.....	33
Methodology	36
Interpreting the Data.....	37
State of Texas	38
Service Area Description.....	40
Program Summary.....	41
Site Locations.....	42
State and County Map.....	43
Map of Laredo	44
Map Surrounding Counties.....	45
Demographics and Economics.....	47
Education and Disabilities.....	75
Health Care	93
Birth Characteristics.....	107
Nutrition	116
Social Services.....	122
Transportation	150
Housing.....	153
Childcare	162
Coronavirus	174
Profile of Head Start Children and Families.....	191
Profile of Early Head Start Children and Families.....	201
Parent Survey and Outcome Analysis.....	211
Health, Education and Social Services Needs of Families.....	213
Community Resources.....	215
Partnership Agreements.....	217
Child Care Centers and Family Child Care Homes.....	218

List of Tables

Table 1: Participation in Federal Programs.....	38
Table 2: Assets	38
Table 3: Poverty by Demographic.....	38
Table 4: Family.....	38
Table 5: Economic Well-being.....	38
Table 6: Education	39
Table 7: Housing	39
Table 8: Justice System	39
Table 9: Population.....	47
Table 10: Adult Population by Age	48
Table 11: Population by Race/Ethnicity	48
Table 12: Child Population Ages 0 - 4	49
Table 13: World Region of Birth of Foreign-born	50
Table 14: Population Projections - Texas and Webb County 2020 - 2030	50
Table 15: Adult Poverty Rate	52
Table 16: Poverty Rate Children Ages 0 - 5.....	54
Table 17: Types of Families – Children Below Age 5.....	55
Table 18: Poverty Rate by Marital Status	55
Table 19: Marital Status Males 15 Years and Older.....	56
Table 20: Marital Status Females 15 Years and Older	56
Table 21: Number of Working Families with Children below Age 6 (Living with both Parents)	57
Table 22: Working Families with Children below Age 6 (Living with Single Parent)	57
Table 23: Grandparents Responsible for Raising their Grandchildren.....	58
Table 24: Households with SSI and Public Assistance Income.....	59
Table 25: Median Household and Per Capita Income.....	60
Table 26: Unemployment Rate	61
Table 27: Current Employment/Unemployment 2021 (Aug.)	62
Table 28: Living Wage	63
Table 29: Cost of Living.....	66
Table 30: Time Leaving to go to Work	66
Table 31: Average Commute Time.....	67
Table 32: Commute Time.....	67

Table 33: Employment Projections Region 21 South Texas - 2016 - 2026.....	68
Table 34: Educational Attainment for Population 25 Years and Older.....	75
Table 35: High School Graduation Rates 2018 - 2019.....	76
Table 36: High School Dropout Rate 2018 - 2019.....	77
Table 37: 3rd Grade Students Passing STARR Math by Grade and Economic Status.....	77
Table 38: 3rd Grade Students Passing STARR Reading by Grade and Economic Status.....	78
Table 39: Individuals Eligible for Adult Education Services Local Workforce Development Area – 21 South.....	79
Table 40: High School - Received GED.....	79
Table 41: Student Enrollment in Public School by Race/Ethnicity.....	80
Table 42: Economically Disadvantaged Students.....	80
Table 43: Languages Spoken at Home.....	81
Table 44: Percentage Other than English Spoken.....	82
Table 45: Speaks English Less than Very Well.....	83
Table 46: Students in Bilingual/ESL Programs.....	83
Table 47: Computer and Internet Use.....	84
Table 48: Special Needs by Type for Children Ages 3 - 5.....	86
Table 49: Early Childhood Intervention (ECI) Services.....	87
Table 50: Health Behaviors.....	93
Table 51: Health Insurance Coverage Children 18 Years and Under.....	94
Table 52: Lack of Social and Emotional Support.....	95
Table 53: Poor Mental Health Days.....	95
Table 54: Medicaid Enrollment.....	97
Table 55: Cancer Incidence- Cervical.....	97
Table 56: STI-Chlamydia Incidence.....	97
Table 57: Drug Overdose Deaths.....	98
Table 58: Facilities Designated as Health Professional Shortage Areas (HPSA).....	98
Table 59: Population Living in HPSA.....	99
Table 60: Causes of Death for Webb County Residents.....	101
Table 61: Births to Women in Past 12 Months.....	107
Table 62: Poverty Status of Women Who gave Birth last 12 Months Ages 15 - 50.....	107
Table 63: Birth to Women Receiving Public Assistance and Unmarried Women.....	108
Table 64: Educational Attainment of Women Who gave Birth last 12 Months Ages 15 - 50.....	108
Table 65: Race/Ethnicity of Women who gave Birth last 12 Months Ages 15 - 50.....	109
Table 66: Births to Teens (Ages 19 and Younger).....	109
Table 67: Birth to Teens by Age Group.....	110

Table 68: Birth to Single Teens	110
Table 69: Infant Mortality.....	111
Table 70: Low Birth Weight Births (<2,500 grams)	111
Table 71: Preterm Births.....	112
Table 72: Birth to Women Receiving Late or No Prenatal Care.....	112
Table 73: WIC Recipients (Ages 0 - 4)	116
Table 74: Women WIC Participants	116
Table 75: Households Receiving SNAP by Poverty Status.....	116
Table 76: Household Food Insecurity	117
Table 77: Child Food Insecurity.....	117
Table 78: Free or Reduced-Price Meals	118
Table 79: Overweight/Obese Preschoolers and Children	118
Table 80: Adult Obesity Trend 2017 - 2021	118
Table 81: Family Violence	122
Table 82: Victim/Offender Relationship	123
Table 83: Child Abuse (Rate per 1,000 Ages 0 – 17)	126
Table 84: Children in Foster Care (Rate per 1,000 Ages 0 – 17).....	127
Table 85: Homeless – Point-in-Time Count 2018 - 2021.....	129
Table 86: Crime Rates	132
Table 87: Adverse Childhood Experiences (ACE) State.....	134
Table 88: Mean Travel Time to Work	150
Table 89: Commute to Work	151
Table 90: Commute Pattern – Place of Work	152
Table 91: Owner-occupied Housing Unit Rate.....	154
Table 92: Vacancy Rate and Occupied Units.....	154
Table 93: Gross Rent (Occupied Units Paying Rent)	155
Table 94: Occupied Housing Units with/without Vehicles Available	155
Table 95: Selected Housing Characteristics	156
Table 96: Gross Rent (as Percentage of Household Income).....	156
Table 97: Fair Market Rent	156
Table 98: Housing Affordability	157
Table 99: Available and Eligible Birth-to-Five Children.....	163
Table 100: Children Enrolled in Preschool or Nursery School	165
Table 101: Pre-Kindergarten Programs and Enrollment Ages 3 - 4	165
Table 102: Number of Pre-Kindergarten Schools by Full or Half-Day Programs.....	166

Table 103: United ISD Pre-Kindergarten Enrollment by Full or Half-Day Programs	166
Table 104: Laredo ISD and Webb County ISD Pre-Kindergarten Enrollment by Full or Half-Day Programs	166
Table 105: Pre-Kindergarten Enrollment by Ethnicity/Race	167
Table 106: Children Ages 3 – 4 Enrolled in Public or Private School.....	167
Table 107: Children (Ages 0 – 12) receiving Subsidized Child Care.....	167
Table 108: Child Care Capacity	168
Table 109: School Reported COVID-19 Cases in Public Schools August 2, 2021 – November 7, 2021	179

Table of Figures

Figure 1: Council of Government Regional Map.....	46
Figure 2: Population Changes in Texas Counties, 2010 - 2050	51
Figure 3: 2021 Poverty Guidelines	53
Figure 4: The Benefits of Sufficient Income.....	64
Figure 5: Texas Regional Education Service Centers Map	85
Figure 6: Maternal, Infant and Early Childhood Home Visiting Program (MIECHV), 2019	88
Figure 7: Suicide Facts & Figures	95
Figure 8: Primary Care Shortage Areas in Texas	100
Figure 9: Texas Summary Domestic Violence Count	125
Figure 10: Texas BoS CoC Local Homeless Coalitions, September 2021.....	130
Figure 11: Homelessness in Texas	131
Figure 12: Adverse Childhood Experiences, Race and Ethnicity-Nationwide vs. Texas	135
Figure 13: Adverse Childhood Experiences (ACEs) Texas Fact Sheet 2019	138
Figure 14: Impact of Childhood Trauma	139
Figure 15: The Four Rs of Trauma-Informed Care	140
Figure 16: Healthy and Ready to Learn.....	144
Figure 17: Why Child Care Matters to Businesses	164
Figure 18: Percentage of Texas Population Vaccinated for COVID-19	174
Figure 19: Webb County - New Confirmed COVID-19 Cases, Probable Cases, and Fatalities.....	175
Figure 20: Texas - New Confirmed COVID-19 Cases, Probable Cases and Fatalities	176
Figure 21: Vaccines Dose Administered Weekly.....	177
Figure 22: Race, Age, and Number of People Vaccinated with One Dose.....	177
Figure 23: Race, Age, and Number of People Fully Vaccinated	178
Figure 24: Tips for Supporting Yourself During the Pandemic.....	183
Figure 25: Helping Children During the Pandemic.....	184
Figure 26: Tiers of the Pyramid Model	185
Figure 27: Additional Resources for Trauma and Toxic Stress.....	186
Figure 28: American Rescue Plan (ARP) Child Care and Development Block Grant	187
Figure 29: American Rescue Plan (ARP) Child Care Stabilization Grants	188
Figure 30: Head Start Family Outcomes Analysis	211
Figure 31: Early Head Start Family Outcomes Analysis	212

Introduction

In accordance with Head Start Program Performance Standards 1302:11; Determining community strengths, needs and resources, in order to design a program that meets community needs and builds on strengths and resources, a program must conduct a Community Assessment at least once over the five-year grant period. The Community Assessment must use data that describes community strengths, needs, and resources and include, at a minimum:

- (i) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:
 - (A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6) (A));
 - (B) Children in foster care; and
 - (C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;
- (ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;
- (iii) Typical work, school, and training schedules of parents with eligible children;
- (iv) Other child-development child-care centers, and family childcare programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;
- (v) Resources that are available in the community to address the needs of eligible children and their families; and,
- (vi) Strengths of the community.

This Community Assessment presents an overview of the current community conditions for Webb County Commissioner's Head Start and Early Head Start within the designated service area. This assessment is to be used to aid in identifying the needs of low-income children and families in Webb County. It is also utilized to develop goals and objectives for program and strategic planning. This Community Assessment includes information derived from program data as well as community, state, and national sources on, but not limited to:

- Population Profile/Demographics
- Poverty
- Employment
- Education
- Housing
- Economics and Income
- Nutrition
- Health Care
- Head Start-eligible/available children
- Childcare facilities and school district Pre-K programs

- Children with special needs
- Transportation
- Education, Health, and Social Service Needs
- Community Resources and Survey results

Webb County Commissioner's Head Start and Early Head Start will use the Community Assessment information to further address the issues that are listed below:

- Determine the philosophy as well as long-range and short-range program objectives
- Determine the type of content area services that are most needed and the program option or options that will be implemented
- Determine strategies to successfully partner with local community organizations
- Determine resources to support family stability
- Determine the recruitment area that will be served
- Determine appropriate locations for centers/classrooms and the areas to be served by Webb County Commissioner's Head Start and Early Head Start program
- Set criteria that define the types of children and families who will be given priority for recruitment and selection

Executive Summary

The 2018 Kids Count Data Book ranks the State of Texas at number 41st overall in the nation for the well-being of its children. Texas also ranked 32nd in Economic Well-being, 30th in Education, 39th in Health and 47th in Family and Community, as compared to other states in the United States. The Kids Count Data Book is an annual publication that assesses child well-being, nationally and across the 50 states, as well as the District of Columbia and Puerto Rico. Using an index of 16 indicators, the 2018 report ranks states on overall child well-being and in four domains: (1) economic well-being, (2) education, (3) health, and (4) family and community.

This report documents the needs assessment process, results, analysis, and considerations that Webb County Commissioners Head Start and Early Head Start Programs will employ to address unmet or under-met needs of low-income families and the communities in which they live. The purpose of this assessment is to guide the agency in decision-making, strategizing and moving forward with the development of the organization. The data in this report will strongly show that poverty is still an issue and requires an even greater need for the availability of programs that are able to utilize a Collective Impact approach to fill in gaps and reduce barriers for the population within the Webb County service area. “Collective impact” describes an intentional way of working together and sharing information for the purpose of solving a complex problem. This approach is more likely to solve complex problems than if a single nonprofit were to approach the same problem(s) on its own. While collective impact seems very similar to plain old “collaboration,” there are certain characteristics that distinguish collective impact initiatives and make them successful.

Part of building a community that works for everyone is identifying strengths and having dreams. When a program or community discovers its strengths, it takes ownership, it starts to act, and dreams turn into reality. Webb County Head Start and Early Head Start believing that our community, individually and collectively, have unique gifts, strengths, skills, and contributions to bring to life for the betterment of everyone in the community. There are many strengths in this community such as strong partnerships, neighbors caring for each other, churches, Head Start and Early Head Start Programs, Texas A&M International University, community action agency and public support. Together we will work to embrace our strengths and diligently move toward our dreams for a better future for children and families in our local communities.

Update 2021 - 2022

This Community Assessment Update identified the following strengths, needs, and potential gaps:

Demographics and Economics

- ✓ Webb County data shows a population of 267,114 for 2020. The data further shows a 10.5% change in population from 2010 - 2019. The city of Laredo reported a population of 255,205 in 2020. Approximately 95% of the county’s population resides in the city of Laredo. Laredo experienced an 11.3% increase in population from 2010 – 2019, higher than the county (10.5%), but slightly lower than the state (15.3%) rate.

- ✓ Many adults in Laredo were between the ages of 20 - 34 (21.6%) and 35 - 54 (24.3%). Adults, ages 65 – 84, made up approximately 8.0% of the population in Laredo as well as Webb County (7.9%). Many adults in Webb County were between the ages of 35 - 54 representing 26.4% of the population, while adults 65 - 84 represented 7.9% of the population. The median age in Webb County was 28.8, lower than the state (34.6) average.
- ✓ Most of the population in Laredo identified as Hispanic (95.4%), while individuals who identified as White Alone (3.6%), Black (0.5%), Two or More Races (0.5%), and Asian (0.5%) were the next largest population groups. Individuals who identified as Two or More Races (0.5%) in Laredo were slightly higher than the county (0.4%).
- ✓ In Laredo, there were 14,924 children below 3 years of age and 9,463 children ages 3 – 4. In Webb County, there were 15,843 children below age 3 and 10,237 children ages 3 – 4. Approximately 94% of children ages birth to 4 reside in Laredo.
- ✓ Webb County had a 97.7% representation of Birth of Foreign-born individuals from Latin America, considerably higher than the state rate of 67.4%, while 1.6% of Foreign-born was from Asia, considerably lower than the state (22.0%). Approximately 97.6% of Foreign-born individuals from Latin America resided in the city of Laredo. 33% of Foreign-born children with Foreign-born parents lived below the poverty line, compared with 27% of native children with Foreign-born parents and 19% of native children with native parents.
- ✓ In 2019, the poverty rate for adults in Laredo was 26.7%, which was slightly lower than the county (27.5%), but considerably higher than the state (14.7%) and the national rates (13.4%). However, the poverty rate in Webb County and Laredo experienced a decrease of 4.6% since 2016. One out of every 3.3 residents of Laredo live in poverty. Understanding where poverty hits hardest in Laredo can be better understood by segmenting poverty by whether the resident is in school or not. According to welfare.org, female residents of Laredo, Texas are moderately (16%) more likely to live in poverty than males.
- ✓ In 2019, the poverty rate for children ages 0 - 5 in Laredo was 41.1%, representing a 3.2% decrease since 2018. The poverty rate for Webb County also decreased from 45.6% in 2018 to 42.1% in 2019, representing a 3.5% decrease in the poverty rate for children ages 0 – 5. Within the past five years, the poverty rates for children, ages 0 – 5 in Webb County, have been consistently higher than the state and national rates.
- ✓ In Webb County, the data show married couples (6,769) with the largest number of children below age three (3), with female householders (3,254) reporting the next largest number of children below age three (3). Within the service area, there were approximately 1,301 male householders with children below age five (5), with the largest number being children under three (3) years old (918).
- ✓ It is estimated that the poverty rate for all families with children under age five (5) was 25.3% in Webb County and 25.0% in Laredo, much higher than the state rate of 14.9% and national rate (14.4%). Married couples in Webb County, with children under age five (5), reported a 17.2% poverty rate, significantly higher

than the state (6.3%) and national rate (5.1%). In Webb County, the data for female-headed households with children under age five (5) shows a 42.1% poverty rate as compared with female householders with children under 18 (50.7%).

- ✓ In Webb County, the divorce rate for females 15 years and older (10.2%) was slightly lower than the state (12.0%) and national rates (12.1%).
- ✓ According to ACS, there were 6,344 working families in Webb County in which both parents were in the labor force. There were 8,393 working families with children below age six (6) in Webb County in which the father only was in the labor force. The number of families in Webb County in which neither parent was in the labor force was 708.
- ✓ According to ACS, there were 13,475 children in Webb County living with only one parent, of which 2,334 children lived with a single father. 6,806 children were residing with mothers who were in the labor force, and 4,335 children lived with mothers who were not in the labor force.
- ✓ In Webb County, the percentage of grandparents responsible for raising their grandchildren was 34.9%, slightly lower than the state (36.3%) but higher than the national (34.1%) rates. Approximately 17.2% of grandparents were responsible for raising their grandchildren for five years or more in Webb County. Within the service area, the percentage of grandparents responsible for raising their grandchildren for five years or more was slightly higher than the state (15.6%) and national rate (15.0%).
- ✓ In Webb County, Per Capita income (\$18,466) was lower than both the city of Laredo (\$18,771) and the state Per Capita Income (\$31,277). Median Household Income in the city of Laredo (\$47,593) was higher than Webb County (\$46,475) but much lower than the state (\$61,874) and national (\$62,843) averages.
- ✓ In 2021, data for Webb County shows a slightly higher unemployment rate (5.8%) than the state (5.3%) average. A year after the United States began an unprecedented shutdown in response to the COVID-19 pandemic, unemployment rates remain nearly twice their pre-pandemic level, with many individuals still unemployed. The greatest proportion of the job loss is now considered to be "permanent job loss," rather than "temporary job loss." Recent job loss has continued to be disproportionately evidenced in leisure and hospitality industries, and not surprisingly, some demographics, such as women, have been hit harder than others.
- ✓ Greater financial stability and having basic needs met can reduce the anxiety that comes from struggling to survive, or not having a cushion for emergencies. It also leaves more time to spend with loved ones and to give back to the community, all of which contribute to happiness and improved life satisfaction. Having money saves money: Having enough income means that households can build their credit scores and avoid late fees, predatory lending, and higher interest rates.

Education and Disabilities

- ✓ Webb County (18.2%) reported a higher percentage of individuals with less than a 9th-grade education than the state rate (8.2%) and national rate (5.1%). According to the ACS, 14.3% of individuals in Webb County

did not have a High School diploma, which was much higher than the state (8.1%) and national rates (6.9%). Approximately 25.3% of individuals in Webb County were high school graduates, while 16.5% obtained some college as compared to the state rate (21.6%). In Webb County, the percent of individuals with a Bachelor's degree (13.7%) was lower than the state rate (19.5%). An estimated 5.3% of individuals in the service area had a Graduate or Professional degree, which was also lower than the state (10.4%) and national rates (12.4%).

- ✓ In 2018 - 2019, the graduation rate was highest in Webb CISD (100%). United ISD (96.1%) and Laredo ISD (94.5%) reported the next highest graduation rates. Laredo ISD, Webb CISD, and United ISD reported graduation rates that were higher than the state rate of 90.0%. School Districts were exempted and not required to report for the 2020 school year due to the COVID Pandemic.
- ✓ In 2018-2019, approximately 52% of economically disadvantaged third-grade students passed the STAAR reading test as compared to 66% of non-economically disadvantaged students in Webb County. Approximately 43% of economically disadvantaged third-grade students passed the STAAR math test as compared to 63% of non-economically disadvantaged students in 2018-2019.
- ✓ Approximately 88,941 residents in LWDA – 21 South were eligible for adult education services. In Webb County, the percentage of students obtaining a GED in 2019 was 0.2%, slightly lower than the state rate of 0.5%.
- ✓ There were 53,239 (82.6%) economically disadvantaged students in Webb County during the school year 2020-2021. Economically disadvantaged students are eligible for free or reduced-price lunches or other public assistance.
- ✓ Webb County reported 36.6% of residents who spoke English less than very well, and in Laredo approximately 36.3% of individuals spoke English less than very well, significantly higher than the state (13.7%) and national rates (8.4%). In 2020 – 2021, the number and percent of students in all grades receiving bilingual or English as Second Language (ESL) instruction in the Webb County public school system were 26,369 (40.9%), significantly higher than the state rate of 18.4%.
- ✓ In Webb County, approximately 81.0% of households have a computer, with 66.9% of households with a broadband internet subscription. The percentage of broadband internet subscriptions is significantly lower in Webb County than the state (81.9%) and national (82.7%) rates.
- ✓ In FY 2019, the Department of Assistive and Rehabilitative Services, Division for ECI Services reported that the number of infants and toddlers receiving services from the Early Intervention program in Webb County was 1,372, representing 7.0% of the birth-to-three population.

Health Care

- ✓ In Webb County, adult smoking (17%), adult obesity (37%), limited access to healthy foods (13%) and teen birth rate (57 per 100,000 population) were higher than the state rates. Webb County (11) reported a drug overdose death rate comparable to the state (11) rate. These numbers represent the rate of drug poisoning

deaths per 100,000 population. There were fewer primary care physicians, mental health providers and dentists per resident in the service area when compared to the state ratio for those professions. Findings suggest that conditions related to unhealthy lifestyles and behaviors are a concern in the communities served by Region 20. These lifestyle conditions include sexually transmitted infections, adult obesity, teen birth rate, drug overdose, food insecurity, limited access to healthy foods, and smoking.

- ✓ The percentage of uninsured children below age 18 in the city of Laredo was 27.6%, slightly lower than the county rate (27.7%) but higher than the state (17.2%) and national rate (8.8%).
- ✓ Social and emotional support is also linked to educational achievement and economic stability. Approximately 28.5% of adults reported a lack of social or emotional support, higher than the state (23.1%) and national average (20.7%). According to County Health Rankings, Webb County residents reported 4.6 days per week with poor mental health in 2021, higher than the state (3.8) and national (4.1) average. The data shows that Webb County has reported higher numbers of poor mental health days than the state since 2017.
- ✓ Texas Health and Human Services announced it is receiving more than \$180,000 in funding toward implementing a new national three-digit dialing code, 988, for the National Suicide Prevention Lifeline. The new 988 number makes it easier for people in crisis or emotional distress to get immediate assistance and connect to mental health resources within their communities. This will ensure that Texans who need support can always count on a Lifeline. The grant funds will be used to help Texas Lifeline call centers to prepare for infrastructure needs and additional callers, purchase headsets and computers, train and educate staff, and data collection. The funding comes from Vibrant Emotional Health, the nonprofit administrator of the National Suicide Prevention Lifeline, and the 988 State Planning Grant. Effective July 2022, the new 988 Lifeline will replace 1-800-273-TALK (8255). Federal legislation authorizing 988 as the three-digit code for the Lifeline was passed in October 2020. HHSC recommends people in crisis and concerned family members continue to call the Lifeline at 800-273-8255 (800-273-TALK) until the 988 number becomes effective. (*Texas Health and Human Services Commission*)

Birth Characteristics

- ✓ There were an estimated 4,611 births within Webb County, of which 4,347 births were reported in Laredo. Most births (78.3%) in Webb County were to women ages 20 – 34. However, Laredo reported 3.2% of births to teen mothers. The percent of teen births in Webb County (3.5%) was lower than the state (4.7%) but higher than the national (3.3%) average.
- ✓ Webb County reported 37.3% of women, who gave birth within the last 12 months, below 100% of the poverty level, higher than the state (24.6%) and national (22.8%) rate. Approximately 27.9% of women giving birth in Webb County were between 100% - 199% of Federal Poverty Level, higher than the state (22.6%) and national (20.4%) rates.

- ✓ Webb County reported 24.3% of women who gave birth with less than a high school diploma, considerably higher than the state (15.0%) and national (11.7%) rates. However, an estimated 30.8% of women who gave birth had a high school education in Webb County. Approximately 11.4% of women who gave birth within the last 12 months reported attaining a Bachelor's degree, lower than the state rate of 19.6% and national rate of 21.3%. The percentage of women giving birth with less than a high school diploma in Laredo was slightly higher than the county (24.3%) rate.
- ✓ In 2017, the number and percent of births to females ages 19 and younger was 643 (13.2%), higher than the state rate of 7.1%. However, births to teens in Webb County have decreased since 2014.
- ✓ There were twenty (257) births to teens ages 15 - 17 in Webb County during 2017. Approximately 380 births (59.1%) were to teens ages 18 - 19. In Webb County, births to teens from ages 15 - 19 decreased since 2015. In Texas, the percentage of births to teenagers, ages 15 - 17 (28.4%), was significantly lower than the rate for Webb County (40.0%).
- ✓ There were 591 births (12.1%) to unmarried teens in Webb County in 2017. Births to unmarried teens decreased from 664 in 2015 to 597 in 2017. The percentage of births to unmarried teens in Webb County (12.1%) was much higher than the state rate (6.3%).
- ✓ The infant mortality rate per 1,000 children who died before their first birthday was 5.7 (28) for Webb County, slightly lower than the mortality rate for the state (5.8). Webb County reported 383 (7.9%) of infants born weighing under 5.5 pounds in 2017. The number of low birth-weight infants decreased from 442 in 2014 to 383 in 2017. The percent of low-birth-weight infants in Webb County (7.9%) was slightly lower than the state rate of 8.4% in 2017.
- ✓ The number of babies born before 37-week gestation in Webb County was 710 (14.6%), slightly higher than the state rate (12.2%). The number of babies born prematurely increased from 633 in 2014 to 710 in 2017. In Webb County, the number and percent of births to women who received no prenatal care, or care about the first trimester were 1,130 (23%), much lower than the state rate (35%). The percent of women receiving late, or no prenatal care decreased from 28% in 2014 to 23% in 2017.

Nutrition

- ✓ In Webb County, there were 3,542 infants (under age 1) and 8,357 children (ages 1 - 4) that participated in the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC), and 4,100 women participated in the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC) in 2019. This number represents a decline in WIC participation from 2014.
- ✓ An estimated 43.1% or 8,393 households below poverty received SNAP benefits. During this same period, there were 11,066 (56.9%) households above the poverty level that received SNAP benefits in Webb County.
- ✓ Webb County reported 16.0% of households that were food insecure in 2021, which was slightly higher than the state rate of 15.0%. Food insecurity increased from 9.0% in 2020 to 16.0% in 2021. In Webb County, 20,400 or 22.4% of children were estimated to be food insecure, which was slightly higher than the state

rate of 19.6%. A child (under 18 years old) is defined as being food insecure if he or she lives in a household having difficulty meeting basic food needs, as defined by the Census Bureau's Current Population Survey.

- ✓ In Webb County, the number of children participating in the National School Lunch Program was 49,114 in 2019 - 2020. Free or reduced-price meals are available to students whose families earn less than 185% federal poverty guidelines or are enrolled in other programs for low-income children, such as SNAP. Children in foster care or who attend schools using the Community Eligibility Provision are also eligible.
- ✓ In Webb County, the obesity rate for preschoolers was 15.4%, slightly lower than the state rate of 15.7%. According to County Health Rankings, the adult obesity rate for Webb County was 37% in 2021 which was higher than the state rate of 31.0%. In Webb County, the obesity rates have been consistently higher than the state rates for the past five (5) years.

Social Services

- ✓ Webb County Sherriff's Office reported 49 incidents of family violence, whereas the Laredo Police Department reported 1,592 family violence incidents. Laredo Community College Police Department and United ISD Police Department reported no incidents of family violence, and Texas A & M reported eight (8) incidents of family violence.
- ✓ The largest percentage of family violence reports was between other family members (58.7%). The second most reported relationship among offenders and victims was married spouses and the third most common relationship was parental/child.
- ✓ Assaults, burglaries, and larceny were the more prevalent crimes reported by Laredo Police Department, as well as Webb County Sherriff Office. Crime and violence frequently have dire and long-lasting impacts on young people who experience, witness or feel threatened by it. In addition to causing direct physical harm to young victims, serious crime and violence can adversely affect their mental health and development and increase the likelihood that they will commit acts of crime or serious violence.
- ✓ The number of children ages 0 - 17 who were confirmed as victims of child abuse was 568 in 2020, (7.0 per 1,000 children), which was lower than the state rate (9.1 per 1,000 children). The number of confirmed victims of child abuse in Webb County increased from 374 in 2016 to 568 in 2020. The psychological consequences of child abuse and neglect include the immediate effects of isolation, fear, and an inability to trust. When children cannot trust that someone will be there to meet their needs, they tend to develop low self-esteem, anxiety, depression, and hopelessness. (childhelp.org).
- ✓ Laredo Homeless Coalition conducted the Homeless Count for January 2020. According to the Coalition, the total homeless count for Webb County was approximately 304, an increase of 63 people from 2019. There was a significant decrease in the total homeless count for 2021 (86). An estimated 28 homeless individuals reported having a serious mental illness in 2020 as compared to 6 individuals in 2021. Respondents reported that unemployment was the main reason for their homeless situation. There were approximately 30 children, under age 18, who reported homelessness in 2021. Most homeless individuals were males.

- ✓ In Webb County, the number of children, ages 0 - 17 in foster care, was 443 (5.4 per 1,000 children) in 2020, which represented a decrease of 0.7 per 1,000 children from 2016. In Webb County, the rate of children in foster care was lower than the state rate of 6.4 per 1,000 children. Many foster children struggle in school due to the trauma they experience as a result of abuse, neglect, separation, and instability. Approximately 80% of foster children are held back in school at least once by the time they reach 3rd grade.
- ✓ Growing up with an absent parent can leave kids with a deep sense of shame and loss, and when the absence appears voluntary, the impact can be even more intense. From a child's perspective, it is hard to imagine a parent choosing not to be involved without there being a good reason. Sadly, kids are incredibly vulnerable to drawing the wrong conclusion and assuming that they must be at fault. This fear and guilt can leave kids feeling inherently unworthy.
- ✓ Children who have experienced parental abandonment may also be prone to developing poor self-esteem and a sense of shame surrounding the parent's absence. They may even question whether they could have contributed to the absence, whether they somehow 'deserved to be abandoned, or whether the absent parent believes he or she is better off without the 'burden' of a child.
- ✓ Substance abuse and neglect were the most prevalent reasons for children entering foster care.
- ✓ Nationally, neglect is the most common reason for the removal (62%), but these cases often involve other underlying factors such as drug or alcohol abuse or parental mental health problems, which may not be reported or even known by child welfare agencies at the time of removal. The threshold for indicating parental drug abuse as a reason for removal varies among, and sometimes within, states. For example, some states require a formal diagnosis of drug abuse for parental drug abuse to be listed as a reason for removal, while others maintain lower thresholds such as a positive urine screen or investigator suspicion. States also do not report data on informal arrangements in which a child stays with relatives or family friends without formally entering foster care.
- ✓ Policy and media attention has focused on increased opioid use as the primary factor in the recent increase in the foster care population. According to a series of recent reports from the Office of the Assistant Secretary for Planning and Evaluation (U.S. Department of Health & Human Services), counties with higher rates of drug overdose deaths and hospitalizations also tend to have higher rates of maltreatment reports, larger caseloads, and more challenging and severe child welfare cases.
- ✓ Potentially traumatic experiences are common among U.S. children, with more than one in four having been exposed to economic hardship, even in the first five years of life. One in five has experienced parental divorce or separation, and one in ten has lived in a household where an adult has an alcohol or drug problem. More troubling still, more than one in ten children nationally and, in a few states, about one in six, has experienced three or more adverse experiences. These findings have important implications for children's health and well-being, including the need for increased attention to the early detection and treatment of

children affected by trauma, as well as to the conditions in families and communities that contribute to adverse development

- ✓ Trauma exposure often begins early in life. Young children are at the highest risk for exposure to trauma and are most vulnerable to its adverse effects. An estimated half of all children in the United States, approximately 35 million, are exposed to at least one type of trauma before their eighth birthday. For example, child abuse and neglect are most common among children younger than age 3. Children under age 5 are most likely to incur injuries from falls, choking, and poisoning, and represent most children who witness domestic violence. Children from certain racial and ethnic groups also are more likely to experience adversities that can cause trauma. For example, exposure to childhood adversity is more common among black and Hispanic children than among white children, even when accounting for the role of income. According to Child Health Data, 56.7% of black non-Hispanic children experience two or more adverse childhood experiences in Texas as compared to 33.8% nationally.
- ✓ Childhood trauma is strongly linked to mental and physical health problems over the lifespan. It negatively impacts brain development, cognitive development, learning, social-emotional development, the ability to develop secure attachments to others, and physical health; it is also associated with a shortened lifespan. A considerable body of research demonstrates that children suffer the most severe, long-lasting, and harmful effects when trauma exposure begins early in life, takes multiple forms, is severe and pervasive, and involves harm by a parent or other primary caregiver, often referred to as **complex trauma**.
- ✓ Childhood trauma is more likely to lead to post-traumatic stress disorder (PTSD) than the trauma that occurs in adulthood. Children exposed to several different forms of trauma are more likely to exhibit PTSD (e.g., anxiety, depression, anger, aggression, dissociation) than children with chronic exposure to a single type of trauma. Children and youth with PTSD may re-experience the traumatic event through intrusive memories, nightmares, and flashbacks; avoid situations or people that remind them of the trauma; and feel intense anxiety that disrupts their everyday lives. In addition, they may engage in aggressive, self-destructive, or reckless behavior; have trouble sleeping; or remain in a state of hypervigilance, an exaggerated state of awareness, and reactivity to their environments. However, there is no typical reaction to trauma. Most children show distress immediately following a traumatic event, but most return to their prior level of functioning.
- ✓ The skills children gain before starting kindergarten set the stage for their future success in school. While several tools measure individual children's readiness for kindergarten, there has been, until now, no comprehensive, population-level tool that can tell us about children's competencies before kindergarten. A population-level tool would identify groups of children who need more support, inform program and policy decisions, and show us trends in children's skills over time.
- ✓ The pilot National Outcome Measure, Healthy and Ready to Learn (HRTL) shows promise as a valid population-level tool that can describe the school readiness of young children ages 3 to 5 across

developmental domains, including the important domains of social-emotional and self-regulation development, for which there are only limited assessments.

Housing

- ✓ The owner-occupied housing unit rate in the city of Laredo was 61.8%, which was slightly lower than the rate for Webb County (62.2%). The owner-occupied housing unit rate for Webb County was slightly higher than the state rate (62.0%). The City of Laredo (91.5%) had a slightly higher percentage of occupied housing units than the County (90.1%). The City of Laredo reported 8.5% vacant housing units and a 7.5% rental vacancy rate.
- ✓ The percentage of occupied units paying gross rent less than \$500 was slightly lower in the city of Laredo (10.5%) than Webb County (11.0%), which both were higher than the state average (6.6%) and national average (9.4%). In Webb County, 58.2% of occupied units were paying rent ranging from \$500 - \$999. The median rent for Webb County was \$844.
- ✓ The city of Laredo (5.9%) reported a slightly lower percentage of households with no vehicle available than Webb County (6.1%). However, the percentage of households with at least one vehicle in the city of Laredo was 32.9%, slightly higher than the state and national rates (32.7%). Webb County had a slightly lower percentage of households with two available vehicles (36.6%) than the state (40.2%) and national rate (37.2%).
- ✓ Webb County and the city of Laredo had somewhat comparable percentages as related to homes lacking plumbing, kitchen facility, and telephone services. However, 498 homes in the city of Laredo lacked plumbing facilities, as compared to 758 homes that lacked complete kitchen facilities in Webb County. The data reflect a higher percentage of households with no available telephone service in Webb County (3.0%) than the state (2.1%) and national rates (1.9%).
- ✓ The percentage of households that paid gross rent that was 35% or more of household income in the city of Laredo was 44.8%, as compared to 45.0% in Webb County and 38.6% for the state.
- ✓ Fair market rent for four bedrooms was lower in Webb County (\$1,351) as compared to the state (\$1,883). Within the service area, a household must earn \$17.60 per hour to afford a 2-bedroom rental unit as compared to the state (\$21.98). The estimated mean renter hourly wage is \$10.07 in Webb County as compared to the state (\$20.25).

Childcare

- ✓ The funded enrollment for Webb County Commissioners Head Start was 1,218 children, 72 Early Head Start, and 72 Child Care Partners in 2019 - 2020. There were approximately 15,843 available children ages 0 – 3 and 6,669 eligible 0 – 3-year-old children in Webb County. There were 10,237 available 3 – 5-year-old children and approximately 4,309 eligible 3 - 5-year-old children in Webb County.
- ✓ In Laredo, there were approximately 14,924 available 0 – 3-year-old children and 6,208 eligible 0 - 3-year-old children. There were approximately 9,463 available children ages 3 – 5 and an estimated 3,936 eligible

children ages 3 – 5. The program currently serves 2.1% of eligible Early Head Start children and 28% of eligible Head Start children. The number of unserved children ages 0 - 3 indicates possible expansion opportunities for Early Head Start as well as Head Start services in Webb County.

- ✓ Approximately 3,992 children ages 3 and 4 were enrolled in Pre-Kindergarten. Most of the children were reported as economically disadvantaged. An estimated 70% were English Language Learners. Laredo ISD reported serving 36 homeless children, while United ISD served ten (10) homeless children.
- ✓ Within the service area, an estimated 26 schools provided full-day Pre-Kindergarten programs, of which Laredo ISD reported the largest number of schools providing full-day programs in 2019 - 2020. United ISD reported the largest number of schools providing half-day programs. United ISD reported a Pre-K enrollment of 1,699 four-year-old children, of which 842 were full-day participants and 857 were half-day.
- ✓ Laredo ISD reported a Pre-K enrollment of 2,384 children, of which 888 were three-year-old full-day participants and 1,496 were four-year-old full-day participants. Webb County ISD reported 14 children enrolled in Pre-K, of which eleven (11) children were enrolled in a full-day program. Most children enrolled in Pre-Kindergarten programs in Webb County identified as Hispanic/Latino.
- ✓ In Webb County, approximately 82.0% of 3 - 4-year-old children were enrolled in public school and 18.0% were enrolled in private school. Laredo reported 80.4% of 3 - 4-year-old children enrolled in public school and 19.6% enrolled in private school.
- ✓ In Webb County, the number of children, ages 0 - 12, who received state-subsidized childcare during 2019 was 4,235 (6.9%), representing an increase of 446 children since 2015. The percentage of children receiving subsidized care in Webb County was higher than the state average (4.2%).
- ✓ In Webb County, licensed childcare center capacity in 2020 was 6,668. The number of licensed childcare centers was 94. Licensed childcare homes' capacity was 311. There were 26 licensed childcare homes in Webb County. Childcare center capacity and childcare home capacity have decreased over the past years.
- ✓ The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model) is a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development. Research findings indicate 1) Teachers who received training and coaching demonstrated statistically significant differences in their implementation of Pyramid Model practices. 2) Children enrolled in the experimental classrooms implementing the Pyramid Model demonstrated statistically significant differences in their social skills and 3) Target children in the experimental classrooms had statistically significant reductions in problem behavior.
- ✓ In March 2021, Congress passed, and President Biden signed into law the American Rescue Plan (ARP) Act, a \$1.9 trillion COVID-19 relief package. The package includes \$39 billion in dedicated childcare relief funding. The funds provided by the American Rescue Plan will help stabilize the childcare sector. These funds can promote a system of care that is more accessible, equitable, and affordable to families. Additionally, childcare providers need a living wage and benefits. This is an opportunity to transform the childcare system.

Coronavirus

- ✓ United ISD reported 221 student COVID-19 cases and 430 staff cases from August 2 – November 7, 2021. Laredo ISD reported 51 student cases and 60 staff cases for the same period.
- ✓ An estimated 450,756 doses of COVID-19 vaccination have been administered in Webb County. Data reflects 252,264 individuals with one dose and 206,296 individuals fully vaccinated. Approximately 69.46% Hispanic, 14.03% White, 8.33% Other, 7.85% Unknown, 0.26% Asian, and 0.08% Black American population have been fully vaccinated.
- ✓ As more and more of the country continues to get the vaccine, many Texans are still facing one of the primary health disparities the pandemic has uncovered: vaccine access. As such, we wanted to bring to your attention a program that offers free vaccines to Texans. As part of Texas' mobile vaccination plan, groups of at least five people can schedule a mobile clinic to come to a house, a park, a place of business, or an apartment. To schedule a clinic to come to your location, call 844-90-TEXAS and select option three. (Hogg Foundation)
- ✓ The primary factor in a child's recovery from an adverse or traumatic event is the presence of a sensitive and caring adult. To support healthy child development during COVID-19, children and youth need to maintain regular age-appropriate connections to important adults in their lives.
- ✓ Protecting adults' mental and physical health is an effective strategy for promoting children's well-being during and after a pandemic. Positive social connections are important protective factors for both children and adults during a pandemic. Although in-person contact may be limited, physical distancing should not turn into social isolation, which is a risk factor for child abuse and neglect, adult and youth substance use, and family violence.
- ✓ During disasters, children interact less frequently with mandated reporters and other adults who could recognize and report signs of trouble in a family. Monitoring children's safety is especially important during the pandemic.
- ✓ Emotional and behavioral changes in children are to be expected during a pandemic, as everyone adjusts to a change in daily routines. Some children may show signs of emotional distress (e.g., clinginess, anxiety, sadness, anger). But with strong emotional support from adults and communities, most children will return to their typical level of functioning from before the pandemic.
- ✓ Meeting the basic needs of children and families, such as food, shelter, clothing, and medical and mental health care is essential to protecting children's well-being in stressful times. Actively mobilizing tangible resources for families during the pandemic is especially important for families experiencing additional risks, such as economic instability, job loss, and health or mental health needs.
- ✓ The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model) is a conceptual framework of evidence-based practices for promoting young children's healthy social

and emotional development. Research findings indicate 1) Teachers who received training and coaching demonstrated statistically significant differences in their implementation of Pyramid Model practices. 2) Children enrolled in the experimental classrooms implementing the Pyramid Model demonstrated statistically significant differences in their social skills and 3) Target children in the experimental classrooms had statistically significant reductions in problem behavior.

- ✓ In March 2021, Congress passed, and President Biden signed into law the American Rescue Plan (ARP) Act, a \$1.9 trillion COVID-19 relief package. The package includes \$39 billion in dedicated childcare relief funding. The funds provided by the American Rescue Plan will help stabilize the childcare sector. These funds can promote a system of care that is more accessible, equitable, and affordable to families. Additionally, childcare providers need a living wage and benefits. This is an opportunity to transform the childcare system.

2017 – 2018 Executive Summary

Population, Age and Ethnicity

Understanding the changing demographic characteristics of America's children is critical for shaping social programs and policies. The number of children determines the demand for schools, health care, and other social services that are essential for meeting the daily needs of families. While the number of children living in the United States has grown, the ratio of children to adults has decreased (*America's Children: Key National Indicators of Well-Being, 2018*). Webb County reported a population of 274,794 in 2017. The city of Laredo reported a population of 260,654 in 2017. Approximately 95% of the county's population reside in the city of Laredo. Laredo experienced a 10.4% increase in population from 2010 – 2017, higher than the county (9.8%). Webb County's population projection indicates an increase of 22,181 individuals by 2030.

Most adults in Laredo were between the ages of 20 - 34 (21.5%) and 35 - 54 (24.3%). Adults, ages 65 – 84, made up approximately 8.1% of the population in Laredo as well as Webb County (8.2%). The median age in Webb County was 28.4, slightly lower than the state (34.3). In Laredo, there were 14,819 children below 3 years of age and 10,409 children ages 3 – 4. In Webb County, there were 15,607 children below age 3 and 11,086 children ages 3 – 4. Approximately 95% of children ages 3 - 4 reside in Laredo.

The Foreign-born population of the United States has grown since 1970. This increase in the past generation has largely been due to immigration from Latin America and Asia and has led to an expansion in the diversity of language and cultural backgrounds of children growing up in the United States. Potential language and cultural barriers confronting children and their foreign-born parents may make additional language resources both at school and at home necessary for these children (*America's Children: Key National Indicators of Well-Being, 2018*). Webb County had 97.7% representation of Birth of Foreign-born individuals from Latin America, considerably higher than the state rate of 69.0%, while 1.6% of Foreign-born was from Asia. Approximately 97.6% of Foreign-born individuals from Latin America resided in the city of Laredo. Thirty-three (33%) of Foreign-born children with Foreign-born parents lived below the poverty line, compared with 27% of native children with Foreign-born parents and 19% of native children with native parents. Most of the population in Laredo identified as Hispanic (95.4%), while individuals who identified as White (3.5%) and Asian (0.6%) were the next largest population groups.

Most vulnerable are the children who reside with at least one unauthorized immigrant parent. Children in these families have less access to public programs that benefit children's development because of their parents' legal status or English language ability. They must often overcome school interruption and economic hardship if parental income is lost because of immigration enforcement and deportation (*Annie E. Casey Foundation, Race for Results 2013*).

Poverty, Employment and Income

Low-income families with children aged eight (8) and under face extra barriers that can affect the early years of a child's development. Parents in these families are more likely than their higher income peers to lack higher education and employment, to have difficulty speaking English and to be younger than age 25. Children living in poverty are vulnerable to environmental, educational, health, and safety risks. Compared with their peers, young children living in poverty are more likely to have cognitive, behavioral and socioemotional difficulties. Throughout their lifetimes, they are more likely to complete fewer years of school and experience more years of unemployment. (*America's Children: Key National Indicators of Well-Being, 2018*). In 2017, the poverty rate for adults in Laredo was 30.6%, which was slightly lower than the county (31.5%), but considerably higher than the state (16.0%) and the national rate (14.6%). The poverty rate has remained somewhat stable in the past three years for Laredo and Webb County with some fluctuation during the past three years. The child poverty rate for Webb County decreased from 47.6% in 2016 to 46.4% in 2017, representing a 1.2% decrease in poverty rate for children ages 0 - 5. In 2017, the birth to age five poverty rate for Laredo (45.0%) and Webb County (46.4%) was considerably higher than the state (24.8%) and national rate (22.5%).

The poverty rate for all families with children under age five (5) was 31.5% in Webb County and 30.6% in Laredo, much higher than the state rate of 16.7% and national rate (16.2%). Married couples in Webb County, with children under age five (5), reported 23.1% poverty rate, significantly higher than the state (7.2%) and national rate (5.9%). Female-headed households with children under age five (5) reported a 49.1% poverty rate as compared with female householders with children under 18 (53.8%).

In Laredo, 4,997 (7.3%) of household received SSI, while only 1.5% of households (1,064) received cash public assistance. The percentage of SSI households in Laredo (7.3%) was slightly lower than the county (7.8%), but higher than the state rate (4.8%) and national rate (5.4%). Approximately 58.9% or 12,691 households below poverty received SNAP benefits. However, an estimated 8,849 households above the poverty level also received SNAP benefits in Webb County. There were 56,114 (82.6%) economically disadvantaged students in Webb County during the school year 2017 – 2018. Economically disadvantaged students are eligible for free or reduced-price lunches or other public assistance.

Secure parental employment is a major factor in the financial well-being of families. It is associated with higher family income and greater access to health insurance. It also has been linked to several positive outcomes for children, including better health, education, and social/emotional development. One measure of secure parental employment is the percentage of children whose resident parent or parents were employed full time throughout a given year (*America's Children: Key National Indicators of Well-Being, 2018*). In Webb County, Per Capita income (\$16,316) was lower than both the city of Laredo (\$16,642) and the state Per Capita Income (\$28,985). Median Household Income in the city of Laredo (\$41,302) was slightly higher than Webb County (\$40,442) but significantly lower than the state (\$57,051) and national (\$57,652) average. In 2019, Webb County reported a slightly higher preliminary unemployment rate than the state (4.2%) and a national average of 4.0%. Unemployment

rates have fluctuated during the past five (5) years from 4.5% in 2015 to 4.3% in 2019. According to the American Community Survey (ACS), of the civilian labor force in Webb County (118,898), approximately 113,748 individuals were reported as employed and 5,150 individuals were reported unemployed.

The living wage within the service area for one adult with two children was \$22.09, as compared to Texas (\$23.42). The living wage for two adults (1 working) with one child was \$21.24, as compared to Texas (\$22.57). Living wage within the service area for two adults (1 working) with two children was \$23.68, as compared to Texas (\$25.01). Laredo's cost of living was 90.7, and Webb County's cost of living was 90.8 as compared to Texas (101.8). Laredo and Webb County are cheaper than the state and US average. Housing is the biggest factor in the cost-of-living difference.

Households

Today's children are born into and grow up in many different types of families. For example, four in ten babies in the U.S. are born to unmarried parents, either single or cohabiting (*Child Trend*). The composition of families is dynamic and has implications for critical parental and economic resources. A long-term shift in family composition has decreased the share of children living with two married parents, while single-parent households have become more common for children (*America's Children: Key National Indicators of Well-Being, 2018*).

Within the Webb County service area, married couples (6,800) reported the largest number of children below age three (3) with female householders (2,969) reporting the next largest number of children below age three (3). There were approximately 1,277 male householders with children below age five (5), with the largest number being children under three (3) years old (921). The divorce rates for males 15 years and older (6.7%) were lower than the state rate (9.2%) and a national rate of 9.5%. In Webb County, the divorce rate for females 15 years and older (10.1%) was slightly lower than the state and national rates of 12.1%.

According to ACS, Webb County reported 6,080 working families in which both parents were in the labor force. There were 8,265 working families, with children below age six (6), in which the father only was in the labor force. The number of families in Webb County in which neither parent was in the labor force was 1,102. According to ACS, there were 14,141 children in Webb County living with only one parent, of which 2,124 children lived with a single father. 6,519 children were residing with mothers who were in the labor force, and 5,498 children lived with mothers who were not in the labor force.

In Webb County, the percentage of grandparents responsible for raising their grandchildren was 35.2%, slightly lower than the state (38.5%) and national (35.5%) rates. Approximately 16.6% of grandparents were responsible for raising their grandchildren for five years or more in Webb County. The percentage of grandparents responsible for raising their grandchildren for five years or more was slightly higher than the state (15.8%) and national rate (14.9%). Grandparents may need assistance with legal difficulties related to obtaining guardianship, enrolling their grandchildren in school, and accessing medical care for their grandchildren. They often have limited financial resources and may have trouble providing adequate housing, food, and clothing. Grandparents may also need current information about discipline, child development, and childhood problems.

Housing

Inadequate, crowded, or too costly housing can pose serious problems to children’s physical, psychological, and material well-being. Housing cost burdens, especially at high levels, are a risk factor for negative outcomes for children, including homelessness, overcrowding, poor nutrition, frequent moving, and low cognitive achievement. The percentage of households with children that report that they are living in physically inadequate, crowded, or costly housing provide insight into the impact of economic factors on housing choices and children’s well-being (*America’s Children, Key Indicators of Well-Being, 2018*). Research has consistently shown the importance of the housing sector on the economy and the long-term social and financial benefits to individual homeowners. However, poverty and low incomes prevent people from accessing potential housing options (*Child Trends*).

Housing instability, including chronically late rent payment, can affect the mental and physical health of family members of all ages. A stable home is a foundation to thrive. Caregivers of young children in low-income unstable housing are subjected to significant negative health effects, becoming two times more likely than those in stable housing to be in fair or poor health, and almost three times more likely to report depressive symptoms. Children aged four and under in these families had almost a 20% increased risk of hospitalization, and over a 25% increased risk of developmental delays. Two-thirds of these families were behind on rent at least twice in the past year. The rated health of children in families experiencing trouble meeting rent deadlines looked like the health of children who had experienced homelessness or multiple moves.

The homeownership rate for Webb County was higher than the state rate (62.0%). Gross rent less than \$500 was slightly lower in the city of Laredo (13.2%) than Webb County (13.8%), which both were higher than the state average (7.9%) and national average (10.5%). The median rent for Webb County was \$784. The percentage of households that paid gross rent that was 35% or more of household income in the city of Laredo was 48.0%, as compared to 47.7% in Webb County and 38.8% in the state. Fair market rent for four (4) bedrooms was lower in Webb County (\$1,196) as compared to the state (\$1,680). Within the service area, a household must earn \$15.15 per hour to afford a two (2) bedroom rental unit as compared to the state (\$19.32). The average renter hourly wage is \$8.87 in Webb County as compared to the state (\$18.20).

Webb County and the city of Laredo had somewhat comparable percentages as related to homes without plumbing, kitchen facilities, and telephone services. However, 451 homes in the city of Laredo lacked kitchen facilities, as compared to 544 homes that lacked complete kitchen facilities in Webb County.

Education and Language

Attainment of a high school diploma or its equivalent is an indicator that a person has acquired the basic reading, writing, and mathematics skills needed to function today. The percentage of young adults ages 18 – 24 with a high school diploma or an equivalent credential is a measure of the extent to which young adults have completed a basic prerequisite for many entry-level jobs and higher education (*America’s Children, Key Indicators of Well-Being, 2018*).

Webb County (19.5%) reported a higher percentage of individuals with less than a 9th-grade education than the state rate (8.7%) and national rate (5.4%). According to the ACS, 13.9% of individuals in Webb County did not have a High School diploma, which was much higher than the state rate of 8.5%. Approximately 26.9% of individuals in Webb County were high school graduates, while 16.0% obtained some college as compared to the state rate (22.1%).

In 2016 - 2017, the graduation rate was highest in Webb ISD (100%). United ISD (95.8%) and Laredo ISD (93.8%) reported the next highest graduation rates. In Webb County, graduation rates were higher than the state rate of 94.1%. In 2016 - 2017, the High School dropout rate was highest in Laredo ISD (1.1%), which was slightly lower than the state (1.9%). In Webb County, the percentage of students obtaining a GED in 2016 was 0.1%, slightly lower than the state rate of 0.5%. Approximately 88,941 residents in Workforce Development Area – 21 South were eligible for adult education services.

A college education generally enhances a person's employment prospects and increases his or her earning potential. The percentage of high school completers who enroll in college in the fall immediately after high school is one measure of the accessibility and perceived value of a college education by high school completers (*America's Children, Key Indicators of Well-Being, 2018*). In Webb County, the percent of individuals with a Bachelor's degree (12.3%) was lower than the state rate (18.8%). An estimated 5.2% of individuals in the service area had a Graduate or Professional degree, which was also lower than the state rate (9.9%).

Approximately 33% of economically disadvantaged third-grade students passed the STAAR reading test as compared to 50% of non-economically disadvantaged students in Webb County. An estimated 27% of economically disadvantaged third-grade students passed the STAAR math test as compared to 49% of non-economically disadvantaged students.

Children who speak languages other than English at home and who have difficulty speaking English may face greater challenges progressing in school and the labor market (*America's Children, Key Indicators of Well-Being, 2018*). Spanish (90.0%) was the primary language spoken in homes throughout the service area. However, the percentage of homes where Spanish was the primary language was 89.7% in Laredo. Laredo also reported 0.2% of homes where Indo-European languages were the primary languages spoken, and 0.4% were Asian and Pacific Islander languages. Laredo had 90.4% of households where languages other than English were spoken, slightly lower than the county rate of 91.3%, but significantly higher than the state rate of 34.9%. Webb County reported 34.6% of residents who spoke English less than very well. The number and percent of students in all grades receiving bilingual or English as Second Language (ESL) instruction in the Webb County public school system were 33,273 (48.4%), significantly higher than the state rate of 17.8%.

In Webb County, approximately 72.6% of households have a computer, with 57.5% of households with a broadband internet subscription. The percentage of broadband internet subscriptions is significantly lower than the state (76.8%) and national average (78.1%).

Health and Well-being

Children’s health depends at least partially on their access to health services. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care. Having a usual source of care—a particular person or place a child goes to for sick and preventive care—facilitates the timely and appropriate use of pediatric services (*America’s Children, Key Indicators of Well-being, 2018*). Economic and social drivers such as income, education, and social connectedness have a direct bearing on health. The ability to access health care is a great challenge in this region, not only because of the lack of qualified physicians and mental health professionals, but because of the socio-economic challenges that residents face such as inability to pay for medical care, lack of transportation, and residing in rural areas.

In Webb County, adult smoking (18%), limited access to healthy foods (13%), and access to exercise opportunities (88%) were higher than the state rates. Findings suggest that conditions related to unhealthy lifestyles and behaviors are a concern in the communities served by Region 20. These lifestyle conditions include obesity, diabetes, smoking, and communicable diseases. The percentage of uninsured children below age 18 in the city of Laredo was 29.2%, slightly lower than the county rate (29.3%) but higher than the state (18.2%) and national rate (10.5%).

Approximately 28.5% of adults reported a lack of social or emotional support, higher than the state (23.1%) and national average (20.7%). According to County Health Rankings, Webb County residents reported 4.1 days per week with poor mental health in 2018 and 2019, higher than the state (3.4) and national (3.8) average. Poor mental health days increased from 2.9 days in 2015 to 4.1 days in 2019.

Webb County had a cancer incidence rate of 11.3 per 100,000 persons, higher than the state (9.2) and national (7.62) rates. Healthy People (HP) 2020 target recommends a cancer incidence rate of less than 7.1 by the year 2020. Webb County had a chlamydia infection rate of 499.06 per 100,000 persons, higher than the state (495.6) and national (456.08) rates. Webb County had a crude drug overdose rate of 10.8 per 100,000 persons, higher than the state (9.5) but lower than the national (15.6) rates. Healthy People (HP) 2020 target recommends a rate less than 10.2 by the year 2020. The major cause of death in Webb County is heart disease. In Region 20, approximately 70% of the population has at least one chronic condition, particularly driven by the high rates of obesity and overweight persons. The top key health challenges for Region 20 include the following: access to care, chronic disease and disease self-management, high hospital emergency department utilization, mental health, primary health, and behavior health integration. In addition, the lack of local financial resources to overcome some of these issues creates an overarching challenge to the provision of health care for the residents in this region. Approximately 100% of the population in Webb County was living in a Health Professional Shortage Area. This was significantly higher than the state rate (16.79%) and national rate of 33.13%.

Nutrition

A family's ability to provide for its children's nutritional needs is linked to the family's food security—that is, to its access at all times to adequate food for an active, healthy life for all household members. The food security status of households is based on self-reported difficulty in obtaining enough food, reduced food intake, reduced diet quality, and anxiety about an adequate food supply. In some households classified as food insecure, only adults' diets and food intakes were affected, but in a majority of such households, children's eating patterns were also disrupted to some extent, and the quality and variety of their diets were adversely affected. In a subset of food-insecure households, those classified as having very low food security among children, a parent or guardian reported that at some time during the year one or more children were hungry, skipped a meal, or did not eat for a whole day because the household could not afford enough food (*America's Children, Key Indicators of Well-Being, 2018*). In Webb County, there were 4,367 infants (under age 1) and 10,552 children (ages 1 - 4) that participated in the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC). In Webb County, 5,090 women participated in the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC) in 2015. This number represented a decline in participation from 2014.

Webb County reported 8.0% of households that were food insecure in 2019, which was lower than the state rate of 15.0%. Food insecurity increased from 7.0% in 2018 to 8.0% in 2019. In Webb County, 23,500 or 25.9% of children were determined food insecure, which was slightly higher than the state rate of 23.0%. A child is determined food insecure if he or she lives in a household having difficulty meeting basic food needs, as defined by the Census Bureau's Current Population Survey. In Webb County, the average daily participation in the National School Lunch Program was 36,876 in 2016 – 2017, of which 34,118 were free or reduced-price meals.

The average obesity rate for preschoolers was 15.4%, slightly lower than the state rate of 15.7%. According to County Health Rankings, the adult obesity rate for Webb County was 33% in 2019, which was higher than the state rate of 29.0%. According to the latest data, the national obesity rate among children ages 2 to 19 is 18.5%. The data, collected in 2015 - 2016 as part of the National Health and Nutrition Examination Survey, show that obesity rates rise with age and are highest among Hispanic and Black children. Obesity is frequently accompanied by depression and the two can trigger and influence each other. Although women are slightly more at risk for having an unhealthy Body Mass Index (BMI) than men, they are much more vulnerable to the obesity-depression cycle.

Birth Characteristics

Although birth rates have recently declined, the overall increases in births to unmarried women over the last several decades have affected family structure and the economic security of children. Children of unmarried mothers are at higher risk of adverse birth outcomes, such as low birth weight and infant mortality, than are children of married mothers. They are also more likely to live in poverty than are children of married mothers (*America's Children, Key Indicators of Well-Being, 2018*). There were an estimated 4,352 births within Webb County, of which 4,127 births were in Laredo. Most births were to women ages 20 – 34. However, Laredo reported 5.7% of births to

teen mothers. There were twenty (20) births to teens age 14 and younger in Webb County during 2016. The percent of teen births was higher than the state (5.5%) and national (3.9%) average.

Webb County reported 45.5% of women, who gave birth within the last 12 months, below 100% of the poverty level, significantly higher than the state (27%) and national (25.1%) rate. An estimated 1.6% of women who gave birth in Webb County received Public Assistance income, which was lower than the state rate (2.6%) and national rate (5.3%). Approximately 43% of births were to unmarried women who did not receive Public Assistance income, much higher than the state (32.9%) and national (32.7%) rate. Webb County reported 26.7% of women who gave birth with less than a high school diploma, considerably higher than the state (16.6%) and national (12.9%) rate. However, an estimated 32.2% of women who gave birth had a high school education. Approximately 11.0% of women who gave birth within the last 12 months reported attaining a Bachelor's degree, lower than the state rate of 18.4% and national rate of 20.3%.

The percent of low-birth-weight infants in Webb County (8.4%) was slightly higher than the state rate of 8.2%. In Webb County, the number and percent of births to women who received no prenatal care, or care after the first trimester were 1,184 (22%), much lower than the state rate of 36%. However, more women have been receiving prenatal care in Webb County.

Adverse Childhood Experiences

Child maltreatment includes physical, sexual, and psychological abuse, as well as neglect (including medical neglect). Maltreatment, in general, is associated with several negative outcomes for children, including lower school achievement, juvenile delinquency, substance abuse, and mental health problems. Certain types of maltreatment can result in long-term physical, social, and emotional problems, and even death. For example, abusive head trauma can result in mental retardation, cerebral palsy, or paralysis (*America's Children, Key Indicators of Well-Being, 2018*). The psychological consequences of child abuse and neglect include the immediate effects of isolation, fear, and an inability to trust. When children cannot trust that someone will be there to meet their needs, they tend to develop low self-esteem, anxiety, depression, and hopelessness. These difficulties can lead to lifelong relationship problems and may lead to the development of antisocial behavioral traits. These children are also more likely to engage in violent behaviors and to be diagnosed with conduct and personality disorders (*childhelp.org*). Nearly one in eight children (12%) have had three or more negative life experiences associated with levels of stress that can harm their health and development. These adverse experiences include abuse or neglect, the death of a parent, parental divorce or separation, witnessing domestic violence, living with someone who has a mental illness or substance abuse problem, and the incarceration of a household member. Economic hardship (29%) was the most prevalent adverse childhood experience, followed by divorce (20%), alcohol (10%), and mental illness (8%) for children in Texas. Approximately 36% of Texas children experienced at least one or two adverse childhood experiences and 10% experienced three or more. Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. More than the experience of any one of these traumas, the

cumulative burden over time of these threats is particularly damaging to a child's physical and mental health (*Child Trend Databank*).

Webb County Sherriff's Office reported 49 incidents of family violence, whereas the Laredo Police Department reported 1,592 family violence incidents. Laredo Community College Police Department and United ISD Police Department reported no incidents of family violence, and Texas A & M reported eight (8) incidents of family violence. The largest percentage of family violence reports was between other family members (45.1%). The number of children ages 0 - 17 who were confirmed as victims of child abuse was 563 in 2015, (6.0 per 1,000 children), which was lower than the state rate of 9.1 per 1,000 children. The number of confirmed victims of child abuse in Webb County decreased from 996 in 2013 to 563 in 2015. In Webb County, the number of children, ages 0 - 17 in foster care, was 487 (5.2 per 1,000 children) in 2015, which represented a decrease of 1.7 from 2013. In Webb County, the rate of children in foster care was higher than the state rate of 4.2 per 1,000 children.

According to the Laredo Homeless Coalition, the total homeless count for Webb County was approximately 241, an increase of 28 people. An estimated 25 homeless individuals reported having a serious mental illness. Laredo ISD reported serving 11 homeless children, while United ISD served seven (7) homeless children. Respondents reported that unemployment was the main reason for their homeless situation. Approximately 30 children under age 18 were homeless. Most homeless individuals were adult males. For most, the cycle of homelessness is triggered by a job loss or unexpected bills that exceed their income. Children raised in homelessness have reduced literacy and vocabulary. These children are also less likely to have well-developed motor skills, and nearly half are unable to pass state-mandated testing at their grade level.

Child Care

The quality of childcare influences children's development and the country's economic development. Longitudinal studies show that children in higher-quality programs: 1) Do better in school and are less likely to require special education services, 2) Are more likely to attend college, and 3) Are more likely to earn higher wages and are less likely to be involved in the criminal justice system. While quality childcare has a positive benefit on all children, the impact is particularly strong for children in low-income families. Economists have estimated the rate of return for high-quality early intervention to be in the range of 6 - 10% per annum for children in disadvantaged families. High-quality programs provide more benefits and low-quality programs have a greater negative impact on children (*Child Care Aware, 2018*). Many children spend time with a childcare provider other than their parents. Two important measures of early childhood childcare usage are a historical trend of the primary childcare provider used by employed mothers for their young children and, from a different data source, overall use of different providers regardless of parents' work status (*America's Children, Key Indicators of Well-Being, 2018*).

The funded enrollment for Webb County Commissioners Head Start was 1,218 children, 72 Early Head Start, and 72 Child Care Partners in 2017 - 2018. There were approximately 15,607 available children ages 0 – 3 and 7,226 eligible 0 – 3-year-old children in Webb County. There were 11,086 available 3 – 5-year-old children and 5,133 eligible 3 - 5-year-old children in Webb County. The program currently serves 2.0% of eligible Early Head Start

children (Laredo/Webb County) and 26% of eligible Head Start children in the city of Laredo. The program also serves approximately 24% of eligible Head Start children in Webb County. The number of unserved children ages 0 - 3 indicates possible expansion opportunities for and Early Head Start as well as Head Start services in Webb County.

Approximately 4,098 children ages 3 and 4 were enrolled in Pre-Kindergarten. Within the service area, an estimated 26 schools provided full-day Pre-kindergarten programs, of which Laredo ISD reported the largest number of schools providing full-day programs in 2017 - 2018. United ISD reported the largest number of schools providing half-day programs. United ISD reported a Pre-K enrollment of 1,699 children, of which 842 were full-day participants and 857 were half-day. Laredo ISD reported a Pre-K enrollment of 2,383 children, of which 905 were three-year-old full-day participants and 1,478 were four-year-old full-day participants. Approximately 81.5% of 3 - 4-year-old children were enrolled in public school and 18.5% were enrolled in private school. Laredo reported 80.2% of 3 - 4-year-old children enrolled in public school and 19.8% enrolled in private school.

In Webb County, the number of children, ages 0 - 12, who received state-subsidized childcare during 2015 was 3,789 (5.9%), representing an increase of 116 children since 2014. The percentage of children receiving subsidized care in Webb County was higher than the state average of 3.5%. Within the service area, the licensed childcare center capacity in 2018 was 7,008. The number of licensed childcare centers was 89. Licensed childcare homes' capacity was 371. There were 31 licensed childcare homes in Webb County. The number of licensed childcare centers has decreased as well as childcare capacity within the service area.

Opportunities and Considerations

1. Due to poor mental health days, ACES, COVID-19 stress /trauma, and lack of social and emotional support, continue to provide children, families, and staff assistance with mental wellness educational materials and training opportunities, as well as access to mental health professionals to address additional emotional wellness concerns.
2. Continue to provide education and resources to expectant mothers on the importance of prenatal care, low birth weight, and preterm birth. Collaborate with school district programs/services to provide education and awareness of an increased number of teen pregnancies and childcare opportunities for teen parents. Expand and intensify recruitment efforts to locate low-income teen mothers that are most in need of services.
3. Work closely with community partners to collaborate on expanding the scope of social services for families in poverty and those who are without livable wages, transportation, insurance, food, or regular sources of health care. According to survey results, families are sometimes not aware of existing resources and services. Ensure that parents are made aware of all existing resources within the service area.
4. Continue to identify and develop additional collaborative partnerships with local workforce development organizations and area employers in a Collective Impact approach, to provide unemployed or underemployed families a variety of skill-building and support services to aid career pathways.
5. Continue to collaborate with other agencies and programs to provide literacy, adult basic education, ESL, and GED opportunities to families with barriers to employment and assist low-income families in their efforts to earn GEDs, or college-level credentials and enter living-wage careers.
6. Increase recruitment and outreach efforts to identify and serve grandparents in poverty who are raising their grandchildren. With the large increase in SNAP benefits, provide education and training to families concerning the utilization of SNAP benefits.
7. Poor nutrition can lead to obesity and other poor dietary habits, which links to chronic disease and early death. Initiate additional outreach efforts to create health education initiatives and implement educational programs for children and adults that will provide activities and services that encourage good nutritional choices and more physical activity to improve health behaviors related to obesity. Consider weekend activities with parents and children to encourage physical interaction to improve overall health and combat obesity. Continue to work and expand partnerships with existing food banks and pantries to develop better access to affordable and healthy foods.
8. Seek assistance from the Health Advisory Committee to guide public awareness of chronic diseases such as cancer, diabetes, and heart disease and explore other critical community health concerns and prevention strategies that affect families and community members such as poor mental health days, chlamydia, drug overdose and uninsured children and adults. The Head Start Health Advisory Committee in collaboration

with local health care partners could provide guidance and advocacy for more medical providers within the service area for residents with routine health care needs or serious health conditions. Consider collaborating with local health care partners to advocate for change to provide necessary medical treatment and health services to rural community residents.

9. Quality and affordable childcare continue to be a major issue for low-income families. Consider collaborating with local agencies to provide additional before and after-school programs for families who work nontraditional hours. Consider expansion of Early Head Start services for families in Laredo and home-based services in rural Webb County. The program may consider pursuing further collaborative efforts with local school districts with the Head Start and Early Head Start Programs.
10. Trauma-informed Care (TIC) services and curriculum should continue to address single parenting issues, divorce, child maltreatment, depression and stress, foster care placement, opioid and substance use disorder, risky health behaviors, mental health, and economic hardships. A program for suicide and opioid awareness, intervention, prevention, and treatment may be considered for youths, families, and participants in the program and local communities in Peoria County. The coronavirus disease (COVID-19) adds another layer of stress for many individuals in the community, increasing their likelihood of using drugs and alcohol to cope. Consider a Collective Impact approach to TIC with other agencies or programs within the service area.
11. Continue to provide resources and advocacy for victims and children of domestic violence.
12. Consider implementing or partnering with a local organization to provide an evidence-based curriculum on healthy marriages and relationships for parents as well as community members.
13. Consider the work, school, and volunteer schedules of parents and families when planning program events to promote maximum participation in all agency services, programs, and parent involvement opportunities.
14. Identify housing instability issues with Head Start and Early Head Start families and provide case management services to assist with rectifying or alleviating challenges to housing instability.
15. The current Community Assessment identified a need for quality licensed full-day childcare or early childhood education providers. Quality and affordable childcare continue to be a major issue for families. Data indicates a need for expansion of infants and toddler services in Laredo, as well as expansion of Head Start.
16. Continue to provide school readiness curriculum and instruction on emerging reading skills and math skills for Head Start children transitioning to public school districts. Continue to explore or use the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model) which is a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development.
17. Ensure that staff, participants, and Head Start families have current updates on the Covid-19 virus and that they have information, education, and access to testing, vaccinations, and personal protective equipment

(PPE) and supplies such as masks, gloves, hand sanitizer, disinfectant, etc. Grants and One-time Health and Safety funding may provide needed resources to purchase necessary safety supplies.

18. Increase access to technology (computers/internet services or loan program with air cards) to assist with accessing schoolwork, community resources, health care, job search, and socialization due to the current national pandemic.
19. The child tax credit should help to bring thousands of Webb County's children out of poverty. Provide education and training to families about the Child Dependent Care Tax Credit benefits.
20. Agency and Head Start HAC should continue to explore and provide critical health information surrounding Covid-19 testing and vaccination, as well as provide families with drug and substance use prevention, intervention and treatment strategies and resources, as well as suicide and mental health resources.
21. Provide families with information and assistance with completing rental assistance applications to assist with rental payments and possible eviction.



Methodology

The 2021 – 2022 Community Assessment update was conducted by reviewing all quantitative and qualitative data throughout this document for any significant changes. Quantitative data with significant changes were updated in the charts and tables. Data that did not reflect significant changes were noted as such “no significant changes indicated”. Primary and secondary data were obtained from a variety of sources. Sources included the following: The Annie E. Casey 2021 Kids Count Data Book, Bureau of Labor Statistics, Child Care Aware, Citydata.com, Youth Homelessness Texas Report, Child Trend, Building Healthy Agencies, Youth Homelessness Texas Report, Texas Homeless Network, Massachusetts Institute of Technology, County Health Rankings, National Low-Income Housing Coalition, Texas Department of Family and Protective Services, Texas Department of State Health Services, Texas Workforce Commission, Spotlight on Poverty and Opportunities, Texas Education Agency, Department of Assistive and Rehabilitative Services, Division for ECI Services, Texas Health and Human Services Commission, U.S. Department of Health and Human Services, Childstats.gov, Centers for Disease Control and Prevention, Kids Count Data Center, Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, America’s Children: Key National Indicators of Well-Being, Region I Education Service Center, Bureau of Vital Statistics, www.childstats.gov, www.communitycommons, Feeding America, Texas Department of Agriculture, U.S. Department of Housing and Urban Development, 2020 Crime in Texas, National Low-Income Housing Coalition, U.S. Census Bureau Quick Facts, American Community Survey, 2015 - 2019, Center for Health Statistics, National Center for Children in Poverty and 2020 - 2021 Head Start/Early Head Start Program Information Reports (PIR).

Relevant data was researched and analyzed regarding the State of Texas, Webb County, and the city of Laredo. This was accomplished by accessing websites of a multitude of local agencies and organizations, by e-mail inquiries, and by telephone. The data gathered pertains to general demographics and economics, education attainment, disabilities, health, nutrition, social service issues, transportation, housing, and childcare. Most data was retrieved from published sources available online or in a draft form from the originating public agencies. The information was used to frame a report that defines the number of Head Start and Early Head Start eligible children living in the service area, analyze what are the greatest needs for the families and local communities, and determine what Webb County Commissioners Head Start and Early Head Start can do to meet those needs.

One survey was developed and administered to Head Start and Early Head Start parents during the 2017 – 2018 program year. Questions in the surveys were tailored to gather data not found in other data sources. Results of the surveys were compiled and analyzed to identify future needs and direction of the Head Start and Early Head Start Programs.

State of Texas

Table 1: Participation in Federal Programs

Adults and children receiving welfare (TANF):	61,621
Children receiving food stamps (SNAP):	2,564,138
EITC recipients:	2,600,000
Families receiving childcare subsidies:	62,600
Households receiving federal rental assistance:	277,000
Households receiving LIHEAP (Low Income Home Energy Assistance Program):	142,758
Number of children enrolled in Medicaid and CHIP:	3,286,092
Number of women and children receiving WIC (Women, Infants, and Children supplemental nutrition program):	746,246
Participants in all Head Start programs:	72,087

Table 2: Assets

Asset poverty rate:	23.5%
Average college graduate debt:	\$27,342
Unbanked households:	9.5%

Table 3: Poverty by Demographic

Child poverty rate:	21.0%
Number of Asian and Pacific Islander Children below 200% poverty	85,000
Number of Black and Hispanic children below 200% poverty:	2,645,000
Number of Hispanic children below 200% poverty:	2,156,000
Percent of single-parent families with related children that are below poverty:	32%
Senior poverty rate:	10.8%
Women in poverty:	15.0%

Table 4: Family

Children in foster care:	32,150
Number of households with grandparents responsible for grandchildren under age 18:	749,139
Percent of children in immigrant families:	34.0%
Percent of children living in single-parent families:	35.0%
Teen birth rate per 1,000 population ages 15-19:	27.6%

Table 5: Economic Well-being

Extreme poverty rate:	9.0%
Food insecurity:	14.9%
Minimum Wage:	\$7.25
Number of Black children living in families where no parent has full-time, year-round employment:	1,399,000

Number of Hispanic children living in families where no parent has full-time, year-round employment:	1,061,000
Percent of uninsured individuals:	17.7%
Percent of low-wage jobs:	23.8%
Percent of working families under 200% of the poverty line:	36.0%
Poverty rate:	14.7%
Unemployment rate:	3.5%

Table 6: Education

High school graduation rate:	89.7%
Percent of the adult population with at least a high school degree:	82.9%
Percent of college students with debt:	56.0%
Percent of population over age 25 with at least a four-year college degree:	30.3%
Percent of teens ages 16 to 19 not attending school and not working:	8.0%

Table 7: Housing

Home foreclosure rate:	0.61%
Homeless people:	23,122
Households paying more than 50% of income on housing:	824,800
Percent renters:	38.0%
Total households:	9,985,126

Table 8: Justice System

Number of youths residing in juvenile justice and correctional facilities:	3,963
Incarcerated persons per 100,000 residents (prison and jail):	553

Source: <http://spotlightonpoverty.org> November 2021

State Government

- Governor: Greg Abbott (R)
- State Senate: 12 Democrats, 19 Republicans
- State House: 65 Democrats, 83 Republicans

Service Area Description

Webb County, Texas is located on the US/Mexico border separated only by the Rio Grande River and several international bridges from a more populous city, Nuevo Laredo, Mexico. The major city in Webb County, Laredo is the largest inland port in the United States and, as such, is a dynamic center of commerce. Laredo is on the Rio Grande in southwestern Webb County in South Texas, about 150 miles southwest of San Antonio and 135 miles west of Corpus Christi. It is served by Interstate Highway 35, U.S. Highways 59 and 83, State Highway 359, Ranch Road 1472, and the Missouri Pacific and Texas Mexican railroads. This cosmopolitan city is a major port of entry for international trade and tourism between the United States and Mexico. Laredo is the south entry point to the United States on US Highway 35, which serves as the route to Canada for thousands of trucks bearing cargo shipped through Mexico from around the globe. Other cities in Webb County are El Cenizo, Rio Bravo, Webb, Larga Vista, Aguilares, Dolores and Las Tiendas.

Most Webb County residents live in the city of Laredo, but a substantial number of individuals dwell in rural areas. Webb County is the site of several “Colonias,” clusters of residents whose homes were built during a period when the county governments in Texas did not have adequate authority to exercise control over real estate sales by unscrupulous landowners and developers who sold property that was lacking in access to basic utilities and sewage disposal facilities. Since 1989, a series of state laws have been passed to control the growth of these poor areas, and efforts by Texas A&M University. The Colonias Program and elected state and local officials have vastly improved the conditions of those areas.

In 2004, the University of Texas Health Science Center-Laredo opened and has increased the opportunities of residents to gain expertise in health-related fields. Texas A&M International University often referred to as TAMIU, is a public, co-educational, state-supported university located in Laredo, Texas. The university has a modern campus on a 300-acre site in Laredo.

The dynamic growth of the County in the last decade has brought economic prosperity to some that contrasts with the continuing challenges of poverty and low education levels among many other Webb County residents. Oil and gas exploration in Texas has produced unexpected benefits for many communities across the state. One such area is the Eagle Ford Shale in South Texas, which has historically been among the poorest areas in the state. The Eagle Ford is a unique formation. Whereas most shale oil and gas fields are predominantly either oil or gas, Eagle Ford contains significant quantities of oil, gas, and condensate. As such, the boom in energy production has presented an interesting situation about how local communities are addressing the opportunities and challenges.

Program Summary

The Webb County Head Start program is a comprehensive child development and early education program for low-income children, ages one to five years old, and their families. The program helps children become better prepared to succeed in school and life by addressing the needs of the whole child. In addition to providing a research-based academic curriculum, Head Start also provides an array of comprehensive services, including health and mental health screenings and services, nutrition, dental and vision services, and extensive parental involvement and early childhood development. The entire range of Head Start services is responsive and appropriate to each child and family's developmental, ethnic, cultural, and linguistic heritage and experience. Comprehensive and quality services provided to Head Start and Early Head Start children will enhance each child's educational future and promote increased participation in the parent's role as their child's first teacher.

According to the 2020 - 2021 Program Information Report (PIR), Webb County Commissioners' Head Start and Early Head Start programs reported a funded enrollment of 1,218 Head Start, and a funded enrollment of 144 children in the Early Head Start Program, of which seventy-two (72) children were served in childcare partnerships. Most centers are in the city of Laredo. The Early Head Start program also served twenty-four (24) children in the home-based program option and eight (8) expectant mothers. The current waiting list for the program is approximately 382 children.

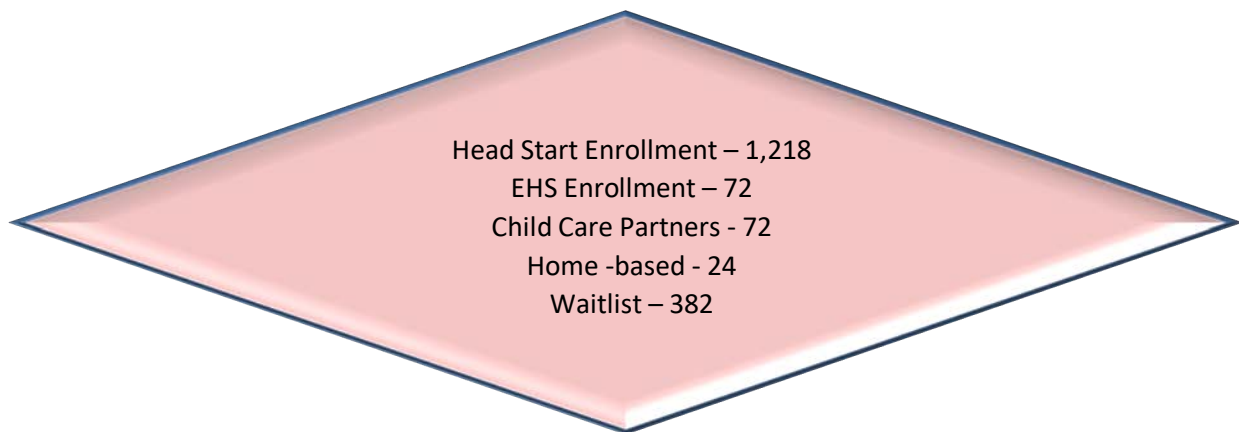
Mission Statement

The mission of the Webb County Commissioners Head Start and Early Head Start program is: To promote school readiness by enhancing the social and cognitive development of low-income children through the provision of health, education, nutritional, social, and other services that are determined to be necessary.

Site Locations

Center	Address	Zip Code	Phone	Number of Children
Main Office	5904 West Dr.	78041	795-1515	
Alma Pierce LISD	800 E Eistetter St.	78040	273-4392	74
Henry B. Zachary LISD	3200 Chacota	78046	273-4965	74
Thomas Sanchez Ochoa LISD	211 East Ash	78040	273-4584	74
Newman UISD	1300 Alta Vista	78041	473-3810	60
Henry Cuellar UISD	6431 Casa Del Sol Blvd.	78043	473-2731	40
Freedom UISD	415 EG Ranch	78043	473-1637	40
Prada UISD	510 Soria Drive	78046	473-3570	40
Prada Head Start	4906 S. Hwy. 83	78046	718-8006	34
Arndt UISD	610 Santa Martha Blvd.	78046	473-2819	40
Roosevelt Head Start	3301 Sierra Vista Drive	78046	722-0660	34
Zaffirini UISD	5210 Santa Claudia Lane	78046	473-2900	40
Larga Vista	5411 Cisneros	78046	728-1562	30
Villa Alegre.	3501 Eagle Pass	78041	791-9289	68
Finley	125 Atlanta	78045	724-4717	49
Springfield	6500 Springfield	78041	727-1753	30
Floyd	4704 Narranjo	78041	722-2457	68
Sierra Vista	102 Sierra Vista	78046	796-9323	53
J. C. Martin LISD.	1600 Monterrey	78040	273-4122	74
Anita T. Dovalina	1700 W. Anna	78040	273-3379	74
Little Folks	1233 Paseo De Danubio	78046	791-9807	64
Little Palominos	West End Washington	78040	722-9858	35
Tatangelo	2400 S. Jarvis	78046	791-1767	68
Heights I.S.D.	1208 Market	78040	273-3612	55
Regina School House – CCP	1302 Calle Del Norte	78041	701-3921	16
The Education Center - CCP	412 Concord Hills	78046	717-5796	56

Source: Internal Enrollment 2018 - 2019



State and County Map



Source: Geology.com

Map of Laredo



Map Surrounding Counties



Source: <http://www.worldatlas.com>

Figure 1: Council of Government Regional Map



Source: <https://comptroller.texas.gov/transparency/reports/expenditures-by-county/2012/cogs/cogmap.php>

Demographics and Economics

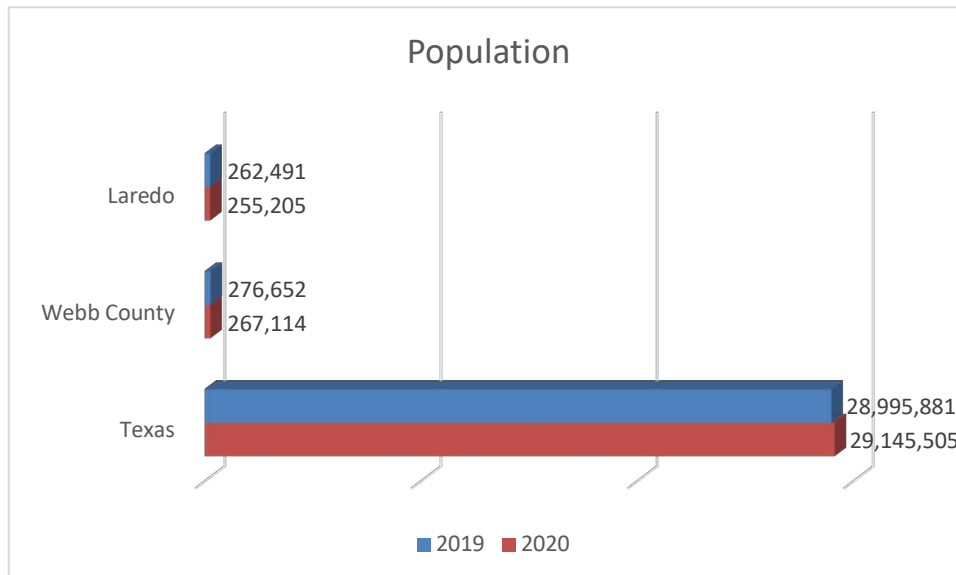


Table 9: Population

Location	2010	2017	2018	2019	2020	Percent Changed 2010 - 2019
Laredo	236,091	255,305	257,575	262,491	255,205	11.3%
Webb County	250,304	269,624	272,053	276,652	267,114	10.5%
Texas	25,145,561	27,419,612	27,885,195	28,995,881	29,145,505	15.3%

Source: U.S. Census Bureau, 2010, 2017– 2020 American Community Survey 5-Year Estimates. US Census Bureau Quick Facts

Key Findings: Webb County data shows a population of 267,114 in 2020. The data further shows a 10.5% change in population from 2010 - 2019. The city of Laredo reported a population of 255,205 in 2020. Approximately 95% of the county’s population resides in the city of Laredo. Laredo experienced an 11.3% increase in population from 2010 – 2019, higher than the county (10.5%), but slightly lower than the state (15.3%) rate.

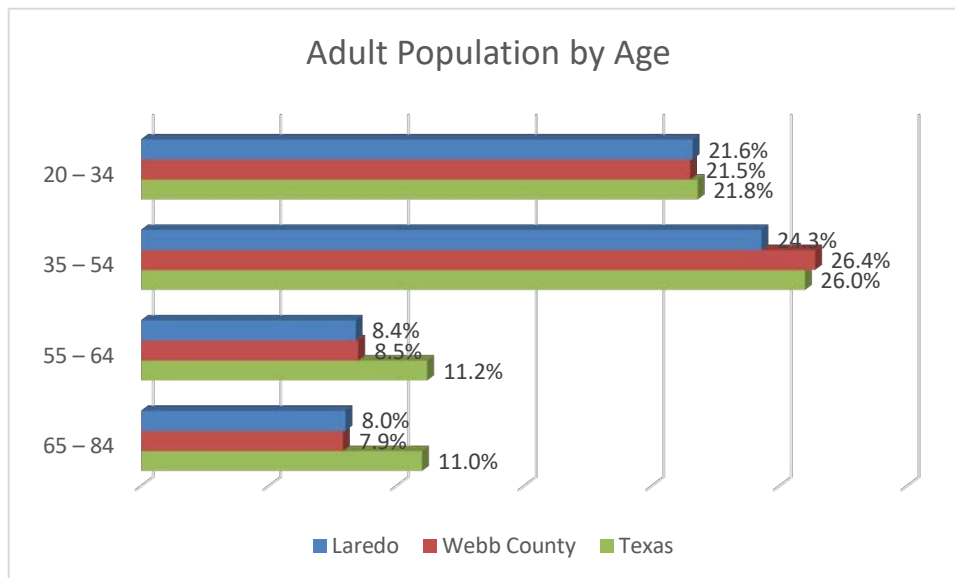


Table 10: Adult Population by Age

Location	20 – 34	%	35 – 54	%	55 – 64	%	65 – 84	%	85 and Older	Median Age
Laredo	55,952	21.6%	63,012	24.3%	21,658	8.4%	20,608	8.0%	3,282	28.9
Webb County	58,673	21.5%	66,129	26.4%	23,217	8.5%	21,783	7.9%	3,358	28.8
Texas	6,151,438	21.8%	7,349,328	26.0%	3,165,517	11.2%	3,086,659	11.0%	375,868	34.6

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP05

Key Findings: The majority of adults in Laredo were between the ages of 20 - 34 (21.6%) and 35 - 54 (24.3%). Adults, ages 65 – 84, made up approximately 8.0% of the population in Laredo as well as Webb County (7.9%). Most adults in Webb County were between the ages of 35 - 54 representing 26.4% of the population, while adults 65 - 84 represented 7.9% of the population. The median age in Webb County was 28.8, lower than the state (34.6) average.

Table 11: Population by Race/Ethnicity

Location	White Alone, Not Hispanic or Latino	Black	American Indian	Asian	Native Hawaiian	Two or More Races	Hispanic or Latino
Laredo	3.6%	0.5%	0.2%	0.5%	0.0%	0.5%	95.4%
Webb County	3.6%	0.7%	0.6%	0.6%	0.1%	0.4%	95.4%
Texas	41.2%	12.9%	1.0%	5.2%	0.1%	2.1%	39.7%

Source: U.S. Census Bureau Quick Facts; *z value greater than zero but less than half of unit of measure shown

Key Findings: The majority of the population in Laredo identified as Hispanic (95.4%), while individuals who identified as White Alone (3.6%), Black (0.5%), Two or More Races (0.5%), and Asian (0.5%) were the next largest population groups. Individuals who identified as Two or More Races (0.5%) in Laredo were slightly higher than the county (0.4%).

Racial and ethnic diversity in the United States has increased dramatically in the last 35 years. This growth was first evident among children, a population projected to become even more diverse in the years to come. In 2020, fewer than half of all U.S. children ages 0–17, are projected to be White, non-Hispanic, down from 74 percent in 1980 and 52 percent in 2015. By 2050, only 39 percent of all U.S. children are projected to be White, non-Hispanic.

Source: ChildStats.gov

Table 12: Child Population Ages 0 - 4

Indicator/Location	Webb County	Laredo
	Estimate	Estimate
Total:	90,913	85,625
In households:	90,852	85,564
Under 3 years	15,843	14,924
3 and 4 years	10,237	9,463
Total 3 and 4 years	26,080	24,387

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. B09001

Key Findings: In Laredo, there were 14,924 children below 3 years of age and 9,463 children ages 3 – 4. In Webb County, there were 15,843 children below age 3 and 10,237 children ages 3 – 4. Approximately 94% of children ages birth to 4 reside in Laredo.

Table 13: World Region of Birth of Foreign-born

Location Percentage	Europe	Asia	Africa	Oceania	Latin America	Northern America
Laredo	0.5%	1.7%	0.2%	0.0%	97.6%	0.1%
Webb County	0.4%	1.6%	0.2%	0.0%	97.7%	0.1%
Texas	4.1%	22.0%	5.2%	0.3%	67.4%	1.1%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP02

Key Finding: Webb County had a 97.7% representation of Birth of Foreign-born individuals from Latin America, considerably higher than the state rate of 67.4%, while 1.6% of Foreign-born was from Asia, considerably lower than the state (22.0%). Approximately 97.6% of Foreign-born individuals from Latin America resided in the city of Laredo. 33% of Foreign-born children with Foreign-born parents lived below the poverty line, compared with 27% of native children with Foreign-born parents and 19% of native children with native parents.

Table 14: Population Projections - Texas and Webb County 2020 - 2030

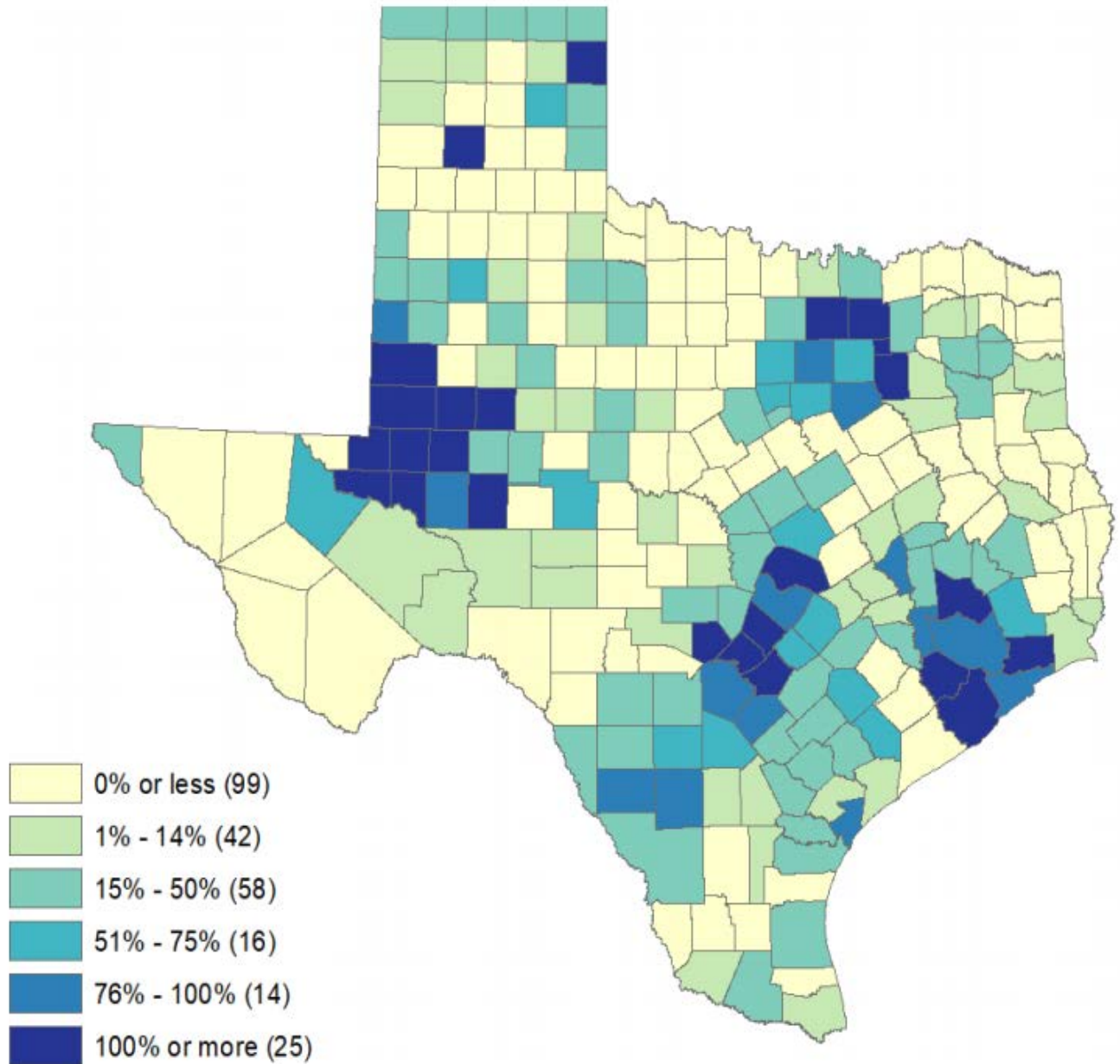
Projected Year	Total Population Texas	Total Population Webb County
2020	29,677,772	276,183
2025	32,204,904	288,157
2030	34,894,429	298,364

Source: U.S. Census Bureau, Population Division; Center for Health Statistics;
<http://osd.texas.gov/Data/TPEPP/Projections/> (No significant changes)

Key Findings: The total population for Texas is projected to increase by 5,216,657 individuals from 2020 to 2030. The population for Webb County is projected to increase by 22,181 individuals by 2030.

Figure 2: Population Changes in Texas Counties, 2010 - 2050

Projected Percent Population Change in Texas Counties, 2010 to 2050
2010-2015 Migration Scenario



Source: https://demographics.texas.gov/Resources/publications/2019/20190925_PopProjectionsBrief.pdf

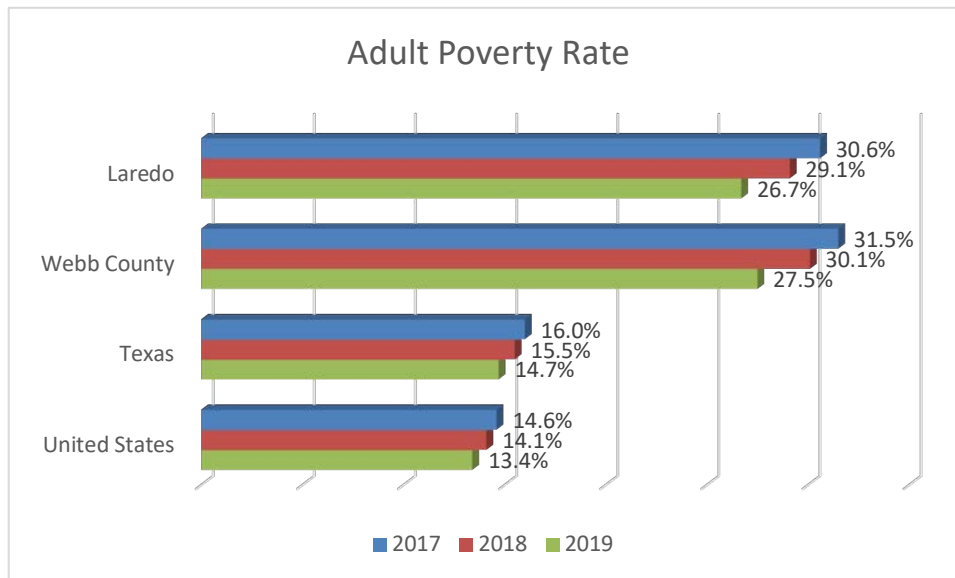


Table 15: Adult Poverty Rate

Location	2015	2016	2017	2018	2019
Laredo	30.8%	31.3%	30.6%	29.1%	26.7%
Webb County	31.8%	32.1%	31.5%	30.1%	27.5%
Texas	17.3%	16.7%	16.0%	15.5%	14.7%
United States	15.5%	15.1%	14.6%	14.1%	13.4%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP03

Key Findings: In 2019, the poverty rate for adults in Laredo was 26.7%, which was slightly lower than the county (27.5%), but considerably higher than the state (14.7%) and the national rates (13.4%). The poverty rate in Webb County and Laredo experienced a decrease of 4.6% since 2016. One out of every 3.3 residents of Laredo live in poverty. Understanding where poverty hits hardest in Laredo can be better understood by segmenting poverty by whether the resident is in school or not. According to welfare.org, female residents of Laredo, Texas are moderately (16%) more likely to live in poverty than males.

Figure 3: 2021 Poverty Guidelines

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,540 for each additional person.	
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660

Source: *United States Department of Health and Human Services*

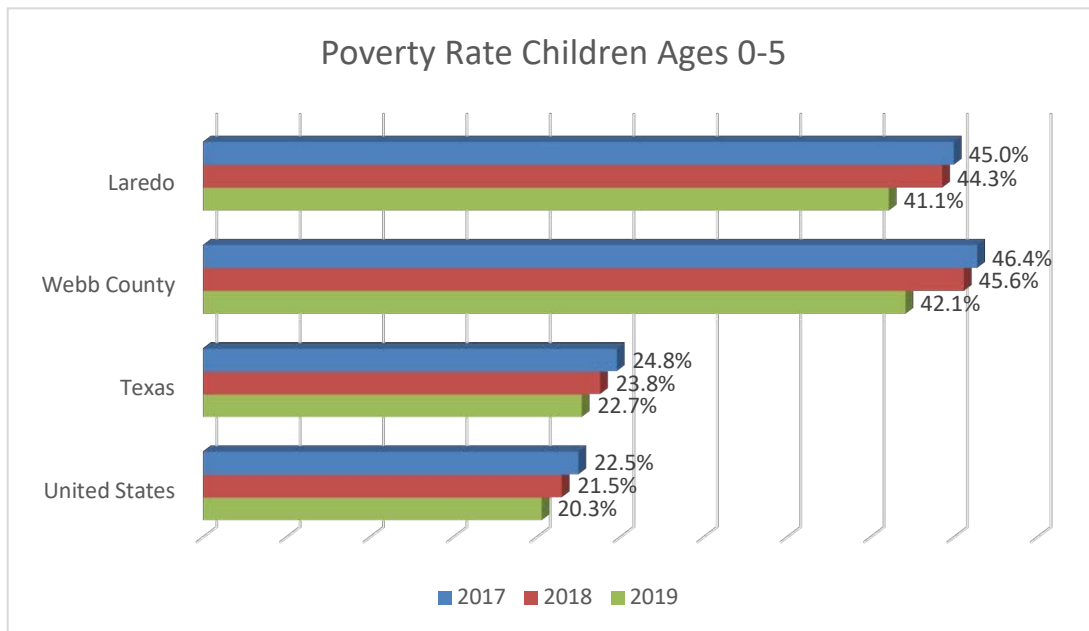


Table 16: Poverty Rate Children Ages 0 - 5

Location	2015	2016	2017	2018	2019
Laredo	44.5%	46.2%	45.0%	44.3%	41.1%
Webb County	46.4%	47.6%	46.4%	45.6%	42.1%
Texas	27.4%	26.1%	24.8%	23.8%	22.7%
United States	24.5%	23.6%	22.5%	21.5%	20.3%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP03

Key Findings: In 2019, the poverty rate for children ages 0 - 5 in Laredo was 41.1%, representing a 3.2% decrease since 2018. The poverty rate for Webb County also decreased from 45.6% in 2018 to 42.1% in 2019, representing a 3.5% decrease in the poverty rate for children ages 0 – 5. Within the past five years, the poverty rates for children, ages 0 – 5 in Webb County, have been consistently higher than the state and national rates.

Children living in poverty are vulnerable to environmental, educational, health, and safety risks. Compared with their peers, children living in poverty, especially young children are more likely to have cognitive, behavioral, and socioemotional difficulties. Additionally, throughout their lifetimes, they are more likely to complete fewer years of school and experience more years of unemployment.

Source: ChildStats.gov

Table 17: Types of Families – Children Below Age 5

Location	Married couples with children under 5 years only		Female householder with children under 5 years only		Male householder with children under 5 years only	
	Under 3	3 - 4	Under 3	3 - 4	Under 3	3 - 4
Laredo	6,312	5,086	3,101	1,706	821	383
Webb County	6,769	5,512	3,254	1,880	918	383
Texas	699,218	497,306	200,075	156,622	69,582	47,676
United States	7,057,422	5,009,893	1,978,460	1,519,998	777,420	498,899

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. B09002

Key Findings: In Webb County, the data show married couples (6,769) with the largest number of children below age three (3), with female householders (3,254) reporting the next largest number of children below age three (3). Within the service area, there were approximately 1,301 male householders with children below age five (5), with the largest number being children under three (3) years old (918).

Table 18: Poverty Rate by Marital Status

Location	Poverty Rate All Families		Percent of Poverty Married Couples		Percent of Poverty Female Householder	
	With Children under 18	With Children under 5	With Children under 18	With Children under 5	With Children under 18	With Children under 5
Laredo	30.0%	25.0%	19.1%	17.2%	50.1%	41.6%
Webb County	30.6%	25.3%	19.9%	17.2%	50.7%	42.1%
Texas	16.6%	14.9%	8.5%	6.3%	37.6%	39.1%
United States	15.1%	14.4%	6.6%	5.1%	36.1%	40.5%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. S1702. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate.

Key Findings: The percentage of households in poverty by marital status is shown in the table above. It is estimated that the poverty rate for all families with children under age five (5) was 25.3% in Webb County and 25.0% in Laredo, much higher than the state rate of 14.9% and national rate (14.4%). Married couples in Webb County, with children under age five (5), reported a 17.2% poverty rate, significantly higher than the state (6.3%) and national rate (5.1%). In Webb County, the data for female-headed households with children under age five (5) shows a 42.1% poverty rate as compared with female householders with children under 18 (50.7%).

Table 19: Marital Status Males 15 Years and Older

Location	Never Married		Divorced		Married and Separated	
	Number	Percent	Number	Percent	Number	Percent
Laredo	36,024	39.8%	5,862	6.5%	45,009	49.7%
Webb County	37,716	39.6%	6,122	6.4%	47,624	50.0%
Texas	3,952,196	36.2%	997,319	9.1%	5,505,636	50.4%
United States	47,039,874	36.5%	12,244,434	9.5%	64,014,364	49.7%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP02

Key Findings: In Webb County, the divorce rate for males 15 years and older (6.4%) was lower than the state rate (9.1%) and national rate of 9.5%.

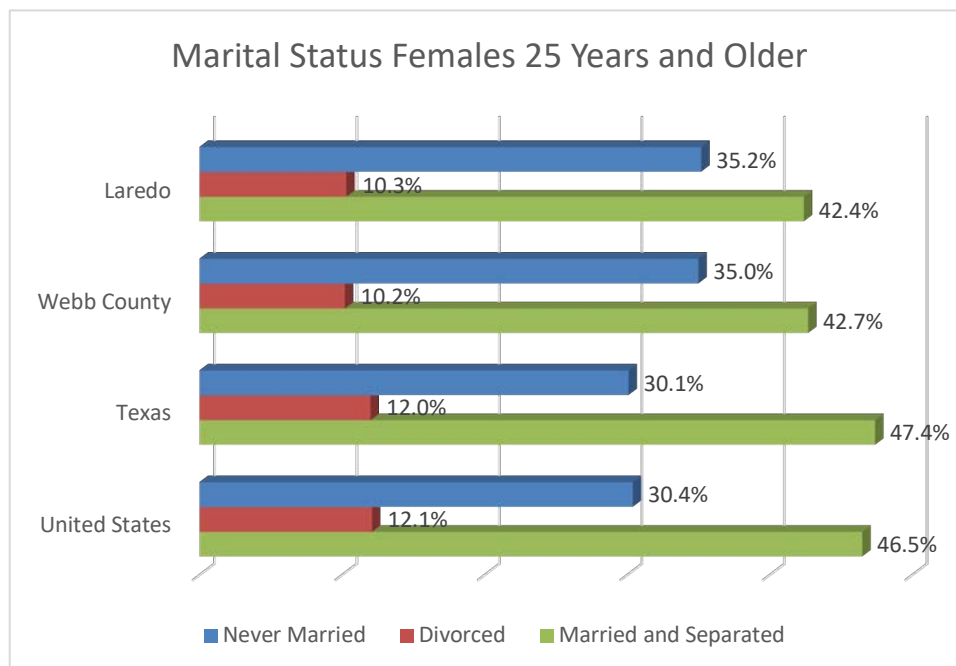


Table 20: Marital Status Females 15 Years and Older

Location	Never Married		Divorced		Married and Separated	
	Number	Percent	Number	Percent	Number	Percent
Laredo	34,233	35.2%	10,021	10.3%	41,254	42.4%
Webb County	35,820	35.0%	10,418	10.2%	43,652	42.7%
Texas	3,376,556	30.1%	1,342,479	12.0%	5,326,436	47.4%
United States	41,019,187	30.4%	16,397,947	12.1%	62,809,181	46.5%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP02

Key Findings: In Webb County, the divorce rate for females 15 years and older (10.2%) was slightly lower than the state (12.0%) and national rates (12.1%).

Table 21: Number of Working Families with Children below Age 6 (Living with both Parents)

Location	Both Parents in Labor Force	Father only in Labor Force	Mother only in Labor Force	Neither Parent in Labor Force
Laredo	5,900	7,894	481	618
Webb County	6,344	8,393	568	708
Texas	775,108	654,583	40,657	18,144
United States	8,920,567	5,330,628	464,072	199,248

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. B23008

Key Findings: The number of working families with children below age six (6) living with both parents is shown in the table above. According to ACS, there were 6,344 working families in Webb County in which both parents were in the labor force. There were 8,393 working families with children below age six (6) in Webb County in which the father only was in the labor force. The number of families in Webb County in which neither parent was in the labor force was 708.

Table 22: Working Families with Children below Age 6 (Living with Single Parent)

Location	Number Living with One Parent	Number Living with Father	Living with Father		Number Living with Mother	Living with Mother	
			In Labor Force	Not in Labor Force		In Labor Force	Not in Labor Force
Laredo	12,693	2,126	1,862	264	10,567	6,590	3,977
Webb County	13,475	2,334	1,934	400	11,141	6,806	4,335
Texas	815,368	174,548	157,940	16,608	640,820	460,333	180,487
United States	7,813,190	1,848,183	1,657,188	190,995	5,965,007	4,461,694	1,503,313

Source: U.S. Census Bureau, 2015 - 2019 American Community Survey 5-Year Estimates. (B23008)

Key Findings: The number of working families with children below age six (6) living with a single parent is shown in the table above. According to ACS, there were 13,475 children in Webb County living with only one parent, of which 2,334 children lived with a single father. 6,806 children were residing with mothers who were in the labor force, and 4,335 children lived with mothers who were not in the labor force.

Table 23: Grandparents Responsible for Raising their Grandchildren

Location	Number of Grandparent Responsible	Percentage	5 years or more	
			Number	Percent
Laredo	4,087	34.6%	2,019	17.1%
Webb County	4,343	34.9%	2,138	17.2%
Texas	281,724	36.3%	120,727	15.6%
United States	2,467,425	34.1%	1,087,171	15.0%

Source: U.S. Census Bureau, 2015 - 2019 American Community Survey 5-Year Estimates. DP02

Key Findings: In Webb County, the percentage of grandparents responsible for raising their grandchildren was 34.9%, slightly lower than the state (36.3%) but higher than the national (34.1%) rate. Approximately 17.2% of grandparents were responsible for raising their grandchildren for five years or more in Webb County. Within the service area, the percentage of grandparents responsible for raising their grandchildren for five years or more was slightly higher than the state (15.6%) and national rate (15.0%).

The Father Involvement Study, conducted by Nurturing Families Network, documented the importance that fathers placed on being a financial provider and cultivating a safe home environment where their children could grow and be “successful”. However, fathers also expressed trepidations about their lack of parental experience and, in many cases, about the lack of father role models in their lives. Fathers expressed a version of the American Dream that children should achieve a higher social status than their parents should. For most fathers, their hopes that their children would do better than they had done was expressed in specific terms. For those who had been incarcerated, they hoped their children would avoid prison; for fathers who had struggled with drug addictions, they wished their children would stay away from drugs; for fathers’ who did not graduate high school, they wanted their children to graduate; and for fathers who did not attend college, they wanted their kids to pursue college. While discussing hopes and dreams for their children, fathers expressed fears of gangs and drugs for their sons and early sexual activity, predatory men, and the stigma of teen pregnancy for their daughters. Many fathers wanted to talk about how to be a nurturing, caring and sensitive parent who listened and maintained open communication with their children and, at the same time, a disciplinarian—what many fathers believed was their primary role in the family. In the Father Involvement Study, several fathers stated that their children provided them with a sense of purpose and direction in their lives (*Nurturing Families Network Father Involvement Study Final Report*) (*Center for Social Research*).



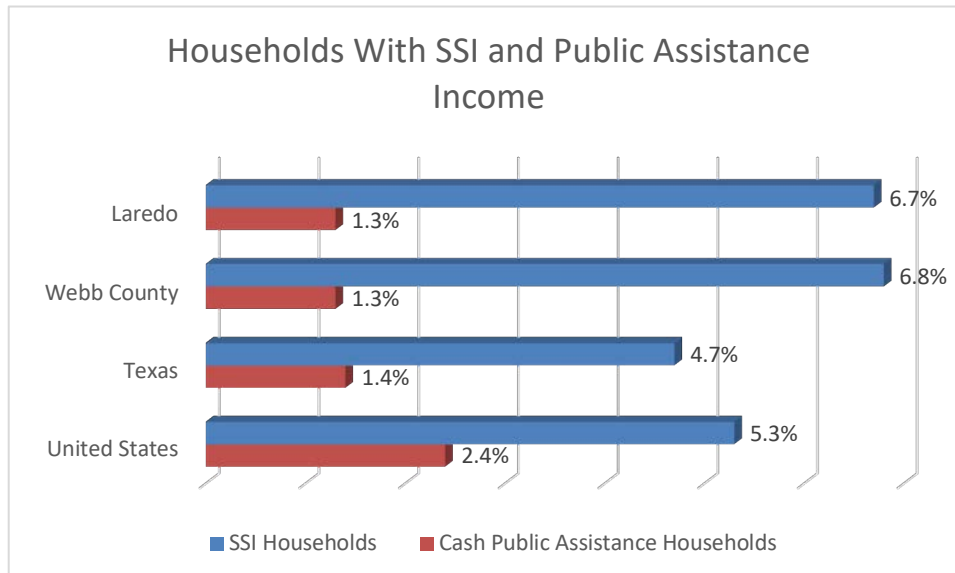


Table 24: Households with SSI and Public Assistance Income

Location	SSI Households	Percentage	Cash Public Assistance Households	Percentage
Laredo	4,735	6.7%	895	1.3%
Webb County	5,075	6.8%	957	1.3%
Texas	455,156	4.7%	139,144	1.4%
United States	6,443,122	5.3%	2,853,791	2.4%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP03

Key Findings: In Laredo, 4,735 (6.7%) of the households received SSI, while only 1.3% of households (895) received cash public assistance. The percentage of SSI households in Laredo (6.7%) was slightly lower than the county (6.8%) but higher than the state (4.7%) and national rates (5.3%).

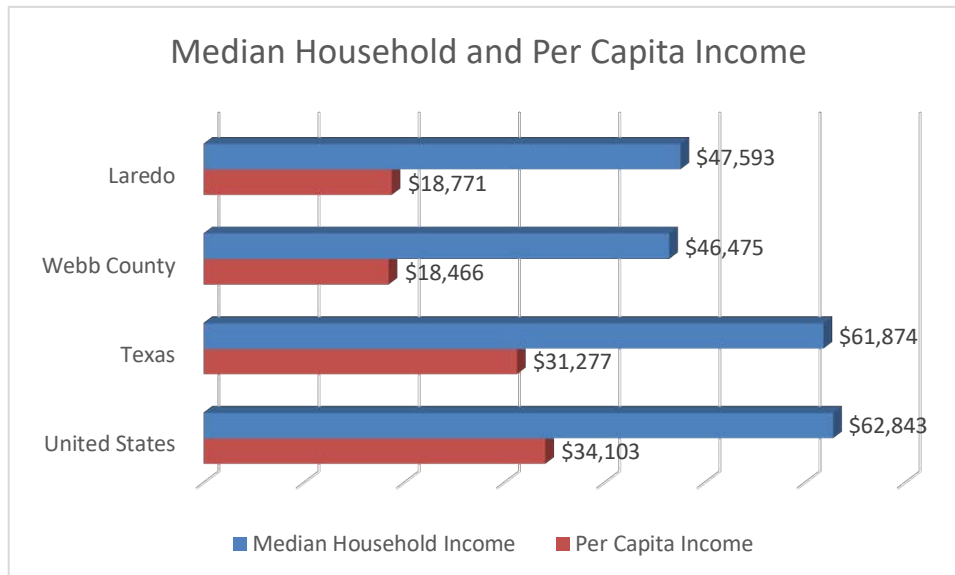


Table 25: Median Household and Per Capita Income

Location	Median Household Income	Per Capita Income
Laredo	\$47,593	\$18,771
Webb County	\$46,475	\$18,466
Texas	\$61,874	\$ 31,277
United States	\$62,843	\$34,103

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP03, B19301.

Key Findings: Two common measures of income are Median Household Income and Per Capita Income, based on U.S. Census Bureau estimates. Both measures are shown for the location above. Per Capita income serves as an indicator of the location living standards. In Webb County, Per Capita income (\$18,466) was lower than both the city of Laredo (\$18,771) and the state Per Capita Income (\$31,277). Median Household Income in the city of Laredo (\$47,593) was higher than Webb County (\$46,475) but much lower than the state (\$61,874) and national (\$62,843) averages.

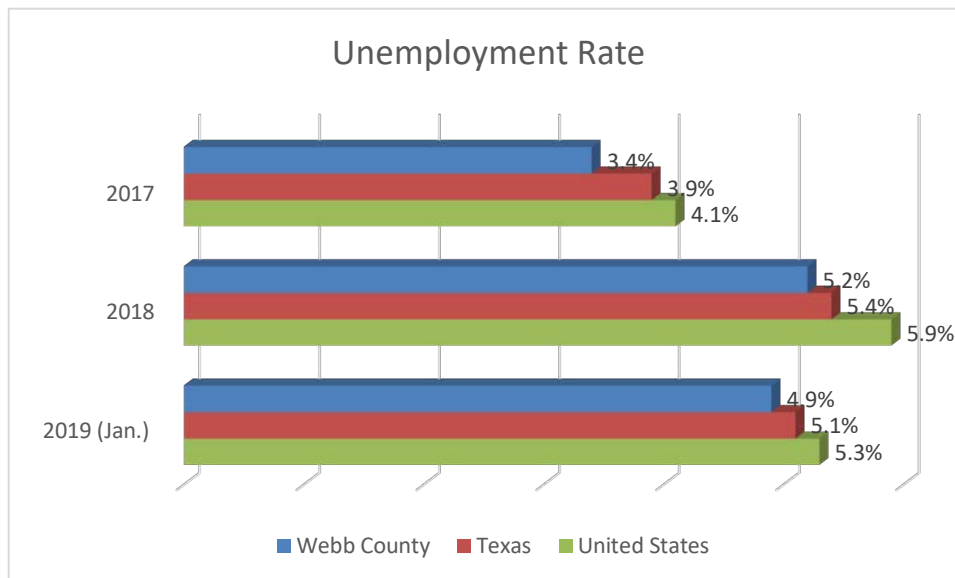


Table 26: Unemployment Rate

Location	2017	2018	2019	2020	2021 (Aug.)
Webb County	3.5%	3.7%	3.5%	7.7%	5.8%
Texas	3.8%	3.6%	3.3%	6.7%	5.3%

Source: Bureau of Labor Statistics Local Area Unemployment Statistics, American Community Survey DP03

Key Findings: In 2021, data for Webb County shows a slightly higher unemployment rate (5.8%) than the state (5.3%) average. A year after the United States began an unprecedented shutdown in response to the COVID-19 pandemic, unemployment rates remain nearly twice their pre-pandemic level, with many individuals still unemployed. The greatest proportion of the job loss is now considered to be "permanent job loss," rather than "temporary job loss." Recent job loss has continued to be disproportionately evidenced in leisure and hospitality industries, and not surprisingly, some demographics, such as women, have been hit harder than others.

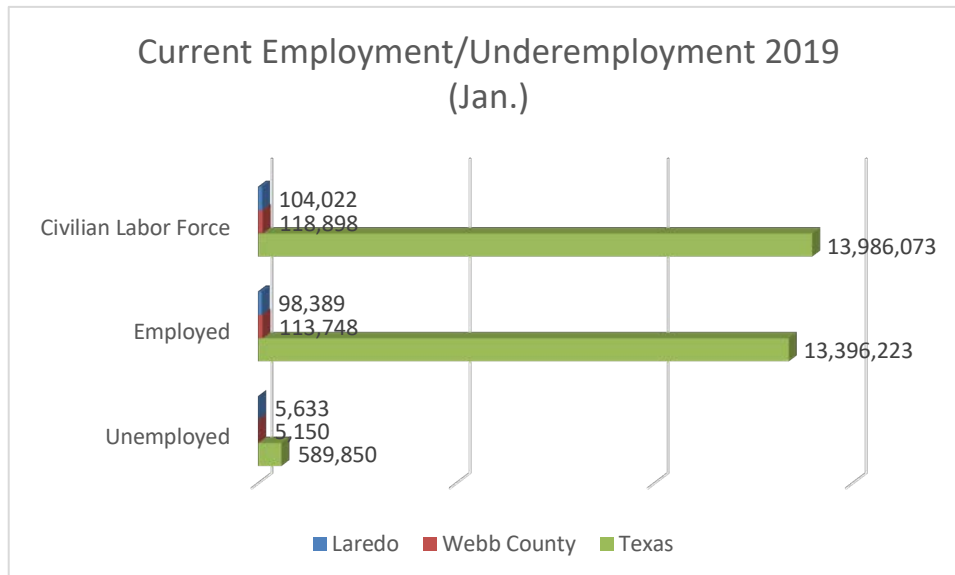


Table 27: Current Employment/Unemployment 2021 (Aug.)

Location	Civilian Labor Force	Employed	Unemployed
		Number	Number
Webb County	116,528	109,825	6,703
Texas	14,191,262	13,432,920	705,249

Source: www.data.bls.gov; Department of Labor and Industry Center for Workforce Information and Analysis. DP03 (City)

Key Findings: Labor force, employment, and unemployment data for the service area are shown in the table above. According to ACS, of the civilian labor force in Webb County (116,528) approximately 109,825 individuals were reported as employed and 6,703 individuals were reported unemployed.

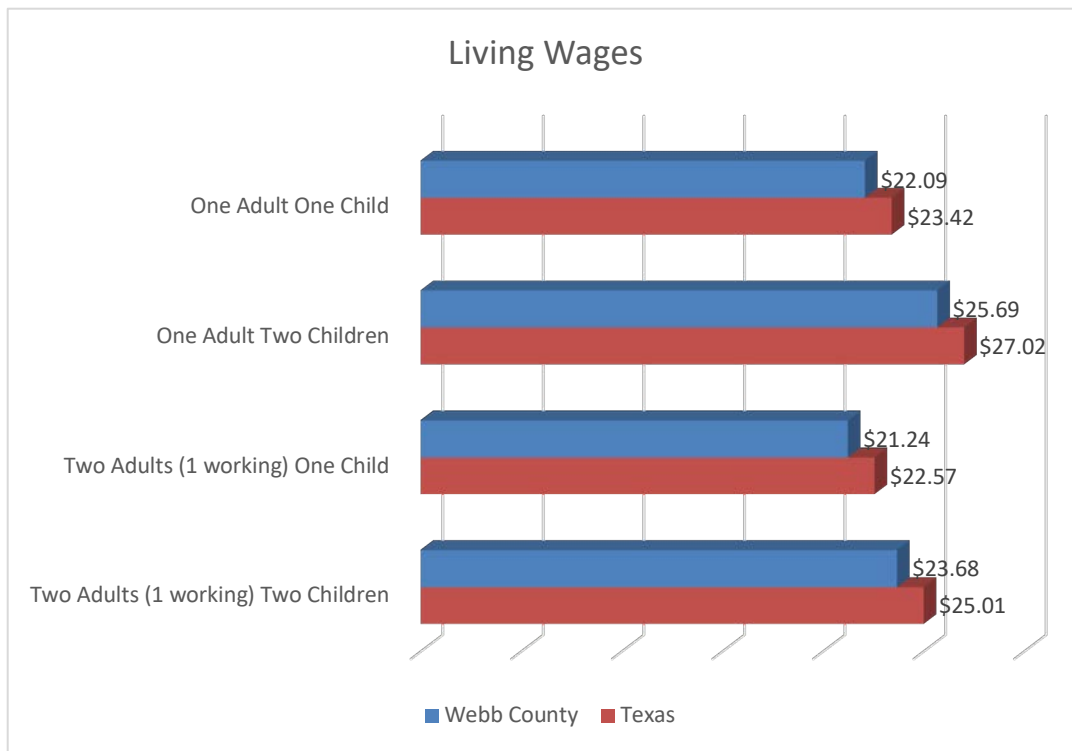





Table 28: Living Wage

Location	One Adult One Child	One Adult Two Children	Two Adults (1 working) One Child	Two Adults (1 working) Two Children
Webb County	\$22.09	\$25.69	\$21.24	\$23.68
Texas	\$23.42	\$27.02	\$22.57	\$25.01

Source: <http://livingwage.mit.edu/counties/>. Massachusetts Institute of Technology, Living Wage Calculator. (No significant changes indicated)

Key Findings: The living wage shown is the hourly rate that an individual must earn to support their family if they are the sole provider or providers and are working full-time (2080 hours per year). The living wage within the service area for one adult with one child was \$22.09, as compared to Texas (\$23.42). The living wage within the service area for two adults (1 working) with one child was \$21.24, as compared to Texas (\$22.57). The living wage within the service area for two adults (1 working) with two children was \$23.68, as compared to Texas (\$25.01).

Figure 4: The Benefits of Sufficient Income

If households have sufficient income for...	Impact on ALICE	Impact on the Community
 Safe, Affordable Housing	Improved health through safer environments and decreased stress, improved educational performance and outcomes for children, greater stability for household members, a means to build wealth for homeowners	Less traffic, lower health care costs, better maintained housing stock, lower crime rates, less spending on homelessness/social services
 Quality Child Care and Education	Improved academic performance, higher lifetime earnings, higher graduation rates, improved job stability/access for parents, better health	Decreased racial/ethnic and socioeconomic performance gaps, decreased income disparities, high return on investment (especially for early childhood education)
 Adequate Food	Decreased food insecurity, improved health (especially for children and seniors), decreased likelihood of developmental delays and behavioral problems in school	Lower health care costs, improved workplace productivity, less spending on emergency food services
 Reliable Transportation	Improved access to job opportunities, school and child care, health care, retail markets, social services, and support systems (friends, family, faith communities)	Fewer high-emissions vehicles on the road, more diverse labor market, decreased income disparities
 Quality Health Care	Better mental and physical health (including increased life expectancy), improved access to preventative care, fewer missed days of work/school, decreased need for emergency services	Decreased health care spending, fewer communicable diseases, improved workplace productivity, decreased wealth-health gap
 Reliable Technology	Improved access to job opportunities, expanded access to health information and tele-health services, increased job and academic performance	Decreased "digital divide" in access to technology by income, increased opportunities for civic participation
 Savings	Ability to withstand emergencies without impacting long-term financial stability and greater asset accumulation over time (e.g., interest on savings; ability to invest in education, property, or finance a secure retirement)	Greater charitable contributions; less spending on emergency health, food, and senior services

Source: file:///C:/Users/DELL.DESKTOP-P82GEDL/Downloads/2020ALICEReport_TX_FINAL.pdf

In addition to the benefits of sufficient income listed above, greater financial stability and having basic needs met can reduce the anxiety that comes from struggling to survive, or not having a cushion for emergencies. It also leaves more time to spend with loved ones and to give back to the community, all of which contribute to happiness and improved life satisfaction. Having money saves money: Having enough income means that households can build

their credit scores and avoid late fees, predatory lending, and higher interest rates. That, in turn, means that ALICE families have more resources to use to reduce risks (e.g., by purchasing insurance), stay healthy (e.g., by getting preventative health care), or save and invest in education or assets that could grow over time (e.g., buying a home or opening a small business). Instead of a downward cycle of accumulating fees, debt, and stress, families can have an upward cycle of savings and health that makes them even better able to be engaged in their communities and, in turn, enjoy a reasonable quality of life. For communities, this leads to greater economic activity, greater tax revenue, lower levels of crime, and fewer demands on the social safety net, allowing more investment in vital infrastructure, schools, and health care. Strengthening communities by strengthening ALICE families means a higher quality of life for all. ***(Alice Report 2020)***



Table 29: Cost of Living

Cost of Living	Laredo	Webb County	Texas	United States
Overall	90.7	90.8	101.8	100
Grocery	96.2	96.2	96.6	100
Health	90.5	90.5	95.3	100
Housing	72.7	72.6	98.9	100
Utilities	98.1	98.5	99.2	100
Transportation	112.7	113.6	119.0	100
Miscellaneous	90.5	90.3	96.4	100

Source: http://www.bestplaces.net/cost_of_living/county/texas/webb (No significant changes indicated)

Key Findings: The cost-of-living indices are based on a US average of 100. An amount below 100 means the city of Laredo and Webb County is cheaper than the US average. A cost-of-living index above 100 means the city of Laredo and Webb County is more expensive. Laredo's cost of living is 90.7, and Webb County's cost of living is 90.8 as compared to Texas (101.8). Laredo and Webb County are cheaper than the state and US average. Housing is the biggest factor in the cost-of-living difference.

Table 30: Time Leaving to go to Work

Indicator	Laredo	Webb County
Time		
12:00 a.m. to 4:59 a.m.	3,717	4,090
5:00 a.m. to 5:29 a.m.	2,698	2,924
5:30 a.m. to 5:59 a.m.	2,088	2,192
6:00 a.m. to 6:29 a.m.	4,164	4,605
6:30 a.m. to 6:59 a.m.	6,350	6,829
7:00 a.m. to 7:29 a.m.	15,780	16,372
7:30 a.m. to 7:59 a.m.	15,085	15,490
8:00 a.m. to 8:29 a.m.	14,686	15,388
8:30 a.m. to 8:59 a.m.	7,320	7,475
9:00 a.m. to 9:59 a.m.	9,775	10,029
10:00 a.m. to 10:59 a.m.	3,553	3,658
11:00 a.m. to 11:59 a.m.	1,802	1,906
12:00 p.m. to 3:59 p.m.	6,906	7,075
4:00 p.m. to 11:59 p.m.	6,752	7,048

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. B08302

Key Findings: According to the American Community Survey, most workers leave for work between the hours of 7:00 a.m. – 8:29 a.m. The next largest number of workers leave from 9:00 a.m. to 9:59 a.m.

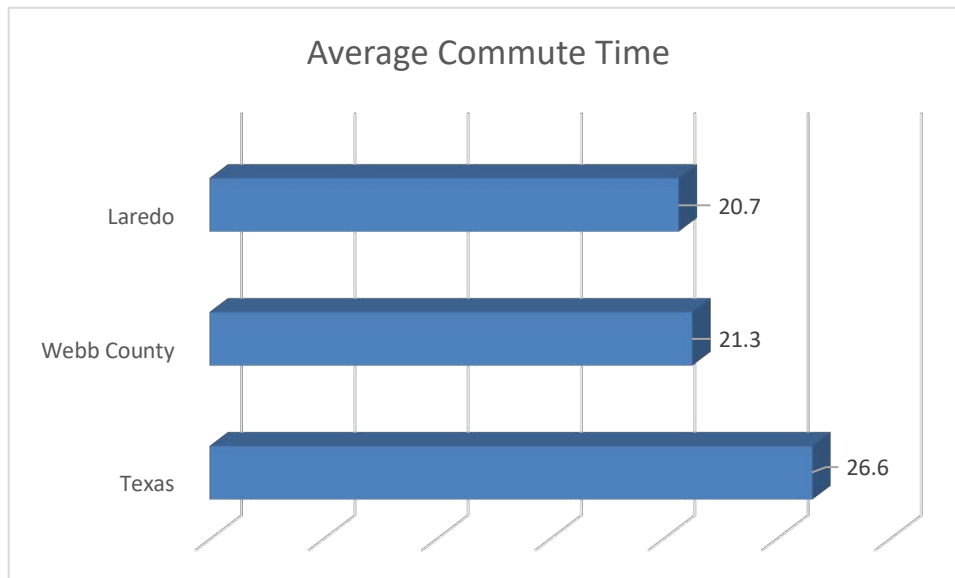


Table 31: Average Commute Time

Location	Minutes
Laredo	20.7
Webb County	21.3
Texas	26.6

Source: U.S. Census Quick Facts 2019

Key Findings: The average commute distance for Laredo was 20.7 minutes, slightly lower than the county at 21.3 minutes and the state at 26.6 minutes.

Table 32: Commute Time

Indicator	Laredo	Webb County
Time		
Less than 5 minutes	2,052	2,249
5 to 9 minutes	10,234	10,496
10 to 14 minutes	18,512	18,766
15 to 19 minutes	24,349	24,829
20 to 24 minutes	17,545	17,923
25 to 29 minutes	5,596	5,879
30 to 34 minutes	12,222	13,041
35 to 39 minutes	1,129	1,242
40 to 44 minutes	1,644	1,949
45 to 59 minutes	3,924	4,679
60 to 89 minutes	1,764	2,137
90 or more minutes	1,705	1,891

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. B08303

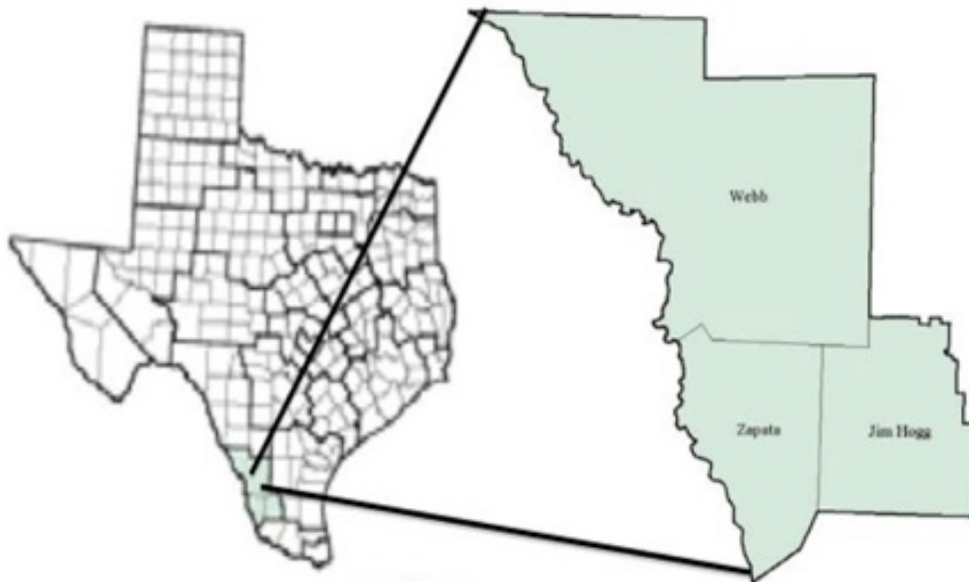
Key Findings: According to the American Community Survey, most workers in Webb County take approximately 15 to 19 minutes to travel to their workplace.

Table 33: Employment Projections Region 21 South Texas - 2016 - 2026

Occupations	Employment 2016	Projected 2026	Absolute Change	Percent Change
General and Operations Managers	1,243	1,493	250	20.0%
Sales Managers	74	85	11	14.8%
Administrative Services Managers	193	235	42	21.7%
Financial Managers	133	160	27	20.3%
Trans., Storage, and Distribution Managers	97	112	15	15.4%
Construction Managers	82	101	19	23.1%
Education Admin., Elementary and Secondary	296	347	51	17.2%
Food Service Managers	176	216	40	22.7%
Lodging Managers	75	81	6	8.0%
Medical and Health Services Managers	273	333	60	21.9%
Property, Real Estate & Community Assoc. Mgr.	118	141	23	19.4%
Managers, All Other	1,141	1,292	151	13.2%
Purchasing Agents, exc. Wholesale, Retail & Farm.	104	109	5	4.8%
Compliance Officers	1,046	1,156	110	10.5%
Human Resources Specialists	194	224	30	15.4%
Training and Development Specialists	110	131	21	19.0%
Market Research Analysts and Marketing Specialists	65	87	22	33.8%
Business Operations Specialists, All Other	354	416	62	17.5%

Source: <https://texaswages.com/projections> (No significant changes)

Key Findings: In Webb County, the South Texas Workforce Commission projected general and operations managers to have the highest increase in positions by 2026.



Highlights and Considerations – Demographic and Economics

Update 2021 – 2022

- ❖ Webb County data shows a population of 267,114 in 2020. The data further shows a 10.5% change in population from 2010 - 2019. The city of Laredo reported a population of 255,205 in 2020. Approximately 95% of the county's population resides in the city of Laredo. Laredo experienced an 11.3% increase in population from 2010 – 2019, higher than the county (10.5%), but slightly lower than the state (15.3%) rate.
- ❖ Most adults in Laredo were between the ages of 20 - 34 (21.6%) and 35 - 54 (24.3%). Adults, ages 65 – 84, made up approximately 8.0% of the population in Laredo as well as Webb County (7.9%). Most adults in Webb County were between the ages of 35 - 54 representing 26.4% of the population, while adults 65 - 84 represented 7.9% of the population. The median age in Webb County was 28.8, lower than the state (34.6) average.
- ❖ Most of the population in Laredo identified as Hispanic (95.4%), while individuals who identified as White Alone (3.6%), Black (0.5%), Two or More Races (0.5%), and Asian (0.5%) were the next largest population groups. Individuals who identified as Two or More Races (0.5%) in Laredo were slightly higher than the county (0.4%).
- ❖ In Laredo, there were 14,924 children below 3 years of age and 9,463 children ages 3 – 4. In Webb County, there were 15,843 children below age 3 and 10,237 children ages 3 – 4. Approximately 94% of children ages birth to 4 reside in Laredo.
- ❖ Webb County had a 97.7% representation of Birth of Foreign-born individuals from Latin America, considerably higher than the state rate of 67.4%, while 1.6% of Foreign-born was from Asia, considerably lower than the state (22.0%). Approximately 97.6% of Foreign-born individuals from Latin America resided in the city of Laredo. 33% of Foreign-born children with Foreign-born parents lived below the poverty line, compared with 27% of native children with Foreign-born parents and 19% of native children with native parents.
- ❖ In 2019, the poverty rate for adults in Laredo was 26.7%, which was slightly lower than the county (27.5%), but considerably higher than the state (14.7%) and the national rates (13.4%). The poverty rate in Webb County and Laredo experienced a decrease of 4.6% since 2016. One out of every 3.3 residents of Laredo live in poverty. Understanding where poverty hits hardest in Laredo can be better understood by segmenting poverty by whether the resident is in school or not. According to welfare.org, female residents of Laredo, Texas are moderately (16%) more likely to live in poverty than males.

- ❖ In 2019, the poverty rate for children ages 0 - 5 in Laredo was 41.1%, representing a 3.2% decrease since 2018. The poverty rate for Webb County also decreased from 45.6% in 2018 to 42.1% in 2019, representing a 3.5% decrease in the poverty rate for children ages 0 – 5. Within the past five years, the poverty rates for children, ages 0 – 5 in Webb County, have been consistently higher than the state and national rates.
- ❖ In Webb County, the data show married couples (6,769) with the largest number of children below age three (3), with female householders (3,254) reporting the next largest number of children below age three (3). Within the service area, there were approximately 1,301 male householders with children below age five (5), with the largest number being children under three (3) years old (918).
- ❖ It is estimated that the poverty rate for all families with children under age five (5) was 25.3% in Webb County and 25.0% in Laredo, much higher than the state rate of 14.9% and national rate (14.4%). Married couples in Webb County, with children under age five (5), reported a 17.2% poverty rate, significantly higher than the state (6.3%) and national rate (5.1%). In Webb County, the data for female-headed households with children under age five (5) shows a 42.1% poverty rate as compared with female householders with children under 18 (50.7%).
- ❖ In Webb County, the divorce rate for females 15 years and older (10.2%) was slightly lower than the state (12.0%) and national rates (12.1%).
- ❖ According to ACS, there were 6,344 working families in Webb County in which both parents were in the labor force. There were 8,393 working families with children below age six (6) in Webb County in which the father only was in the labor force. The number of families in Webb County in which neither parent was in the labor force was 708.
- ❖ According to ACS, there were 13,475 children in Webb County living with only one parent, of which 2,334 children lived with a single father. 6,806 children were residing with mothers who were in the labor force, and 4,335 children lived with mothers who were not in the labor force.
- ❖ In Webb County, the percentage of grandparents responsible for raising their grandchildren was 34.9%, slightly lower than the state (36.3%) but higher than the national (34.1%) rates. Approximately 17.2% of grandparents were responsible for raising their grandchildren for five years or more in Webb County. Within the service area, the percentage of grandparents responsible for raising their grandchildren for five years or more was slightly higher than the state (15.6%) and national rate (15.0%).
- ❖ In Laredo, 4,735 (6.7%) of households received SSI, while only 1.3% of households (895) received cash public assistance. The percentage of SSI households in Laredo (6.7%) was slightly lower than the county (6.8%) but higher than the state (4.7%) and national rates (5.3%).
- ❖ In Webb County, Per Capita income (\$18,466) was lower than both the city of Laredo (\$18,771) and the state Per Capita Income (\$31,277). Median Household Income in the city of Laredo (\$47,593) was higher than Webb County (\$46,475) but much lower than the state (\$61,874) and national (\$62,843) averages.

- ❖ In 2021, data for Webb County shows a slightly higher unemployment rate (5.8%) than the state (5.3%) average. A year after the United States began an unprecedented shutdown in response to the COVID-19 pandemic, unemployment rates remain nearly twice their pre-pandemic level, with many individuals still unemployed. The greatest proportion of the job loss is now considered to be "permanent job loss," rather than "temporary job loss." Recent job loss has continued to be disproportionately evidenced in leisure and hospitality industries, and not surprisingly, some demographics, such as women, have been hit harder than others.
- ❖ According to ACS, of the civilian labor force in Webb County (116,528) approximately 109,825 individuals were reported as employed and 6,703 individuals were reported unemployed.
- ❖ Greater financial stability and having basic needs met can reduce the anxiety that comes from struggling to survive, or not having a cushion for emergencies. It also leaves more time to spend with loved ones and to give back to the community, all of which contribute to happiness and improved life satisfaction. Having money saves money: Having enough income means that households can build their credit scores and avoid late fees, predatory lending, and higher interest rates.
- ❖ According to the American Community Survey, most workers leave for work between the hours of 7:00 a.m. – 8:29 a.m. The next largest number of workers leave from 9:00 a.m. to 9:59 a.m. The average commute distance for Laredo was 20.7 minutes, slightly lower than the county at 21.3 minutes and the state at 26.6 minutes.
- ❖ In Webb County, the South Texas Workforce Commission projected general and operations managers to have the highest increase in positions by 2026.

2017 - 2018

- ❖ Webb County reported a population of 274,794 in 2017. The city of Laredo reported a population of 260,654 in 2017. Approximately 95% of the county's population resides in the city of Laredo. Laredo experienced a 10.4% increase in population from 2010 – 2017, higher than the county (9.8%), but slightly lower than the state (12.6%) rate.
- ❖ Most adults in Laredo were between the ages of 20 - 34 (21.5%) and 35 - 54 (24.3%). Adults, ages 65 – 84, made up approximately 8.1% of the population in Laredo as well as Webb County (8.2%). Most adults in Webb County were between the ages of 35 - 54 representing 24.3% of the population, while adults 65 - 84 represented 7.0% of the population. The median age in Webb County was 28.4, slightly lower than the state (34.3).
- ❖ Most of the population in Laredo identified as Hispanic (95.4%), while individuals who identified as White (3.5%) and Asian (0.6%) were the next largest population groups. The percentage of individuals who

identified as Black was marginally lower in Laredo (0.4%) than in Webb County (0.7%). Individuals who identified as Two or More Races (0.5%) in Laredo were slightly higher than the county (0.4%).

- ❖ In Laredo, there were 14,819 children below 3 years of age and 10,409 children ages 3 – 4. In Webb County, there were 15,607 children below age 3 and 11,086 children ages 3 – 4. Approximately 95% of children ages 3 - 4 reside in Laredo.
- ❖ Webb County had a 97.7% representation of Birth of Foreign-born individuals from Latin America, considerably higher than the state rate of 69.0%, while 1.6% of Foreign-born was from Asia, considerably lower than the state (20.9%). Approximately 97.6% of Foreign-born individuals from Latin America resided in the city of Laredo. 33% of Foreign-born children with Foreign-born parents lived below the poverty line, compared with 27% of native children with Foreign-born parents and 19% of native children with native parents.
- ❖ The total population for Texas is projected to increase by 5,216,657 individuals from 2020 to 2030. The population for Webb County is projected to increase by 22,181 individuals by 2030.
- ❖ In 2017, the poverty rate for adults in Laredo was 30.6%, which was slightly lower than the county (31.5%), but considerably higher than the state (16.0%) and the national rate (14.6%). The poverty rate in Webb County experienced a decrease of 0.6% since 2016, as well as Laredo at 0.7%. The poverty rate has remained somewhat stable in the past three years for Laredo and Webb County with some fluctuation during the past three years.
- ❖ In 2017, the poverty rate for children ages 0 - 5 in Laredo was 45.0%, representing a decrease of 1.2% since 2016. The poverty rate for Webb County also decreased from 47.6% in 2016 to 46.4% in 2017, representing a 1.2% decrease in the poverty rate for children ages 0 - 5. In 2017, the 0 - 5 poverty rate for Laredo (45.0%) and Webb County (46.4%) was considerably higher than the state (24.8%) and national rate (22.5%).
- ❖ Within the Webb County service area, married couples (6,800) reported the largest number of children below age three (3) with female householders (2,969) reporting the next largest number of children below age three (3). Within the service area, there were approximately 1,277 male householders with children below age five (5), with the largest number being children under three (3) years old (921).
- ❖ It is estimated that the poverty rate for all families with children under age five (5) was 31.5% in Webb County and 30.6% in Laredo, much higher than the state rate of 16.7% and national rate (16.2%). Married couples in Webb County, with children under age five (5), reported a 23.1% poverty rate, significantly higher than the state (7.2%) and national rate (5.9%). In Webb County, female-headed households with children under age five (5) reported a 49.1% poverty rate as compared with female householders with children under 18 (53.8%).
- ❖ Within the service area, the divorce rate for males 15 years and older (6.7%) was lower than the state rate (9.2%) and national rate of 9.5%. In Webb County, the divorce rate for females 15 years and older (10.1%) was slightly lower than the state and national rates of 12.1%.

- ❖ According to ACS, there were 6,080 working families in Webb County in which both parents were in the labor force. There were 8,265 working families with children below age six (6) in Webb County in which the father only was in the labor force. The number of families in Webb County in which neither parent was in the labor force was 1,102.
- ❖ According to ACS, there were 14,141 children in Webb County living with only one parent, of which 2,124 children lived with a single father. 6,519 children were residing with mothers who were in the labor force, and 5,498 children lived with mothers who were not in the labor force.
- ❖ In Webb County, the percentage of grandparents responsible for raising their grandchildren was 35.2%, slightly lower than the state (38.5%) and national (35.5%) rates. Approximately 16.6% of grandparents were responsible for raising their grandchildren for five years or more in Webb County. Within the service area, the percentage of grandparents responsible for raising their grandchildren for five years or more was slightly higher than the state (15.8%) and national rate (14.9%).
- ❖ In Laredo, 4,997 (7.3%) of households received SSI, while only 1.5% of households (1,064) received cash public assistance. The percentage of SSI households in Laredo (7.3%) was slightly lower than the county (7.8%) but higher than the state rate (4.8%) and national rate (5.4%).
- ❖ In Webb County, Per Capita income (\$16,316) was lower than both the city of Laredo (\$16,642) and the state Per Capita Income (\$28,985). Median Household Income in the city of Laredo (\$41,302) was higher than Webb County (\$40,442) but significantly lower than the state (\$57,051) and national (\$57,652) averages.
- ❖ In 2019, Webb County reported a slightly higher preliminary unemployment rate than the state (4.2%) and national average of 4.0%. Unemployment rates have fluctuated during the past five (5) years from 4.5% in 2015 to 4.3% in 2019.
- ❖ According to ACS, of the civilian labor force in Webb County (118,898) approximately 1113,748 individuals were reported as employed and 5,150 individuals were reported unemployed.
- ❖ The living wage within the service area for one adult with one child was \$22.09, as compared to Texas (\$23.42). The living wage within the service area for two adults (1 working) with one child was \$21.24, as compared to Texas (\$22.57). The living wage within the service area for two adults (1 working) with two children was \$23.68, as compared to Texas (\$25.01).
- ❖ Laredo's cost of living is 90.7, and Webb County's cost of living is 90.8 as compared to Texas (101.8). Laredo and Webb County are cheaper than the state and US average. Housing is the biggest factor in the cost-of-living difference.
- ❖ According to the American Community Survey, most workers leave for work between the hours of 7:00 a.m. – 8:29 a.m. The next largest number of workers leave from 9:00 a.m. to 9:59 a.m.
- ❖ The average commute distance for Laredo was 21.2 minutes, slightly lower than the county at 21.7 minutes and the state at 26.1 minutes.

- ❖ According to the American Community Survey, most workers in Webb County take approximately 15 to 19 minutes to travel to their workplace.
- ❖ In Webb County, the South Texas Workforce Commission projected general and operations managers to have the highest increase in positions by 2026.

Education and Disabilities

Table 34: Educational Attainment for Population 25 Years and Older

Location	Percent Less than 9th Grade	Percent 9th to 12th -No Diploma	Percent High School Graduate	Percent Some College	Percent Associate's Degree	Percent Bachelor's Degree	Percent Graduate or Professional Degree
Laredo	17.3%	14.1%	25.3%	16.8%	7.1%	14.0%	5.4%
Webb County	18.2%	14.3%	25.3%	16.5%	6.9%	13.7%	5.3%
Texas	8.2%	8.1%	25.0%	21.6%	7.2%	19.5%	10.4%
United States	5.1%	6.9%	27.0%	20.4%	8.5%	19.8%	12.4%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP02

Key Findings: Webb County (18.2%) reported a higher percentage of individuals with less than a 9th-grade education than the state rate (8.2%) and national rate (5.1%). According to the ACS, 14.3% of individuals in Webb County did not have a High School diploma, which was much higher than the state (8.1%) and national rates (6.9%). Approximately 25.3% of individuals in Webb County were high school graduates, while 16.5% obtained some college as compared to the state rate (21.6%). In Webb County, the percent of individuals with a Bachelor's degree (13.7%) was lower than the state rate (19.5%). An estimated 5.3% of individuals in the service area had a Graduate or Professional degree, which was also lower than the state (10.4%) and national rates (12.4%).

Attainment of a high school diploma or its equivalent is an indicator that a person has acquired the basic reading, writing, and mathematics skills needed to function in modern society. The percentage of young adults ages 18–24 with a high school diploma or an equivalent credential is a measure of the extent to which young adults have completed a basic prerequisite for many entry-level jobs and for higher education.

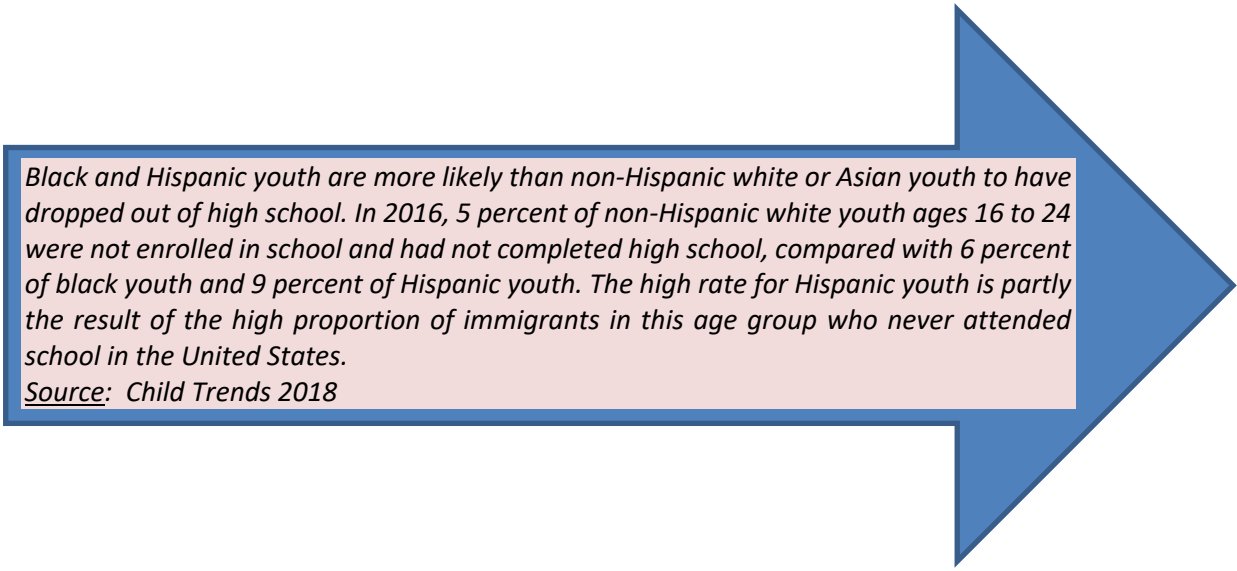
(www.child Stat.gov)

Table 35: High School Graduation Rates 2018 - 2019

Location	Graduated, Continued or received *TxCHSE
Triumph Public High Schools-Laredo	74.0%
Laredo ISD	94.5%
United ISD	96.1%
Webb CISD	100%
Texas	90.0%

Source: https://rptsvr1.tea.texas.gov/perfreport/src/src_srch.html. Texas Education Agency
**Texas Certificate of High School Equivalency*

Key Findings: In 2018 - 2019, the graduation rate was highest in Webb CISD (100%). United ISD (96.1%) and Laredo ISD (94.5%) reported the next highest graduation rates. Laredo ISD, Webb CISD, and United ISD reported graduation rates that were higher than the state rate of 90.0%. School Districts were exempted and not required to report for the 2020 school year due to the COVID Pandemic.



Black and Hispanic youth are more likely than non-Hispanic white or Asian youth to have dropped out of high school. In 2016, 5 percent of non-Hispanic white youth ages 16 to 24 were not enrolled in school and had not completed high school, compared with 6 percent of black youth and 9 percent of Hispanic youth. The high rate for Hispanic youth is partly the result of the high proportion of immigrants in this age group who never attended school in the United States.
Source: Child Trends 2018

Table 36: High School Dropout Rate 2018 - 2019

Location	Percent
Triumph Public High Schools-Laredo	0.0%
Laredo ISD	1.0%
United ISD	0.8%
Webb CISD	1.3%
Texas	1.9%

Source: https://rptsrv1.tea.texas.gov/perfreport/src/src_srch.html. Texas Education Agency.

Key Findings: In 2018 - 2019, the High School dropout rate was highest in Webb CISD (1.3%), which was lower than the state (1.9%). School Districts were exempted and not required to report for the 2020 school year due to the COVID Pandemic.

Table 37: 3rd Grade Students Passing STARR Math by Grade and Economic Status

Location	Indicator	Grade	2017-2018	2018 – 2019
Webb County	Non-Economically Disadvantaged	3rd	66%	66%
	Economically Disadvantaged	3rd	49%	52%
Texas	Non-Economically Disadvantaged	3rd	61%	62%
	Economically Disadvantaged	3rd	37%	38%

Source: Kids Count, Texas Education Agency. *Note - Economically Disadvantaged students are eligible for free or reduced-price lunch or other public assistance.*

Key Findings: The chart above shows the percentage of 3rd-grade students who passed the math component of the State of Texas Assessments of Academic Readiness (STAAR) examination who classified as economically disadvantaged or non-economically disadvantaged by the Texas Education Agency. In 2018-2019, approximately 52% of economically disadvantaged third-grade students passed the STAAR reading test as compared to 66% of non-economically disadvantaged students in Webb County.

For many of our economically disadvantaged students, the norms they need to survive in their home environment many times conflict with the ones needed at school. Since most of the norms in both a school and business environment are that of the middle class, most of our students are unaware of what is considered appropriate for school.

Source: <http://www.ascd.org/publications/educationalladership>

Table 38: 3rd Grade Students Passing STARR Reading by Grade and Economic Status

Location	Indicator	Grade	2017-2018	2018-2019
Webb County	Non-Economically Disadvantaged	3rd	57%	63%
	Economically Disadvantaged	3rd	37%	43%
Texas	Non-Economically Disadvantaged	3rd	58%	60%
	Economically Disadvantaged	3rd	32%	33%

Source: Kids Count, Texas Education Agency 2016. **Note - Economically Disadvantaged students are eligible for free or reduced-price lunch or other public assistance.**

Key Findings: The chart above shows the number and percentage of 3rd-grade students who passed the reading component of the State of Texas Assessments of Academic Readiness (STAAR) examination who classified as economically disadvantaged or not economically disadvantaged by the Texas Education Agency. In Webb County, approximately 43% of economically disadvantaged third-grade students passed the STAAR math test as compared to 63% of non-economically disadvantaged students in 2018-2019.

Reading to young children promotes language acquisition and is linked with literacy development and, later, with achievement in reading comprehension and overall success in school. The percentage of young children read to three or more times per week by a family member is one indicator of how well young children are being prepared for school.

Source: *America's Children: Key National Indicators of Well-Being, 2017*

Table 39: Individuals Eligible for Adult Education Services Local Workforce Development Area – 21 South

Educational Attainment	English Fluent		Not English Fluent, Native-Born		Not English Fluent, Foreign-born		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0 to 4 th Grade	3,134	8.9%	1,379	13.7%	7,805	17.9%	12,318	13.8%
5 th to 8 th Grade	6,043	17.2%	2,061	20.5%	12,685	29.0%	20,789	23.4%
9 th to 12 th Grade (no diploma)	26,018	73.9%	2,301	22.9%	9,637	22.1%	37,956	42.7%
High School Graduate	*	*	2,229	22.2%	7,148	16.4%	9,377	10.5%
GED or High School Equivalency	*	*	425	4.2%	831	1.9%	1,256	1.4%
Some College to 2-yr Degree	*	*	1,112	11.1%	2,984	6.8%	4,096	4.6%
Bachelor's Degree and Higher	*	*	548	5.5%	2,601	6.0%	3,149	3.5%
Total	35,195	100%	10,055	100%	43,691	100%	88,941	100%

Source: Texas Workforce Council 2018. *Understanding the Need for Adult Education in Texas. (LWDA -21 South: Jim Hogg County, Zapata County, and Webb County) (No significant changes indicated)*

Key Findings: Approximately 88,941 residents in LWDA – 21 South were eligible for adult education services.

Table 40: High School - Received GED

Location	Data Type	2015	2016	2017	2018	2019
Webb County	Number	11	5	NA	8	8
	Percent	0.2%	0.1%	0.1%	0.2%	0.2%
Texas	Number	1,994	1,707	1,608	1,657	1,729
	Percent	0.6%	0.5%	0.4%	0.4%	0.5%

Source: Kids Count; Texas Education Agency; *A code of NA generally indicates that the number is masked, either because it is a low number event or because a different category that is a low number event could be imputed based on the number.

Key Findings: In Webb County, the percentage of students obtaining a GED in 2019 was 0.2%, slightly lower than the state rate of 0.5%.

Table 41: Student Enrollment in Public School by Race/Ethnicity

Location	Race/Ethnicity	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Webb County	Hispanic	98.9%	98.9%	99.0%	99.2%	99.2%
	White	0.7%	0.6%	0.6%	0.4%	0.4%
	African American	0.1%	0.1%	0.1%	0.1%	0.1%
	Other	0.3%	0.3%	0.3%	0.3%	0.3%
Texas	Hispanic	52.4%	52.4%	52.6%	52.8%	52.9%
	White	28.1%	27.9%	27.4%	27.0%	26.5%
	African American	12.6%	12.6%	12.6%	12.6%	12.7%
	Other	6.9%	7.2%	7.4%	7.4%	7.9%

Source: Kids Count; Texas Education Agency. "Other" includes Asian, American Indian, Pacific Islander, and Two or More Races.

Key Findings: In 2020-2021, the student enrollment by Ethnicity/Race was 99.2% (Hispanic), 0.1% (African American), 0.4% (White), and 0.3% (Other).

Table 42: Economically Disadvantaged Students

Location	Data Type	2016 - 2017	2017 – 2018	2018-2019	2019-2020	2020-2021
Webb County	Number	56,107	56,114	55,955	55,529	53,239
	Percent	81.8%	82.6%	82.8%	82.6%	82.6%
Texas	Number	3,159,327	3,168,294	3,289,468	3,309,610	3,233,417
	Percent	59.0%	58.7%	60.6%	60.2%	60.2%

Source: Kids Count; Texas Education Agency

Key Findings: There were 53,239 (82.6%) economically disadvantaged students in Webb County during the school year 2020-2021. Economically disadvantaged students are eligible for free or reduced-price lunches or other public assistance.

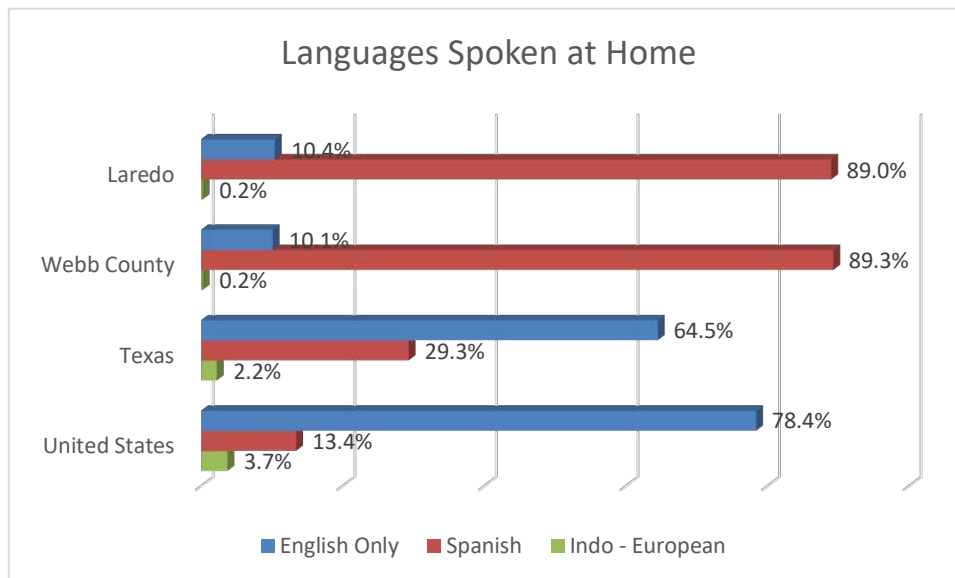


Table 43: Languages Spoken at Home

Location	English Only	Spanish	Indo - European	Asian and Pacific Islander	Other Languages
Laredo	10.4%	89.0%	0.2%	0.4%	0.1%
Webb County	10.1%	89.3%	0.2%	0.4%	0.0%
Texas	64.5%	29.3%	2.2%	3.0%	1.0%
United States	78.4%	13.4%	3.7%	3.5%	1.1%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP02

Key Findings: In Webb County, Spanish (89.3%) was the primary language spoken in homes throughout the service area. However, the percentage of homes where Spanish was the primary language was 89.0% in Laredo. Laredo also reported 0.2% of homes where Indo-European languages were the primary languages spoken, and 0.4% were Asian and Pacific Islander languages.

A limited English proficient household is a household in which no one age 14 or over speaks English only, or in which no one age 14 or over speaks a language other than English at home and speaks English “Very well.”

Source: America’s Children: Key National Indicators of Well-Being, 2017

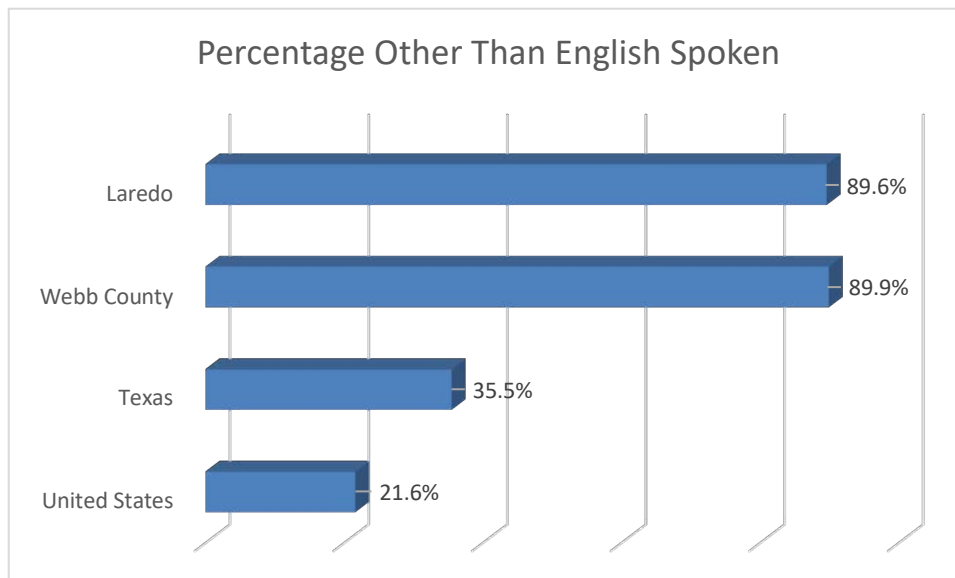


Table 44: Percentage Other than English Spoken

Location	Percentage
Laredo	89.6%
Webb County	89.9%
Texas	35.5%
United States	21.6%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. S1601

Key Finding: Laredo reported 89.6% of households where languages other than English were spoken, slightly lower than the county rate of 89.9%, but significantly higher than the state (35.5%) and national rates (21.6%).

Children who speak languages other than English at home and who also have difficulty speaking English may face greater challenges progressing in school and in the labor market.
Source: America's Children: Key National Indicators of Well-Being, 2017

Table 45: Speaks English Less than Very Well

Location	Speak English Less than very Well
Laredo	36.3%
Webb County	36.6%
Texas	13.7%
United States	8.4%

Source: U.S. Census Bureau, 2015– 2019 American Community Survey 5-Year Estimates. S1601

Key Findings: Webb County reported 36.6% of residents who spoke English less than very well, and in Laredo approximately 36.3% of individuals spoke English less than very well, significantly higher than the state (13.7%) and national rates (8.4%).

Table 46: Students in Bilingual/ESL Programs

Location	Data Type	2016-2017	2017 - 2018	2018 - 2019	2019 - 2020	2020 – 2021
Webb County	Number	32,523	31,327	30,237	27,380	26,369
	Percent	47.4%	46.1%	44.7%%	40.7%	40.9%
Texas	Number	1,005,765	1,015,972	1,066,557	998,374	986,990
	Percent	18.8%%	18.8%	19.6%	18.2%	18.4%

Source: Kids Count; Texas Education Agency

Key Findings: In 2020 – 2021, the number and percent of students in all grades receiving bilingual or English as Second Language (ESL) instruction in the Webb County public school system were 26,369 (40.9%), significantly higher than the state rate of 18.4%.

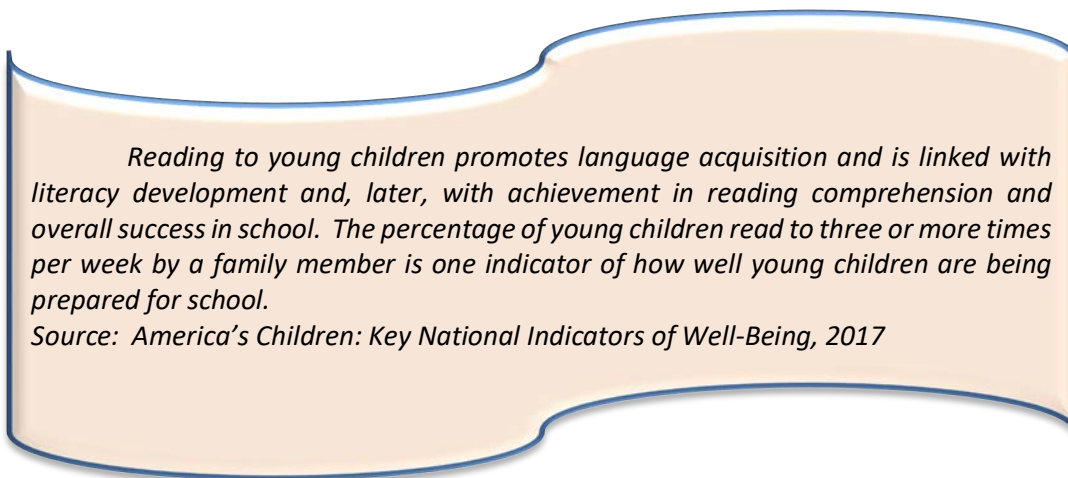


Table 47: Computer and Internet Use

Location	Households with a Broadband Internet Subscription	Households with a Computer
Laredo	68.2%	81.7%
Webb County	66.9%	81.0%
Texas	81.9%	91.0%
United States	82.7%	90.3%

Source: *U.S. Census Quick Facts, 2021*

Key Findings: In Webb County, approximately 81.0% of households have a computer, with 66.9% of households with a broadband internet subscription. The percentage of broadband internet subscriptions is significantly lower in Webb County than the state (81.9%) and national (82.7%) rates.



Figure 5: Texas Regional Education Service Centers Map



Source: <https://tea.texas.gov/about-tea/other-services/education-service-centers/education-service-centers-map>

Table 48: Special Needs by Type for Children Ages 3 - 5

School District	AI	AU	ED	INTD	NCEC	OHI	OI	SI	VI	Grand Total
Laredo ISD	N/A	20	N/A	N/A	N/A	28	N/A	N/A	N/A	N/A
United ISD	N/A	28	N/A	N/A	115	51	N/A	285	N/A	499
Webb ISD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	9	48	N/A	N/A	134	79	N/A	360	12	658

Source: Region I Education Service Center 2019. angarcia@esc1.net. N/A – student count is less than 5 (excluding 0). When only one student disability group is masked, then the second smallest student disability group is masked regardless of size. (No significant changes indicated for school year 2020).

Key Findings: According to Region 1 Education Service Center, 658 children with various disability determinations are currently being served in Webb County. An estimated 13% (160) of Head Start children were identified with a disability. The primary disability was speech or language impairment. Eight (8) children were diagnosed as health impaired, one (1) vision impaired and eleven (11) children were diagnosed with non-categorical developmental delay.

Disability Codes

Orthopedic Impairment (OI)
Other Health Impairment (OHI)
Auditory Impairment (AI)
Visual Impairment (VI)
Deaf Blind (DB)
Learning Disability (LD)
Multiple Disabilities (MD)
Non-Categorical Early Childhood (NCEC)
Emotional Disturbed (ED)
Intellectual Disability (INTD)
Speech Impairment (SI)
Developmental Delay (DD)
Autism (AU)
Traumatic Brain Injury (TBI)

Source: Region I Education Service Center 2019. angarcia@esc1.net

Special Needs Resources

Early Childhood Intervention (ECI) Project Niño
Region I Education Service Center
Laredo ISD
Texas Department of State Health Services
Border Region Behavioral Health Center
Texas A&M University
United ISD
Webb CISD
El Puente Counseling Center

Source: *Texas Department of State Health Services*

Table 49: Early Childhood Intervention (ECI) Services

Location	Children Served: Comprehensive Services	Children Served: Follow Along	Total Served	Percent of Population Served: *Comp	Percent of Population Served: Total
Webb County	1,372	0	1,372	7.0%	7.0%
Texas	60,596	1,429	62,025	3.59%	3.68%

Source: <https://hhs.texas.gov/doing-business-hhs/provider-portals/assistive-services-providers/early-childhood-intervention-eci-programs/eci-data-reports>. *Texas Health and Human Services, 2019*

Key Findings: In FY 2019, the Department of Assistive and Rehabilitative Services, Division for ECI Services reported that the number of infants and toddlers receiving services from the Early Intervention program in Webb County was 1,372, representing 7.0% of the birth-to-three population.

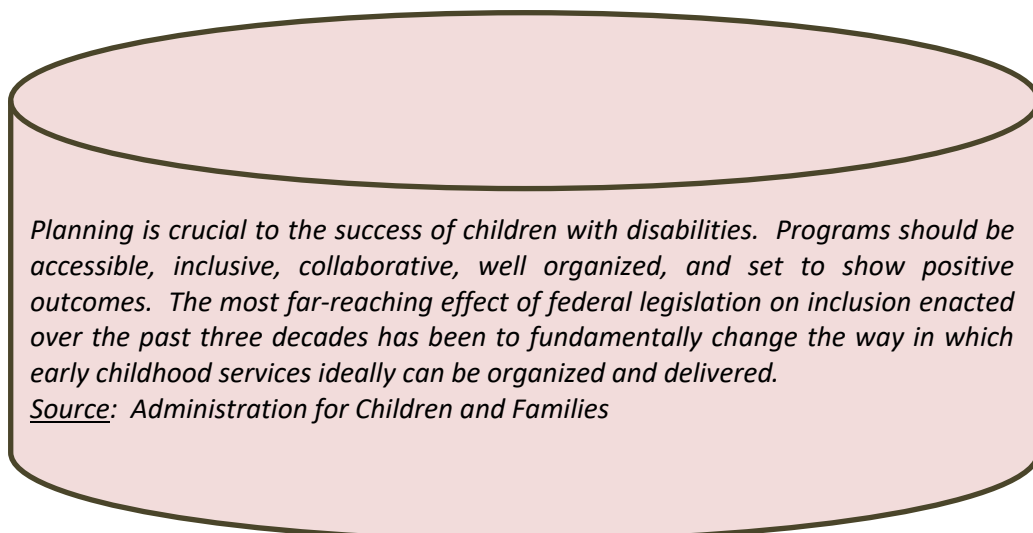
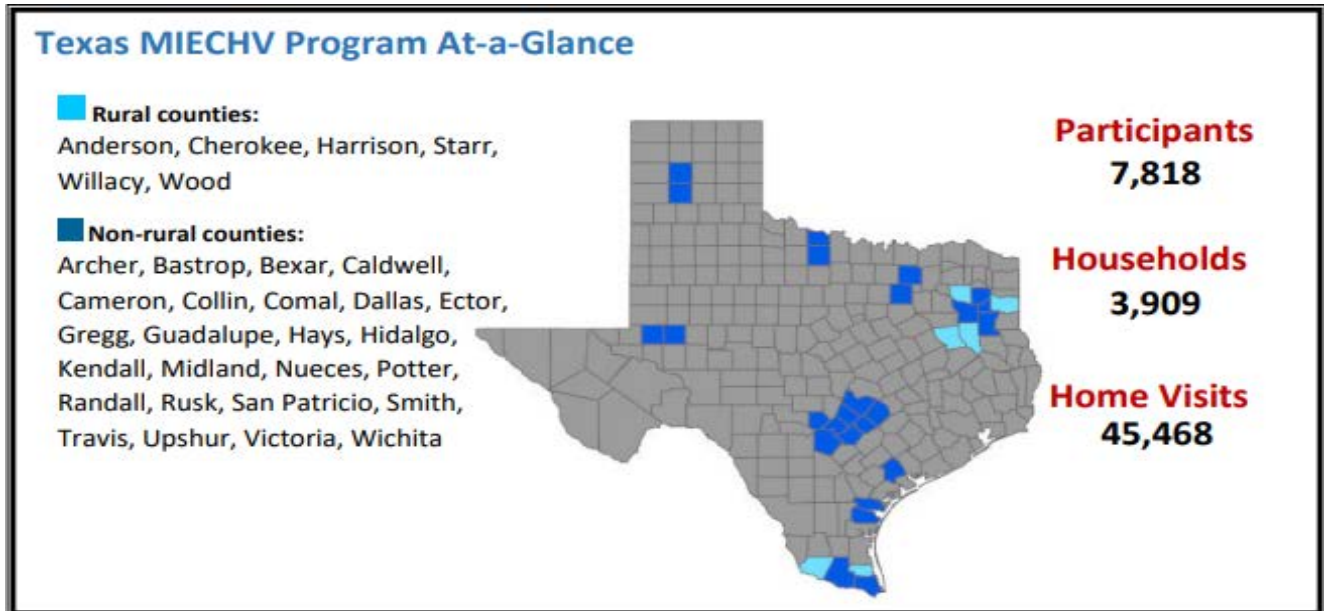


Figure 6: Maternal, Infant and Early Childhood Home Visiting Program (MIECHV), 2019



Source:

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/tx.pdf>

Evidence-Based Home Visiting Models in Texas

[Healthy Families America \(HFA\)](#)

[Home Instruction for Parents of Preschool Youngsters \(HIPPY\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

Source:

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/tx.pdf>

Key Findings: The MIECHV program builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child’s life help prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness.

Texas Targets Community Needs MIECHV Program awardees to tailor their programs to serve populations of need within their state.

- 61.2% of households were low income • 9.3% of households included pregnant teens
- 7.7% of households reported a history of child abuse or maltreatment

Texas Performance Highlights

- Continuity of Insurance Coverage: 93.0% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months
- Behavioral Concern Inquiries: Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 80.7% of postpartum home visits
- Child Brain Development Training: Working for Kids is training on child brain development that is designed for all community members. In the past year, the Department of Family and Protective Services - Prevention and Early Intervention (DFPS-PEI) and DFPS-PEI-trained professionals provided eight sessions to over 1,000 parents and professionals in brain development.

Highlights and Considerations – Education and Disabilities

Update 2021 – 2022

- ❖ Webb County (18.2%) reported a higher percentage of individuals with less than a 9th-grade education than the state rate (8.2%) and national rate (5.1%). According to the ACS, 14.3% of individuals in Webb County did not have a High School diploma, which was much higher than the state (8.1%) and national rates (6.9%). Approximately 25.3% of individuals in Webb County were high school graduates, while 16.5% obtained some college as compared to the state rate (21.6%). In Webb County, the percent of individuals with a Bachelor’s degree (13.7%) was lower than the state rate (19.5%). An estimated 5.3% of individuals in the service area had a Graduate or Professional degree, which was also lower than the state (10.4%) and national rates (12.4%).
- ❖ In 2018 - 2019, the graduation rate was highest in Webb CISD (100%). United ISD (96.1%) and Laredo ISD (94.5%) reported the next highest graduation rates. Laredo ISD, Webb CISD, and United ISD reported graduation rates that were higher than the state rate of 90.0%. School Districts were exempted and not required to report for the 2020 school year due to the COVID Pandemic.
- ❖ In 2018 - 2019, the High School dropout rate was highest in Webb CISD (1.3%), which was lower than the state (1.9%). School Districts were exempted and not required to report for the 2020 school year due to the COVID Pandemic.
- ❖ In 2018-2019, approximately 52% of economically disadvantaged third-grade students passed the STAAR reading test as compared to 66% of non-economically disadvantaged students in Webb County.
- ❖ In Webb County, approximately 43% of economically disadvantaged third-grade students passed the STAAR math test as compared to 63% of non-economically disadvantaged students in 2018-2019.
- ❖ Approximately 88,941 residents in LWDA – 21 South were eligible for adult education services. In Webb County, the percentage of students obtaining a GED in 2019 was 0.2%, slightly lower than the state rate of 0.5%.
- ❖ In 2020-2021, the student enrollment by Ethnicity/Race was 99.2% (Hispanic), 0.1% (African American), 0.4% (White) and 0.3% (Other).
- ❖ There were 53,239 (82.6%) economically disadvantaged students in Webb County during the school year 2020-2021. Economically disadvantaged students are eligible for free or reduced-price lunches or other public assistance.
- ❖ In Webb County, Spanish (89.3%) was the primary language spoken in homes throughout the service area. However, the percentage of homes where Spanish was the primary language was 89.3% in Laredo. Laredo

also reported 0.2% of homes where Indo-European languages were the primary languages spoken, and 0.4% were Asian and Pacific Islander languages.

- ❖ Laredo reported 89.6% of households where languages other than English were spoken, slightly lower than the county rate of 89.9%, but significantly higher than the state (35.5%) and national rates (21.6%). Webb County reported 36.6% of residents who spoke English less than very well, and in Laredo approximately 36.3% of individuals spoke English less than very well, significantly higher than the state (13.7%) and national rates (8.4%).
- ❖ In 2020 – 2021, the number and percent of students in all grades receiving bilingual or English as Second Language (ESL) instruction in the Webb County public school system were 26,369 (40.9%), significantly higher than the state rate of 18.4%.
- ❖ In Webb County, approximately 81.0% of households have a computer, with 66.9% of households with a broadband internet subscription. The percentage of broadband internet subscriptions is significantly lower in Webb County than the state (81.9%) and national (82.7%) rates.
- ❖ According to Region 1 Education Service Center, 658 children with various disability determinations are currently being served in Webb County. An estimated 13% (160) of Head Start children were identified with a disability. The primary disability was speech or language impairment. Eight (8) children were diagnosed as health impaired, one (1) vision impaired and eleven (11) children were diagnosed with non-categorical developmental delay.
- ❖ In FY 2019, the Department of Assistive and Rehabilitative Services, Division for ECI Services reported that the number of infants and toddlers receiving services from the Early Intervention program in Webb County was 1,372, representing 7.0% of the birth-to-three population.

2018 - 2019

- ❖ Webb County (19.5%) reported a higher percentage of individuals with less than a 9th-grade education than the state rate (8.7%) and national rate (5.4%). According to the ACS, 13.9% of individuals in Webb County did not have a High School diploma, which was much higher than the state rate of 8.5%. Approximately 26.9% of individuals in Webb County were high school graduates, while 16.0% obtained some college as compared to the state rate (22.1%). In Webb County, the percent of individuals with a Bachelor's degree (12.3%) was lower than the state rate (18.8%). An estimated 5.2% of individuals in the service area had a Graduate or Professional degree, which was also lower than the state rate (9.9%).
- ❖ In 2016 - 2017, the graduation rate was highest in Webb ISD (100%). United ISD (95.8%) and Laredo ISD (93.8%) reported the next highest graduation rates. Webb ISD and United ISD reported graduation rates that were higher than the state rate of 94.1%.
- ❖ In 2016 - 2017, the High School dropout rate was highest in Laredo ISD (1.1%), which was slightly lower than the state (1.9%).

- ❖ Approximately 33% of economically disadvantaged third-grade students passed the STAAR reading test as compared to 50% of non-economically disadvantaged students in Webb County.
- ❖ Approximately 27% of economically disadvantaged third-grade students passed the STAAR math test as compared to 49% of non-economically disadvantaged students.
- ❖ Approximately 88,941 residents in LWDA – 21 South were eligible for adult education services.
- ❖ In Webb County, the percentage of students obtaining a GED in 2016 was 0.1%, slightly lower than the state rate of 0.5%.
- ❖ In 2016, the student enrollment by Ethnicity/Race was 98.6% (Hispanic), 0.1% (African American), 0.9% (White), and 0.4% (Other).
- ❖ There were 56,114 (82.6%) economically disadvantaged students in Webb County during the school year 2017 – 2018. Economically disadvantaged students are eligible for free or reduced-price lunches or other public assistance.
- ❖ Spanish (90.0%) was the primary language spoken in homes throughout the service area. However, the percentage of homes where Spanish was the primary language was 89.7% in Laredo. Laredo also reported 0.2% of homes where Indo-European languages were the primary languages spoken, and 0.4% were Asian and Pacific Islander languages.
- ❖ Laredo had 90.4% of households where languages other than English were spoken, slightly lower than the county rate of 91.3%, but significantly higher than the state rate of 34.9%.
- ❖ Webb County had 34.6% of residents who spoke English less than very well, and in Laredo, approximately 34.0% of individuals spoke English less than very well.
- ❖ The number and percent of students in all grades receiving bilingual or English as Second Language (ESL) instruction in the Webb County public school system were 33,273 (48.4%), significantly higher than the state rate of 17.8%.
- ❖ In Webb County, approximately 72.6% of households have a computer, with 57.5% of households with a broadband internet subscription. The percentage of broadband internet subscriptions is significantly lower than the state (76.8%) and national average (78.1%).
- ❖ According to Region 1 Education Service Center, 658 children with various disability determinations are currently being served in Webb County. An estimated 13% (160) of Head Start children were identified with a disability. The primary disability was speech or language impairment. Eight (8) children were diagnosed as health impaired, one (1) vision impaired, and eleven (11) children were diagnosed with non-categorical developmental delay.
- ❖ In FY 2017, the Department of Assistive and Rehabilitative Services, Division for ECI Services reported that the number of infants and toddlers receiving services from the Early Intervention program in Webb County was 1,003, representing 4.24% of the birth-to-three population.

Health Care

Table 50: Health Behaviors

Indicator	Webb County	Texas
Adult smoking	17.0%	14.0%
Access to exercise opportunities	88.0%	81.0%
Adult obesity	37.0%	31.0%
Excessive drinking	16.0%	19.0%
Alcohol-impaired driving deaths	22.0%	26.0%
Sexually transmitted infections	453.0	517.6
Teen birth rate	57	31
Primary care physicians	3,210:1	1,640:1
Dentists	3,250:1	1,680:1
Mental Health Providers	2,940:1	830:1
Mammography screening	27.0%	37%
Food insecurity	16%	15%
Limited access to healthy foods	13.0%	9.0%
Drug Overdose Deaths	11	11
Motor Vehicle Crash Deaths	10	13

Source: *County Health Ranking, 2021*

Key Findings: In Webb County, adult smoking (17%), adult obesity (37%), limited access to healthy foods (13%) and teen birth rate (57 per 100,000 population) were higher than the state rates. Webb County (11) reported a drug overdose death rate comparable to the state (11) rate. These numbers represent the rate of drug poisoning deaths per 100,000 population. There were fewer primary care physicians, mental health providers, and dentists per resident in the service area when compared to the state ratio for those professions. Findings suggest that conditions related to unhealthy lifestyles and behaviors are a concern in the communities served by Region 20. These lifestyle conditions include sexually transmitted infections, adult obesity, teen birth rate, drug overdose, food insecurity, limited access to healthy foods, and smoking.

Economic and social drivers such as income, education, and social connectedness have a direct bearing on health. These socio-economic determinants strongly interact to influence health and, in general, an improvement in any of these can produce an improvement in both health behaviors and outcomes among individuals and/or groups. Those with very low incomes, for example, often lack resources and access to nutritious food, adequate housing, safe walking paths, and working conditions, which can impact negatively on their health. As well, they may face financial and life stress, which—over time can have health consequences such as high blood pressure, or immune and circulatory complications. On the other hand, those who have adequate income and employment are likely to experience health outcomes that are less dependent on material needs but are nonetheless affected by the demands they face at home and at work and the degree to which they have control and decision-making influence in those settings. Generally, the degree to which people feel they have control over their circumstances is related to how healthy they are. Increased exposure to stress, as well as a lack of resources, skills, social support, and

connection to the community, can contribute to less healthy coping skills and poorer health behaviors such as smoking, over-consumption of alcohol and drugs, and less healthy eating habits (“**Social and Economic Factors that Influence Our Health and Contribute to Health Inequalities**”).

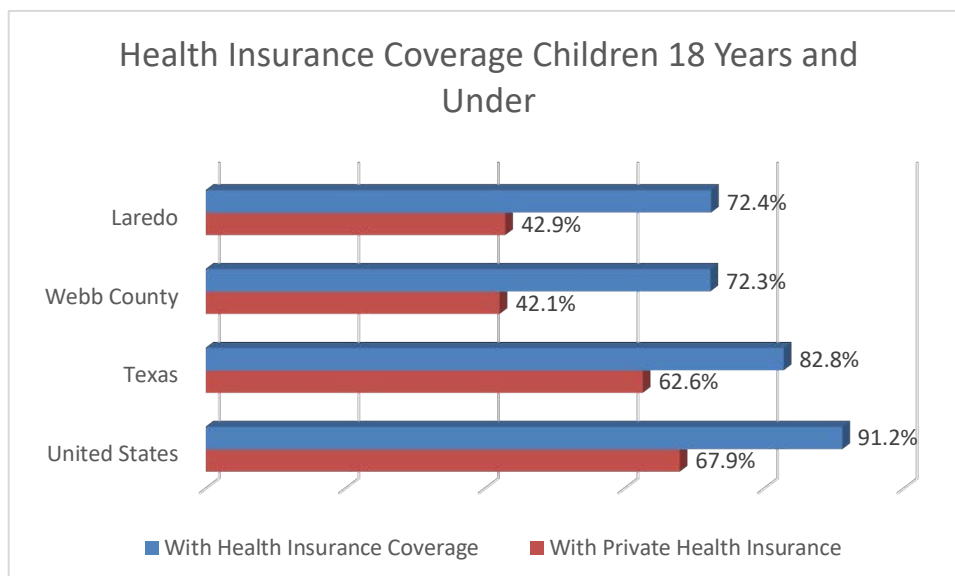


Table 51: Health Insurance Coverage Children 18 Years and Under

Location	With Health Insurance Coverage	With Private Health Insurance	With Public Coverage	Without Health Insurance Coverage
Laredo	72.4%	42.9%	34.1%	27.6%
Webb County	72.3%	42.1%	34.8%	27.7%
Texas	82.8%	62.6%	28.7%	17.2%
United States	91.2%	67.9%	35.1%	8.8%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP03

Key Findings: The percentage of uninsured children below age 18 in the city of Laredo was 27.6%, slightly lower than the county rate (27.7%) but higher than the state (17.2%) and national rate (8.8%). PIR data reported 1,281 Head Start children with some type of insurance. 93% of the children had CHIP/Medicaid. An estimated 0.8% of the children had other insurance. Six (6%) of the children had private health insurance, and fifty-one (4.0%) children did not have any insurance.

Suicide Facts & Figures:

Texas 2020



On average, one person died by suicide every two hours in the state.

Almost three times as many people died by suicide in Texas in 2018 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 87,080 years of potential life lost (YPLL) before age 65.



Suicide cost Texas a total of **\$3,516,245,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,216,273 per suicide death.**



11th leading cause of death in Texas

2nd leading
cause of death for ages 10-34

4th leading
cause of death for ages 35-44

5th leading
cause of death for ages 45-54

10th leading
cause of death for ages 55-64

17th leading
cause of death for ages 65+

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Texas	3,930	13.66	38
Nationally	48,344	14.21	

Source: <https://afsp.org/state-fact-sheets>

Texas Health and Human Services announced it is receiving more than \$180,000 in funding toward implementing a new national three-digit dialing code, 988, for the National Suicide Prevention Lifeline. The new 988 number makes it easier for people in crisis or emotional distress to get immediate assistance and connect to mental health resources within their communities. This will ensure that Texans who need support can always count on a Lifeline. The grant funds will be used to help Texas Lifeline call centers to prepare for infrastructure needs and additional callers, purchase headsets and computers, train and educate staff, and data collection. The funding comes from Vibrant Emotional Health, the nonprofit administrator of the National Suicide Prevention Lifeline, and the 988 State Planning Grant. Effective July 2022, the new 988 Lifeline will replace 1-800-273-TALK (8255). Federal legislation authorizing 988 as the three-digit code for the Lifeline was passed in October 2020. HHSC recommends people in crisis and concerned family members continue to call the Lifeline at 800-273-8255 (800-273-TALK) until the 988 number becomes effective. *(Texas Health and Human Services Commission)*

Table 54: Medicaid Enrollment

Location	Total Enrollment	Total Enrollment in Children's Medicaid	Medicaid clients below Age 21	Pregnant Women	CHIPS
Webb County	72,245	54,812	59,039	2,193	4,513
Texas	4,050,249	2,970,488	3,161,892	138,289	383,984

Source: <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/healthcare-statistics> (No significant changes indicated)

Key Findings: In Webb County, 54,812 participants were enrolled in children’s Medicaid. Total Medicaid enrollment for pregnant women was 2,193. CHIP enrollment was 4,513 children.

Table 55: Cancer Incidence- Cervical

Location	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Webb County	11,504	13	11.3
Texas	1,263,043	1,162	9.2
United States	16,137,921	12,299	7.62

Source: *State Cancer Profiles.* (No significant changes indicated)

Key Findings: Webb County had a cancer incidence rate of 11.3 per 100,000 persons, higher than the state (9.2) and national (7.62) rates. Healthy People (HP) 2020 target recommends a cancer incidence rate of less than 7.1 by the year 2020.

Table 56: STI-Chlamydia Incidence

Location	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Webb County	262,495	1,310	499.06
Texas	26,446,529	131,069	495.06
United States	316,128,839	1,441,789	456.08

Source: *US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.* (No significant changes indicated)

Key Findings: Webb County had a chlamydia infection rate of 499.06 per 100,000 persons, higher than the state (495.6) and national (456.08) rates.

Table 57: Drug Overdose Deaths

Location	Total Population	Average Annual Deaths	Crude Death Rate (Per 100,000 Pop.)
Webb County	265,851	29	10.8
Texas	26,959,213	2,583	9.5
United States	318,689,254	49,715	15.6

Source: Centers for Disease Control and Prevention, National Vital Statistics. CDC WONDER. (No significant changes indicated)

Key Findings: Webb County had a crude drug overdose rate of 10.8 per 100,000 persons, higher than the state (9.5) but lower than the national (15.6) rates. Healthy People (HP) 2020 target recommends a rate less than 10.2 by the year 2020.

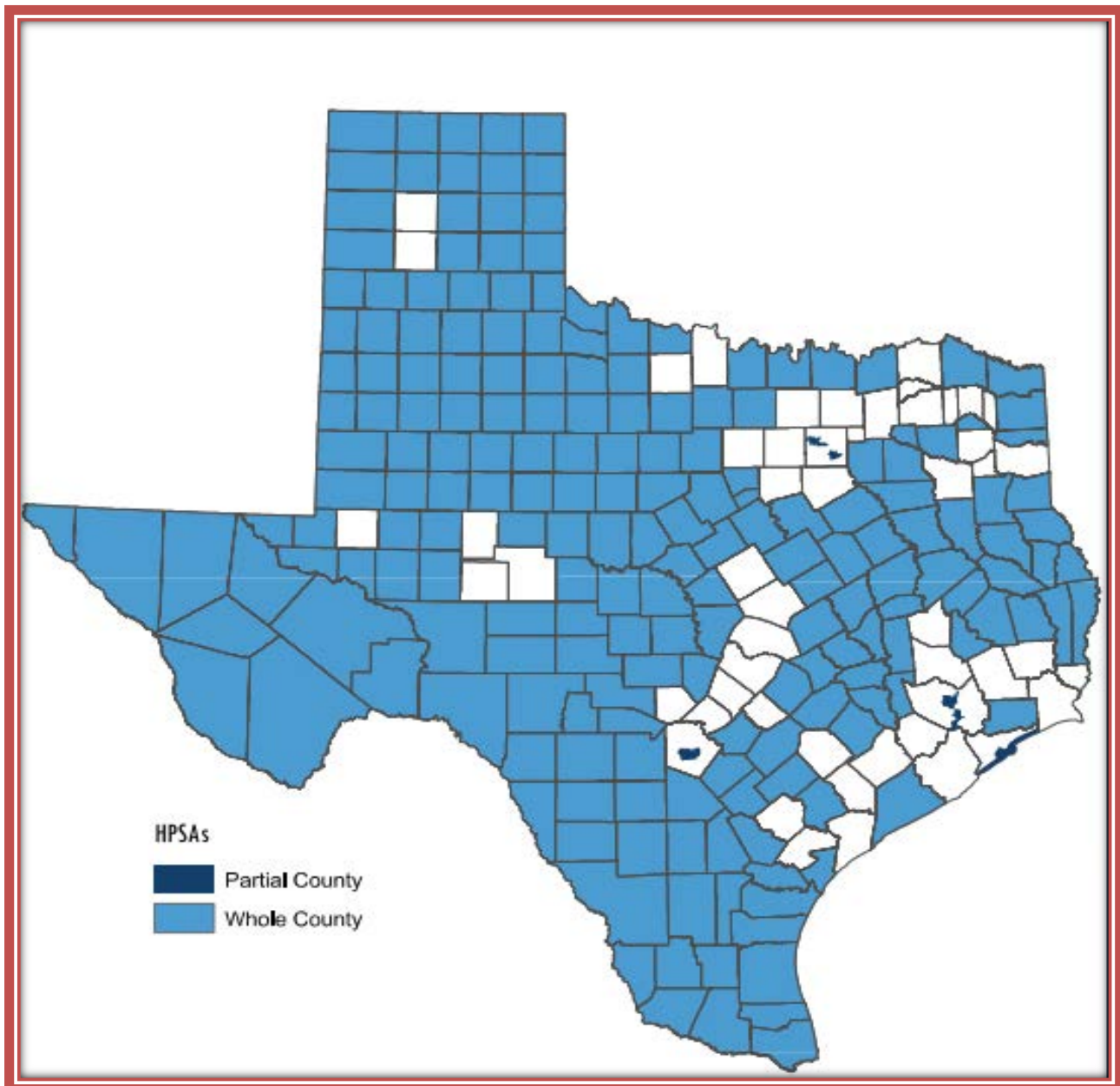
Table 58: Facilities Designated as Health Professional Shortage Areas (HPSA)

Location	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
Webb County	1	1	1	3
Texas	181	147	150	478
United States	3,599	3,171	3,071	9,836

Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas, (No significant changes indicated)

Key Findings: There were three (3) identified HPSA facilities in Webb County. HPSA is defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Figure 8: Primary Care Shortage Areas in Texas



Source:

https://demographics.texas.gov/Resources/Presentations/DDUC/2019/2019_06_06_Census2020WhatsatStakeforTexasDepartmentofState.pdf

Table 60: Causes of Death for Webb County Residents

All causes	1,356
Tuberculosis	0
Syphilis	1
Human immunodeficiency virus (HIV) disease	2
Malignant neoplasms	252
Of stomach	1
Of colon, rectum, and anus	29
Of pancreas	21
Of trachea, bronchus, and lung	32
Of breast	21
Of cervix uteri, corpus uteri, and ovary	21
Of prostate	13
Of urinary tract	12
Non-Hodgkin's lymphoma	10
Leukemia	12
Other malignant neoplasms	80
Diabetes mellitus	84
Alzheimer's disease	51
Major Cardiovascular Diseases	357
Diseases of heart	265
Hypertensive heart disease with or without renal disease	38
Ischemic heart disease	169
Other diseases of the heart	58
Essential hypertension and hypertensive renal disease	75
Cerebrovascular diseases	72
Atherosclerosis	0
Other diseases of the circulatory system	5
Influenza and pneumonia	35
Chronic lower respiratory diseases	39
Peptic ulcer	1
Chronic liver disease and cirrhosis	43
Nephritis, nephrotic syndrome, and nephrosis	30
Pregnancy, childbirth and the puerperium	0
Certain conditions originating in the perinatal period	10
Congenital malformations, deformations, and chromosomal abnormalities	13
Sudden infant death syndrome (SIDS)	0
Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)	14
All other diseases (Residual)	305
Motor vehicle accidents	33
All other and unspecified accidents and adverse effects	60
Intentional self-harm (suicide)	16
Assault (homicide)	91

Source: Texas Department of State Health Services; www.dshs.state.tx.us/chs/vstat/vs15/data.aspx#death (No significant changes indicated)

Key Findings: The major cause of death in Webb County is heart disease. In Region 20, approximately 70% of the population has at least one chronic condition, particularly driven by the high rates of obesity and overweight persons. For example, 36% of the population is overweight, 16% of the school-age population has abnormal glucose levels, an increase in gestational diabetes and eclampsia, a higher than state diabetes mortality rate, and an increase in women’s death due to heart disease. The current delivery model is designed to react to patients with chronic conditions upon presentation at the hospital and then to treat within the confines of the hospital setting. With the high prevalence of patients with chronic conditions, the demand for treatment is heavy and ongoing. There is a need for greater connectivity among hospital and primary care providers and community-based chronic disease management resources so that patients can learn and have support for creating lifestyle changes that can effectively achieve wellness. (*Regional Health Care Partnership Plan, Region 20*).

Health Outcomes

The top key health challenges for Region 20 include access to care, chronic disease and disease self-management, high hospital emergency department utilization, mental health, primary health, and behavior health integration. In addition, the lack of local financial resources to overcome some of these issues creates an overarching challenge to the provision of health care for the residents in this region.

The ability to access health care is a great challenge in this region, not only because of the lack of qualified physicians and mental health professionals, but because of the socio-economic challenges that residents face such as inability to pay for medical care, lack of transportation, and residing in rural areas.

The lack of health coverage is one of many barriers that the residents in Region 20 face in accessing health care. Close to one-third of the population (108,637; 31%) in Region 20 is uninsured while 28% of the population (97,991) is covered by private insurance. The remaining 41% of the population (145,905) rely on state and federal programs such as Medicare, Medicaid, or the Children’s Health Insurance Program (CHIP) to provide for their health care needs. The region’s dependency on public health coverage, with low reimbursement rates to providers ranging from 40%to 75% less than private health insurance, has a significant impact on the number of providers willing to accept patients covered by public health programs.

Region 20 is greatly affected by the limited physician capacity in primary and specialty care areas. In response to the limited physician capacity, local providers have looked to mid-level, non-physician practitioners such as physician assistants, advanced practice registered nurses, and certified registered nurse anesthetists to alleviate patient demand. Half of the counties in Region 20 do not have any licensed medical professionals, which results in residents having to travel over two hours roundtrip to surrounding counties to receive healthcare services. Although there are more medical professionals in Maverick and Webb counties, the availability of specialty care providers is limited so these residents have no other option than to seek specialists in other regions or go without adequate care and treatment. (*Community Needs Assessment, April 30, 2018, Regional Healthcare Partnership 20*)

Highlights and Considerations – Health Care

Update 2021 – 2022

- ❖ In Webb County, adult smoking (17%), adult obesity (37%), limited access to healthy foods (13%) and teen birth rate (57 per 100,000 population) were higher than the state rates. Webb County (11) reported a drug overdose death rate comparable to the state (11) rate. These numbers represent the rate of drug poisoning deaths per 100,000 population. There were fewer primary care physicians, mental health providers, and dentists per resident in the service area when compared to the state ratio for those professions. Findings suggest that conditions related to unhealthy lifestyles and behaviors are a concern in the communities served by Region 20. These lifestyle conditions include sexually transmitted infections, adult obesity, teen birth rate, drug overdose, food insecurity, limited access to healthy foods, and smoking.
- ❖ Economic and social drivers such as income, education, and social connectedness have a direct bearing on health. These socio-economic determinants strongly interact to influence health and, in general, an improvement in any of these can produce an improvement in both health behaviors and outcomes among individuals and/or groups. Those with very low incomes, for example, often lack resources and access to nutritious food, adequate housing, safe walking paths, and working conditions, which can impact negatively on their health. As well, they may face financial and life stress, which—over time can have health consequences such as high blood pressure, or immune and circulatory complications
- ❖ The percentage of uninsured children below age 18 in the city of Laredo was 27.6%, slightly lower than the county rate (27.7%) but higher than the state (17.2%) and national rate (8.8%). PIR data reported 1,281 Head Start children with some type of insurance. 93% of the children had CHIP/Medicaid. An estimated 0.8% of the children had other insurance. Six (6%) of the children had private health insurance, and fifty-one (4.0%) children did not have any insurance.
- ❖ Approximately 28.5% of adults reported a lack of social or emotional support, higher than the state (23.1%) and national average (20.7%). According to County Health Rankings, Webb County residents reported 4.6 days per week with poor mental health in 2021, higher than the state (3.8) and national (4.1) average. The data shows that Webb County has reported higher numbers of poor mental health days than the state since 2017.
- ❖ Texas Health and Human Services announced it is receiving more than \$180,000 in funding toward implementing a new national three-digit dialing code, 988, for the National Suicide Prevention Lifeline. The new 988 number makes it easier for people in crisis or emotional distress to get immediate assistance and connect to mental health resources within their communities. This will ensure that Texans who need support can always count on a Lifeline. The grant funds will be used to help Texas Lifeline call centers to prepare for infrastructure needs and additional callers, purchase headsets and computers, train and educate staff, and data collection. The funding comes from Vibrant Emotional Health, the nonprofit administrator of

the National Suicide Prevention Lifeline, and the 988 State Planning Grant. Effective July 2022, the new 988 Lifeline will replace 1-800-273-TALK (8255). Federal legislation authorizing 988 as the three-digit code for the Lifeline was passed in October 2020. HHSC recommends people in crisis and concerned family members continue to call the Lifeline at 800-273-8255 (800-273-TALK) until the 988 number becomes effective. (*Texas Health and Human Services Commission*)

- ❖ In Webb County, 54,812 participants were enrolled in children’s Medicaid. Total Medicaid enrollment for pregnant women was 2,193. CHIP enrollment was 4,513 children.
- ❖ Webb County had a cancer incidence rate of 11.3 per 100,000 persons, higher than the state (9.2) and national (7.62) rates.
- ❖ Webb County had a chlamydia infection rate of 499.06 per 100,000 persons, higher than the state (495.6) and national (456.08) rates.
- ❖ Webb County had a crude drug overdose rate of 10.8 per 100,000 persons, higher than the state (9.5) but lower than the national (15.6) rates.
- ❖ There were three (3) identified HPSA facilities in Webb County. HPSA is defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area". 100% of the population in Webb County was considered as living in a HPSA. This was significantly higher than the state rate (16.79%) and National rate of 33.13%.
- ❖ The major cause of death in Webb County is heart disease. In Region 20, approximately 70% of the population has at least one chronic condition, particularly driven by the high rates of obesity and overweight persons. For example, 36% of the population is overweight, 16% of the school-age population has abnormal glucose levels, an increase in gestational diabetes and eclampsia, a higher than state diabetes mortality rate, and an increase in women’s death due to heart disease.
- ❖ The top key health challenges for Region 20 include access to care, chronic disease and disease self-management, high hospital emergency department utilization, mental health, primary health, and behavior health integration. In addition, the lack of local financial resources to overcome some of these issues creates an overarching challenge to the provision of health care for the residents in this region.
- ❖ The lack of health coverage is one of many barriers that the residents in Region 20 face in accessing health care. Close to one-third of the population (108,637; 31%) in Region 20 is uninsured while 28% of the population (97,991) is covered by private insurance. The remaining 41% of the population (145,905) rely on state and federal programs such as Medicare, Medicaid, or the Children’s Health Insurance Program (CHIP) to provide for their health care needs. The region’s dependency on public health coverage, with low reimbursement rates to providers ranging from 40%to 75% less than private health insurance, has a significant impact on the number of providers willing to accept patients covered by public health programs.

Region 20 is greatly affected by the limited physician capacity in primary and specialty care areas. In response to the limited physician capacity, local providers have looked to mid-level, non-physician practitioners such as physician assistants, advanced practice registered nurses, and certified registered nurse anesthetists to alleviate patient demand. Half of the counties in Region 20 do not have any licensed medical professionals, which results in residents having to travel over two hours roundtrip to surrounding counties to receive healthcare services. Although there are more medical professionals in Maverick and Webb counties, the availability of specialty care providers is limited so these residents have no other option than to seek specialists in other regions or go without adequate care and treatment

2018 - 2019

- ❖ In Webb County, adult smoking (18%), limited access to healthy foods (13%), and access to exercise opportunities (88%) were higher than the state rates. Findings suggest that conditions related to unhealthy lifestyles and behaviors are a concern in the communities served by Region 20. These lifestyle conditions include obesity, diabetes, smoking, and communicable diseases.
- ❖ Economic and social drivers such as income, education, and social connectedness have a direct bearing on health.
- ❖ The percentage of uninsured children below age 18 in the city of Laredo was 29.2%, slightly lower than the county rate (29.3%) but higher than the state (18.2%) and national rate (10.5%). PIR data reported 1,281 Head Start children with some type of insurance. 93% of the children had CHIP/Medicaid. An estimated 0.8% of the children had other insurance. Six (6%) of the children had private health insurance, and fifty-one (4.0%) children did not have any insurance.
- ❖ Approximately 28.5% of adults reported a lack of social or emotional support, higher than the state (23.1%) and national average (20.7%).
- ❖ According to County Health Rankings, Webb County residents reported 4.1 days per week with poor mental health in 2018 and 2019, higher than the state (3.4) and national (3.8) average. An increase in poor mental health days was reported from 2015 (2.9) to 2019 (4.1).
- ❖ In Webb County, 54,812 participants were enrolled in children's Medicaid. Total Medicaid enrollment for pregnant women was 2,193. CHIP enrollment was 4,513 children.
- ❖ Webb County had a cancer incidence rate of 11.3 per 100,000 persons, higher than the state (9.2) and national (7.62) rates. Healthy People (HP) 2020 target recommends a cancer incidence rate of less than 7.1 by the year 2020.
- ❖ Webb County had a chlamydia infection rate of 499.06 per 100,000 persons, higher than the state (495.6) and national (456.08) rates.
- ❖ Webb County had a crude drug overdose rate of 10.8 per 100,000 persons, higher than the state (9.5) but lower than the national (15.6) rates. Healthy People (HP) 2020 target recommends a rate less than 10.2 by the year 2020.

- ❖ There were three (3) identified HPSA facilities in Webb County. HPSA is defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- ❖ 100% of the population in Webb County was considered as living in a HPSA. This was significantly higher than the state rate (16.79%) and National rate of 33.13%.
- ❖ The major cause of death in Webb County is heart disease. In Region 20, approximately 70% of the population has at least one chronic condition, particularly driven by the high rates of obesity and overweight persons.
- ❖ The top key health challenges for Region 20 include access to care, chronic disease and disease self-management, high hospital emergency department utilization, mental health, primary health, and behavior health integration. In addition, the lack of local financial resources to overcome some of these issues creates an overarching challenge to the provision of health care for the residents in this region.
- ❖ The ability to access health care is a great challenge in this region, not only because of the lack of qualified physicians and mental health professionals, but because of the socio-economic challenges that residents face such as inability to pay for medical care, lack of transportation, and residing in rural areas.
- ❖ The lack of health coverage is one of many barriers that the residents in Region 20 face in accessing health care. Close to one-third of the population (108,637; 31%) in Region 20 is uninsured while 28% of the population (97,991) is covered by private insurance. The remaining 41% of the population (145,905) rely on state and federal programs such as Medicare, Medicaid, or the Children’s Health Insurance Program (CHIP) to provide for their health care needs. The region’s dependency on public health coverage, with low reimbursement rates to providers ranging from 40%to 75% less than private health insurance, has a significant impact on the number of providers willing to accept patients covered by public health programs.
- ❖ Region 20 is greatly affected by the limited physician capacity in primary and specialty care areas. In response to the limited physician capacity, local providers have looked to mid-level, non-physician practitioners such as physician assistants, advanced practice registered nurses, and certified registered nurse anesthetists to alleviate patient demand. Half of the counties in Region 20 do not have any licensed medical professionals, which results in residents having to travel over two hours roundtrip to surrounding counties to receive healthcare services. Although there are more medical professionals in Maverick and Webb counties, the availability of specialty care providers is limited so these residents have no other option than to seek specialists in other regions or go without adequate care and treatment. (*Community Needs Assessment, April 30, 2018, Regional Healthcare Partnership 20*)

Birth Characteristics

Table 61: Births to Women in Past 12 Months

Location	Number of women ages 15 – 50 who had a birth in the past 12 months	15 - 19		20 - 34		35 - 50	
		Number	Percent	Number	Percent	Number	Percent
Laredo	4,347	139	3.2%	3,449	79.3%	759	17.5%
Webb County	4,611	161	3.5%	3,612	78.3%	838	18.2%
Texas	398,679	18,550	4.7%	294,319	73.8%	85,810	21.5%
United States	3,987,092	131,532	3.3%	2,916,482	73.1%	939,078	23.6%

Source: U.S. Census Bureau, 2015- 2019 American Community Survey 5-Year Estimates. S1301

Key Findings: There were an estimated 4,611 births within Webb County, of which 4,347 births were reported in Laredo. Most births (78.3%) in Webb County were to women ages 20 – 34. However, Laredo reported 3.2% of births to teen mothers. The percent of teen births in Webb County (3.5%) was lower than the state (4.7%) but higher than the national (3.3%) average.

Nearly all teen pregnancies are unplanned. That is, teens say they did not want to get pregnant or cause a pregnancy. That alone is reason enough to care about preventing teen pregnancy. But it is also the case that teen pregnancy is closely linked to a host of other critical social issues—poverty and income, overall child well-being, out-of-wedlock births, responsible fatherhood, health issues, education, child welfare, and other risky behavior.

Source: The National Campaign to Prevent Teen and Unplanned Pregnancy

Table 62: Poverty Status of Women Who gave Birth last 12 Months Ages 15 - 50

Location	100% of Poverty Level		100% – 199% of Poverty Level		200% or more above Poverty Level	
	Number	Percent	Number	Percent	Number	Percent
Laredo	1,575	36.2%	1,260	29.0%	1,512	34.8%
Webb County	1,718	37.3%	1,288	27.9%	1,605	34.8%
Texas	97,883	24.6%	89,964	22.6%	209,508	52.7%
United States	908,027	22.8%	809,981	20.4%	2,257,180	56.8%

Source: U.S. Census Bureau, 2015 - 2019 American Community Survey 5-Year Estimates. (S1301).

Key Findings: Webb County reported 37.3% of women, who gave birth within the last 12 months, below 100% of the poverty level, higher than the state (24.6%) and national (22.8%) rate. Approximately 27.9% of women giving birth in Webb County were between 100% - 199% of Federal Poverty Level, higher than the state (22.6%) and national (20.4%) rates.

Table 63: Birth to Women Receiving Public Assistance and Unmarried Women

Location	Births to Women not receiving Public Assistance		Births to Women receiving Public Assistance Income		Percent of Births to Unmarried Women within past 12 months	
	Number	Percent	Number	Percent	Receiving	Did not receive
Laredo	4,331	99.6%	16	0.4%	100.0%	41.0%
Webb County	4,595	99.7%	16	0.3%	100.0%	40.4%
Texas	389,344	97.7%	9,335	2.3%	63.0%	32.5%
United States	3,805,787	95.5%	181,305	4.5%	69.3%	32.0%

Source: U.S. Census Bureau, 2015 - 2019 American Community Survey 5-Year Estimates. (S1301).

Key Findings: The majority of women in Webb County (99.7%) who gave birth within the past 12 months did not receive Public Assistance income. An estimated 0.3% of women who gave birth in Webb County received Public Assistance income; lower than the state rate (2.3%) and national rate (4.5%). In Webb County, approximately 40.4% of births were to unmarried women who did not receive Public Assistance income, much higher than the state (32.5%) and national (32.0%) rates.

Table 64: Educational Attainment of Women Who gave Birth last 12 Months Ages 15 - 50

Location	Less than High school	High School/GED	Some College or Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Laredo	24.6%	30.3%	30.3%	12.0%	2.7%
Webb County	24.3%	30.8%	29.8%	11.4%	3.8%
Texas	15.0%	24.9%	31.0%	19.6%	9.5%
United States	11.7%	23.0%	30.9%	21.3%	13.1%

Source: U.S. Census Bureau, 2015 - 2019 American Community Survey 5-Year Estimates. (S1301).

Key Findings: Webb County reported 24.3% of women who gave birth with less than a high school diploma, considerably higher than the state (15.0%) and national (11.7%) rates. However, an estimated 30.8% of women who gave birth had a high school education in Webb County. Approximately 11.4% of women who gave birth within the last 12 months reported attaining a Bachelor's degree, lower than the state rate of 19.6% and national rate of 21.3%. The percentage of women giving birth with less than a high school diploma in Laredo was slightly higher than the county (24.3%) rate.

Table 65: Race/Ethnicity of Women who gave Birth last 12 Months Ages 15 - 50

Location	White Alone/Not Hispanic Latino	Black/African American	American Indian/Alaska Native	Asian	Native Hawaiian/Other Pacific Islander	Some Other Race	Two or More Races	Hispanic/Latino
Laredo	96.1%	0.9%	0.6%	0.0%	0.0%	2.2%	0.1%	95.9%
Webb County	96.4%	0.9%	0.6%	0.0%	0.0%	2.1%	0.1%	95.9%
Texas	71.5%	13.2%	0.5%	5.7%	0.1%	6.4%	2.3%	44.9%
United States	68.1%	14.6%	1.0%	6.5%	0.3%	6.2%	3.3%	22.0%

Source: U.S. American Community Survey 2015 – 2019. (S1301).

Key Findings: The majority of women who gave birth within the last 12 months identified as White Alone/Not Hispanic/Latino, while mothers who identified as Hispanic or Latino (95.9%) were the next largest group.

Table 66: Births to Teens (Ages 19 and Younger)

Location	Data Type	2014	2015	2016	2017
Webb County	Number	800	747	681	643
	Percent	14.6%	13.9%	13.2%	13.2%
Texas	Number	35,516	33,139	30,028	27,255
	Percent	8.9%	8.2%	7.6%	7.1%

Source: Kids Count, Texas Department of State Health Services, Bureau of Vital Statistics

Key Findings: In 2017, the number and percent of births to females ages 19 and younger was 643 (13.2%), higher than the state rate of 7.1%. However, births to teens in Webb County have decreased since 2014.

Table 67: Birth to Teens by Age Group

Location	Age group	Data Type	2015	2016	2017
Webb County	14 and younger	Number	8	20	LNE
		Percent	1.0%	2.7%	LNE
	15 - 17	Number	288	259	257
		Percent	36.0%	34.7%	40.0%
	18 - 19	Number	504	468	380
		Percent	63.0%	62.7%	59.1%
Texas	14 and younger	Number	470	470	301
		Percent	1.3%	1.4%	1.1%
	15 - 17	Number	10,643	10,643	7,754
		Percent	30.0%	32.1%	28.4%
	18 - 19	Number	24,403	24,403	19,200
		Percent	68.7%	73.6%	70.4%

Source: Kids Count Bureau of Vital Statistics, Texas Department of State Health Services. LNE – Low number of events

Key Findings: There were twenty (257) births to teens ages 15 - 17 in Webb County during 2017. Approximately 380 births (59.1%) were to teens ages 18 - 19. In Webb County, births to teens from ages 15 - 19 decreased since 2015. In Texas, the percentage of births to teenagers, ages 15 - 17 (28.4%), was significantly lower than the rate for Webb County (40.0%).

Table 68: Birth to Single Teens

Location	Data Type	2015	2016	2017
Webb County	Number	664	612	591
	Percent	12.4%	11.8%	12.1%
Texas	Number	28,996	26,494	23,906
	Percent	7.2%	6.7%	6.3%

Source: Kids Count, Texas Department of State Health Services

Key Findings: There were 591 births (12.1%) to unmarried teens in Webb County in 2017. Births to unmarried teens decreased from 664 in 2015 to 597 in 2017. The percentage of births to unmarried teens in Webb County (12.1%) was much higher than the state rate (6.3%).

Table 69: Infant Mortality

Location	Data Type	2015	2016	2017
Webb County	Number	25	20	28
	Rate per 1,000	4.7	3.9	5.7
Texas	Number	2,270	2,272	2,209
	Rate per 1,000	5.6	5.7	5.8

Source: Kids Count, Bureau of Vital Statistics, Texas Department of State Health Services

Key Findings: The infant mortality rate per 1,000 children who died before their first birthday was 5.7 (28) for Webb County, slightly lower than the mortality rate for the state (5.8).

Table 70: Low Birth Weight Births (<2,500 grams)

Location	Data Type	2014	2015	2016	2017
Webb County	Number	442	452	437	383
	Percent	8.0%	8.4%	8.4%	7.9%
Texas	Number	32,661	33,178	33,408	32,229
	Percent	8.2%	8.2%	8.4%	8.4%

Source: Kids Count, Texas Department of State Health Services

Key Findings: Webb County reported 383 (7.9%) of infants born weighing under 5.5 pounds in 2017. The number of low birth-weight infants decreased from 442 in 2014 to 383 in 2017. The percent of low-birth-weight infants in Webb County (7.9%) was slightly lower than the state rate of 8.4% in 2017.

Table 71: Preterm Births

Location	Data Type	2014	2015	2016	2017
Webb County	Number	633	592	652	710
	Percent	11.5%	11.1%	12.6%	14.6%
Texas	Number	47,970	47,390	47,222	46,742
	Percent	12.0%	11.7%	11.9%	12.2%

Source: Kids Count, Texas Department of State Health Services; Bureau of Vital Statistics Death Files

Key Findings: The number of babies born before 37-week gestation in Webb County was 710 (14.6%), slightly higher than the state rate (12.2%). The number of babies born prematurely increased from 633 in 2014 to 710 in 2017.

Table 72: Birth to Women Receiving Late or No Prenatal Care

Location	Data Type	2014	2015	2016	2017
Webb County	Number	1,560	1,184	1,574	1,130
	Percent	28%	22%	30%	23%
Texas	Number	145,265	146,363	146,046	134,302
	Percent	36%	36%	37%	35%

Source: Kids Count; Bureau of Vital Statistics, Texas Department of State Health Services

Key Findings: In Webb County, the number and percent of births to women who received no prenatal care, or care after the first trimester was 1,130 (23%), much lower than the state rate (35%). The percent of women receiving late, or no prenatal care decreased from 28% in 2014 to 23% in 2017.

Highlights and Considerations – Birth Characteristics

Update 2021 – 2022

- ❖ There were an estimated 4,611 births within Webb County, of which 4,347 births were reported in Laredo. Most births (78.3%) in Webb County were to women ages 20 – 34. However, Laredo reported 3.2% of births to teen mothers. The percent of teen births in Webb County (3.5%) was lower than the state (4.7%) but higher than the national (3.3%) average.
- ❖ Webb County reported 37.3% of women, who gave birth within the last 12 months, below 100% of the poverty level, higher than the state (24.6%) and national (22.8%) rate. Approximately 27.9% of women giving birth in Webb County were between 100% - 199% of Federal Poverty Level, higher than the state (22.6%) and national (20.4%) rates.
- ❖ Webb County reported 24.3% of women who gave birth with less than a high school diploma, considerably higher than the state (15.0%) and national (11.7%) rates. However, an estimated 30.8% of women who gave birth had a high school education in Webb County. Approximately 11.4% of women who gave birth within the last 12 months reported attaining a Bachelor's degree, lower than the state rate of 19.6% and national rate of 21.3%. The percentage of women giving birth with less than a high school diploma in Laredo was slightly higher than the county (24.3%) rate.
- ❖ Most women who gave birth within the last 12 months identified as White Alone/Not Hispanic/Latino, while mothers who identified as Hispanic or Latino (95.9%) were the next largest group.
- ❖ In 2017, the number and percent of births to females ages 19 and younger was 643 (13.2%), higher than the state rate of 7.1%. However, births to teens in Webb County have decreased since 2014.
- ❖ There were twenty (257) births to teens ages 15 - 17 in Webb County during 2017. Approximately 380 births (59.1%) were to teens ages 18 - 19. In Webb County, births to teens from ages 15 - 19 decreased since 2015. In Texas, the percentage of births to teenagers, ages 15 - 17 (28.4%), was significantly lower than the rate for Webb County (40.0%).
- ❖ There were 591 births (12.1%) to unmarried teens in Webb County in 2017. Births to unmarried teens decreased from 664 in 2015 to 597 in 2017. The percentage of births to unmarried teens in Webb County (12.1%) was much higher than the state rate (6.3%).
- ❖ The infant mortality rate per 1,000 children who died before their first birthday was 5.7 (28) for Webb County, slightly lower than the mortality rate for the state (5.8).
- ❖ Webb County reported 383 (7.9%) of infants born weighing under 5.5 pounds in 2017. The number of low birth-weight infants decreased from 442 in 2014 to 383 in 2017. The percent of low-birth-weight infants in Webb County (7.9%) was slightly lower than the state rate of 8.4% in 2017.

- ❖ The number of babies born before 37-week gestation in Webb County was 710 (14.6%), slightly higher than the state rate (12.2%). The number of babies born prematurely increased from 633 in 2014 to 710 in 2017.
- ❖ In Webb County, the number and percent of births to women who received no prenatal care, or care after the first trimester were 1,130 (23%), much lower than the state rate (35%). The percent of women receiving late, or no prenatal care decreased from 28% in 2014 to 23% in 2017.

2018 - 2019

- ❖ There were an estimated 4,352 births within Webb County, of which 4,127 births were reported in Laredo. Most births were to women ages 20 – 34. However, Laredo reported 5.7% of births to teen mothers. The percent of teen births was higher than the state (5.5%) and national (3.9%) average.
- ❖ Webb County reported 45.5% of women, who gave birth within the last 12 months, below 100% of the poverty level, significantly higher than the state (27%) and national (25.1%) rate. Approximately 28.5% of women giving birth were between 100% - 199% Federal Poverty Level.
- ❖ Most women in Webb County (98.4%) who gave birth within the past 12 months did not receive Public Assistance income. An estimated 1.6% of women who gave birth in Webb County received Public Assistance income; lower than the state rate (2.6%) and national rate (5.3%). Approximately 43% of births were to unmarried women who did not receive Public Assistance income, much higher than the state (32.9%) and national (32.7%) rate.
- ❖ Webb County reported 26.7% of women who gave birth with less than a high school diploma, considerably higher than the state (16.6%) and national (12.9%) rate. However, an estimated 32.2% of women who gave birth had a high school education. Approximately 11.0% of women who gave birth within the last 12 months reported attaining a Bachelor's degree, lower than the state rate of 18.4% and national rate of 20.3%.
- ❖ Most women who gave birth within the last 12 months within the service area identified as Hispanic, while mothers who identified as White Alone/Not Hispanic or Latino and Some Other Race were the next largest population groups.
- ❖ In 2015, the number and percent of births in Webb County to females under age 19 was 873 (113.9%), higher than the state rate of 8.2%. However, births to teens in Webb County have steadily decreased since 2011.
- ❖ There were twenty (20) births to teens age 14 and younger in Webb County during 2016. Approximately 259 births were to teens ages 15 - 17, and 468 births were to teens ages 18 - 19. In Webb County, births to teens from ages 15 - 19 decreased since 2013. However, births to teens age 14 and younger experienced a sharp increase from 2015 to 2016. In Texas, the percentage of births to teenagers, ages 15 - 17 (32.1%), was slightly lower than the rate for Webb County (34.7%).
- ❖ There were 664 births (12.4%) to unmarried teens in Webb County in 2015. Births to unmarried teens decreased from 780 in 2013 to 664 in 2015.

- ❖ The infant mortality rate per 1,000 children who died before their first birthday was 4.7 (25) for Webb County, slightly lower than the mortality rate for the state (5.6).
- ❖ Webb County reported 452 (8.6%) infants born weighing under 5.5 pounds in 2015. The number of low-birth-weight infants increased from 442 in 2014 to 452 in 2015. The percent of low-birth-weight infants in Webb County (8.4%) was slightly higher than the state rate of 8.2%
- ❖ The number of babies born before 37-week gestation in Webb County was 592 (11.0%), slightly lower than the state rate of 11.7%. The number of babies born prematurely decreased from 720 in 2013 to 592 in 2015.
- ❖ In Webb County, the number and percent of births to women who received no prenatal care, or care after the first trimester were 1,184 (22%), much lower than the state rate of 36%. The percent of women receiving late, or no prenatal care decreased from 28% in 2014 to 22% in 2015.

Nutrition

Table 73: WIC Recipients (Ages 0 - 4)

Location	Age Group	2014	2015	2019
Webb County	1 - 4	10,972	10,552	8,357
	Under 1	4,502	4,367	3,542
Texas	1 - 4	451,241	452,509	315,802
	Under 1	222,232	228,036	178,886

Source: Kids Count; Texas Department of State Health Services

Key Findings: In Webb County, there were 3,542 infants (under age 1) and 8,357 children (ages 1 - 4) that participated in the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC).

Table 74: Women WIC Participants

Location	Data Type	2014	2015	2019
Webb County	Number	5,324	5,090	4,100
Texas	Number	242,988	247,598	186,695

Source: Kids Count; Texas Department of State Health Services

Key Findings: In Webb County, 4,100 women participated in the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC) in 2019. This number represents a decline in WIC participation from 2014.

Table 75: Households Receiving SNAP by Poverty Status

Location	Households Receiving SNAP Below Poverty	Households Receiving SNAP Above Poverty	Households Receiving SNAP Below Poverty	Households Receiving SNAP Above Poverty
Webb County	8,393	11,066	43.1%	56.9%
Texas	538,956	601,949	47.2%	52.8%

Source: www.communitycommons; American Community Survey 2015 – 2019. S2201

Key Findings: The information in the chart above shows that 43.1% or 8,393 households below poverty received SNAP benefits. During this same period, there were 11,066 (56.9%) households above the poverty level that received SNAP benefits in Webb County.

A family's ability to provide for its children's nutritional needs is linked to the family's food security—that is, to its access always to adequate food for an active, healthy life for all household members. Households classified as having very low food security among children—a parent or guardian reported that at some time during the year one or more children were hungry, skipped a meal, or did not eat for a whole day because the household could not afford enough food.

Source: www.childstats.gov

Table 76: Household Food Insecurity

Location	2017	2018	2019	2020	2021
Webb County	9.0%	7.0%	8.0%	9.0%	16.0%
Texas	17.0%	16.0%	15.0%	15.0%	15.0%

Source: *County Health Rankings, 2017 - 2021*

Key Findings: Webb County reported 16.0% of households that were food insecure in 2021, which was slightly higher than the state rate of 15.0%. Food insecurity increased from 9.0% in 2020 to 16.0% in 2021.

Table 77: Child Food Insecurity

Location	Data Type	2016	2017	2018	2019
Webb County	Number	23,500	23,050	21,290	20,400
	Percent	25.9%	25.2%	23.3%	22.4%
Texas	Number	1,676,740	1,658,680	1,598,940	1,448,490
	Percent	23.0%	22.5%	21.6%	19.6%

Source: *Kids Count; Feeding America.*

Key Findings: In Webb County, 20,400 or 22.4% of children were estimated to be food insecure, which was slightly higher than the state rate of 19.6%. A child (under 18 years old) is defined as being food insecure if he or she lives in a household having difficulty meeting basic food needs, as defined by the Census Bureau's Current Population Survey.

Table 78: Free or Reduced-Price Meals

Location	Meal Type	2015 - 2016	2016 – 2017	2017-2018	2018-2019	2019-2020
Webb County	Total	33,864	36,876	52,756	52,504	52,878
	Free or Reduced Price	34,467	34,118	47,788	47,448	49,114
Texas	Total	1,820,263	1,812,904	3,141,517	3,158,519	3,199,066
	Free or Reduced Price	1,543,346	1,547,127	2,504,946	2,535,045	2,579,745

Source: Kids Count; Texas Department of Agriculture

Key Findings: In Webb County, the number of children participating in the National School Lunch Program was 49,114 in 2019 - 2020. Free or reduced-price meals are available to students whose families earn less than 185% federal poverty guidelines or are enrolled in other programs for low-income children, such as SNAP. Children in foster care or who attend schools using the Community Eligibility Provision are also eligible.

Table 79: Overweight/Obese Preschoolers and Children

Location	Percentage
Webb County	15.4%
Texas	15.7%

Source: citi-data.com. 2021 (No significant change indicated)

Key Findings: In Webb County, the obesity rate for preschoolers was 15.4%, slightly lower than the state rate of 15.7%.

Table 80: Adult Obesity Trend 2017 - 2021

Location	2017	2018	2019	2020	2021
Webb County	31%	31%	33%	38%	37%
Texas	28%	28%	29%	30%	31%

Source: County Health Rankings 2017 - 2021

Key Findings: According to County Health Rankings, the adult obesity rate for Webb County was 37% in 2021 which was higher than the state rate of 31.0%. In Webb County, the obesity rates have been consistently higher than the state rates for the past five (5) years.

Children Obesity Facts

According to the latest data, the national obesity rate among children ages 2 to 19 is 18.5%. The data, collected in 2015 - 2016 as part of the National Health and Nutrition Examination Survey, show that obesity rates rise with age and are highest among Hispanic and Black children. While overall childhood obesity rates remain higher than they were a generation ago, the rise in rates has slowed in recent years and some places have documented a short-or long-term decline in rates among some populations. There are reports from states, cities, counties, and school districts that have measured a decline in childhood obesity rates for three years or longer. A 2016 report by the Centers for Disease Control and Prevention shows that obesity rates among preschool children enrolled in WIC have declined in recent years.

In 2014, 14.5% of 2- to 4-year-olds enrolled in WIC had obesity, down from 15.9% in 2010. During this period rates decreased in 31 states and three territories, increased in four states, and remained stable in the rest. Rates of severe obesity also decreased among this population from 2.12% in 2010 to 1.96% in 2014. In Texas, children ages 2 to 4 reported a 1.6% decrease in obesity in 2014.

Obesity Facts

Obesity is also frequently accompanied by depression and the two can trigger and influence each other. Although women are slightly more at risk for having an unhealthy BMI than men, they are much more vulnerable to the obesity-depression cycle. In one study, obesity in women was associated with a 37% increase in major depression. There is also a strong relationship between women with a high BMI and more frequent thoughts of suicide. Depression can both cause and result from stress, which, in turn, may cause a change in eating and activity habits. Many people who have difficulty recovering from sudden or emotionally draining events (e.g., loss of a close friend or family member, relationship difficulties, losing a job, or facing a serious medical problem) unknowingly begin eating too much of the wrong foods or forgoing exercise. Before long, these become habits and difficult to change. Binge eating, a behavior associated with both obesity and other conditions such as anorexia nervosa, is also a symptom of depression. A study of obese people with binge eating problems found that 51% also had a history of major depression. Additional research shows that obese women with binge-eating disorder, who experienced teasing about their appearance, later developed body dissatisfaction and depression (*American Psychological Association, Psychology Help Center, "Mind/Body Health: Obesity," Washington, DC. 2014.*)
<https://media.stateofobesity.org/wp-content/uploads/2019/02/19162110/signs-of-progress-2017.pdf>

Highlights and Considerations – Nutrition

Update 2021 – 2022

- ❖ In Webb County, there were 3,542 infants (under age 1) and 8,357 children (ages 1 - 4) that participated in the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC). In Webb County, 4,100 women participated in the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC) in 2019. This number represents a decline in WIC participation from 2014.
- ❖ An estimated 43.1% or 8,393 households below poverty received SNAP benefits. During this same period, there were 11,066 (56.9%) households above the poverty level that received SNAP benefits in Webb County.
- ❖ Webb County reported 16.0% of households that were food insecure in 2021, which was slightly higher than the state rate of 15.0%. Food insecurity increased from 9.0% in 2020 to 16.0% in 2021. In Webb County, 20,400 or 22.4% of children were estimated to be food insecure, which was slightly higher than the state rate of 19.6%. A child (under 18 years old) is defined as being food insecure if he or she lives in a household having difficulty meeting basic food needs, as defined by the Census Bureau's Current Population Survey.
- ❖ In Webb County, the number of children participating in the National School Lunch Program was 49,114 in 2019 - 2020. Free or reduced-price meals are available to students whose families earn less than 185% federal poverty guidelines or are enrolled in other programs for low-income children, such as SNAP. Children in foster care or who attend schools using the Community Eligibility Provision are also eligible.
- ❖ In Webb County, the obesity rate for preschoolers was 15.4%, slightly lower than the state rate of 15.7%. According to County Health Rankings, the adult obesity rate for Webb County was 37% in 2021 which was higher than the state rate of 31.0%. In Webb County, the obesity rates have been consistently higher than the state rates for the past five (5) years.

2018 - 2019

- ❖ In Webb County, there were 4,367 infants (under age 1) and 10,552 children (ages 1 - 4) that participated in the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC).
- ❖ In Webb County, 5,090 women participated in the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC) in 2015. This number represented a decline in participation from 2014.
- ❖ Approximately 58.9% or 12,691 households below poverty received SNAP benefits. During this same period, there were 8,849 households above the poverty level that received SNAP benefits in Webb County.
- ❖ Webb County reported 8.0% of households that were food insecure in 2019, which was lower than the state rate of 15.0%. Food insecurity increased from 7.0% in 2018 to 8.0% in 2019.
- ❖ In Webb County, 23,500 or 25.9% of children were estimated to be food insecure, which was slightly higher than the state rate of 23.0%. A child (under 18 years old) is defined as being food insecure if he or she lives

in a household having difficulty meeting basic food needs, as defined by the Census Bureau's Current Population Survey.

- ❖ In Webb County, the average daily participation in the National School Lunch Program was 36,876 in 2016 – 2017, of which 34,118 were free or reduced-price meals. Free or reduced-price meals are available to students whose families earn less than 185% federal poverty guidelines or are enrolled in other programs for low-income children, such as SNAP. Children in foster care or who attend schools using the Community Eligibility Provision are also eligible.
- ❖ The average obesity rate for preschoolers was 15.4%, slightly lower than the state rate of 15.7%.
- ❖ According to County Health Rankings, the adult obesity rate for Webb County was 33% in 2019, which was higher than the state rate of 29.0%.
- ❖ According to the latest data, the national obesity rate among children ages 2 to 19 is 18.5%. The data, collected in 2015 - 2016 as part of the National Health and Nutrition Examination Survey, show that obesity rates rise with age and are highest among Hispanic and Black children.
- ❖ Obesity is also frequently accompanied by depression and the two can trigger and influence each other. Although women are slightly more at risk for having an unhealthy BMI than men, they are much more vulnerable to the obesity-depression cycle.
- ❖ Depression can both cause and result from stress, which, in turn, may cause a change in eating and activity habits.

Social Services

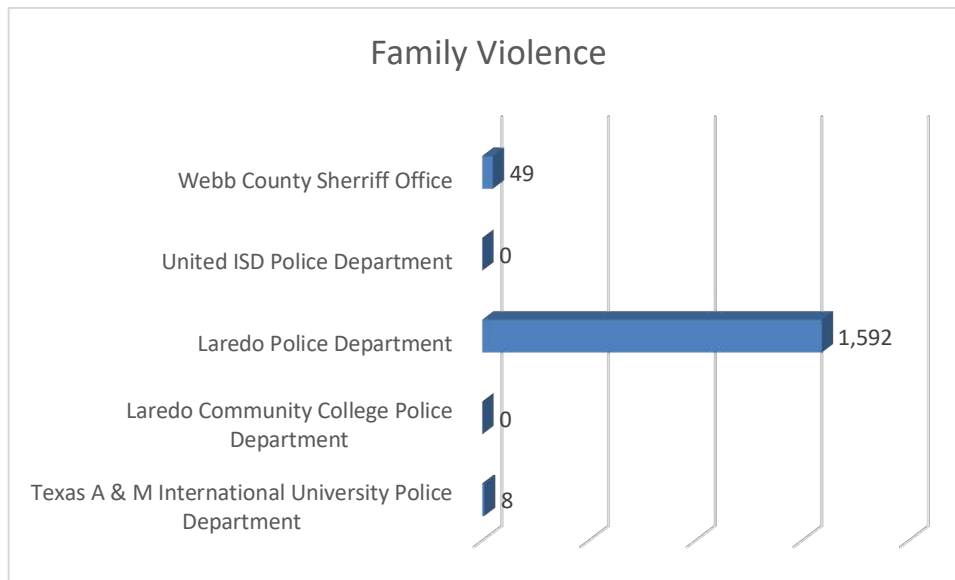


Table 81: Family Violence

Webb County Sherriff Office	49
United ISD Police Department	0
Laredo Police Department	1,592
Laredo Community College Police Department	0
Texas A & M International University Police Department	8

Source: http://dps.texas.gov/administration/crime_records/pages/crimestatistics.htm
2020 Crime in Texas Report (No significant changes indicated)

Key Findings: Webb County Sherriff’s Office reported 49 incidents of family violence, whereas the Laredo Police Department reported 1,592 family violence incidents. Laredo Community College Police Department and United ISD Police Department reported no incidents of family violence, and Texas A & M reported eight (8) incidents of family violence.

Table 82: Victim/Offender Relationship

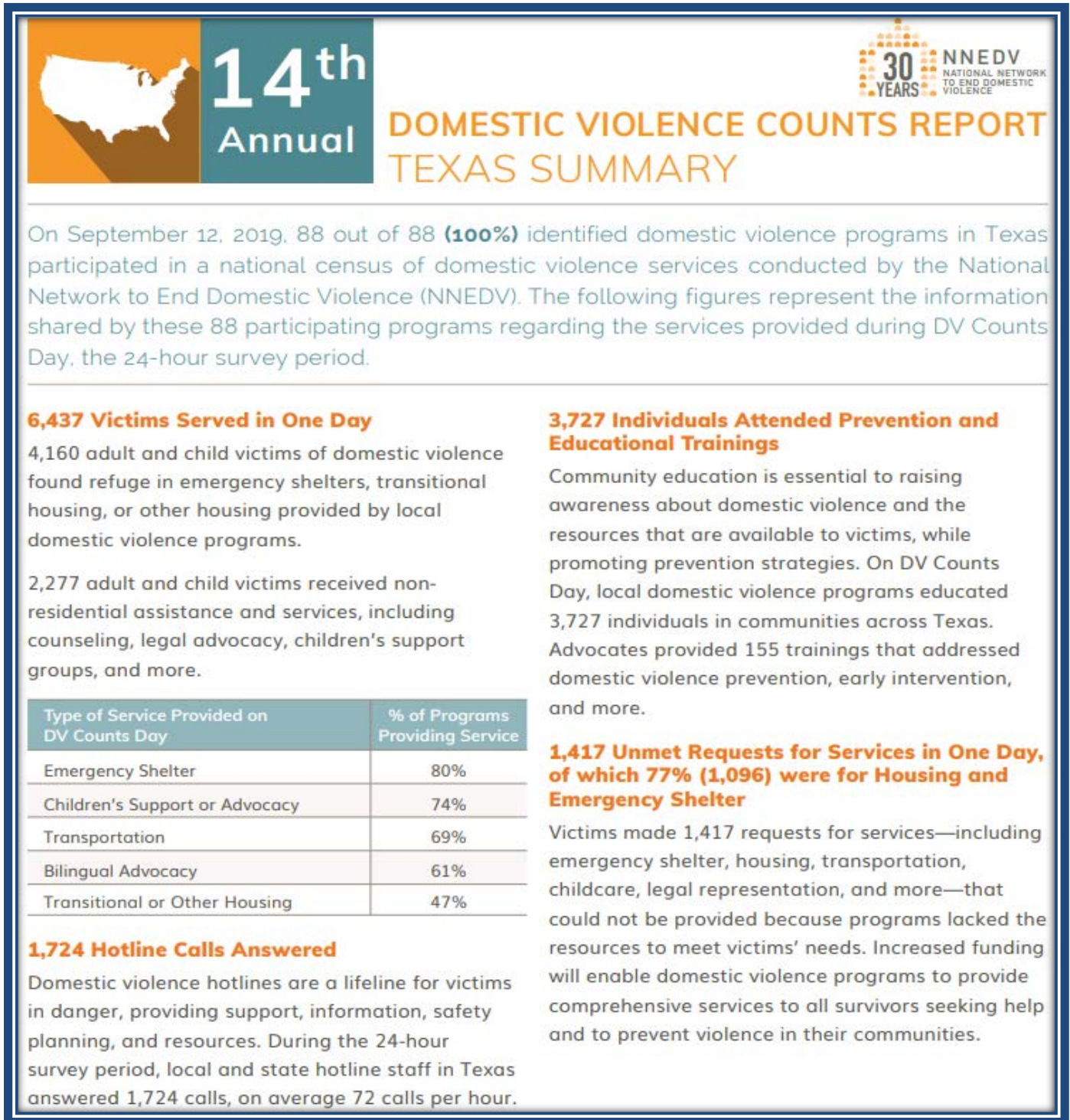
Type		Relationship Victim to Offender	Total Percent
Marital	25.1%	Husband	3.7%
		Wife	11.3%
		Common-Law Husband	1.3%
		Common-Law Wife	4.8%
		Ex-Husband	1.0%
		Ex-Wife	3.0%
Parental/Child	16.2%	Father	2.4%
		Mother	5.9%
		Son	2.3%
		Daughter	3.2%
		Stepfather	0.8%
		Stepmother	0.3%
		Stepson	0.6%
		Stepdaughter	0.8%
		Foster Parent	0.0%
		Foster Child	0.0%
Other Family	58.7%	Grandfather	0.2%
		Grandmother	0.5%
		Grandson	0.1%
		Granddaughter	0.3%
		Brother	3.0%
		Sister	3.8%
		Stepbrother	0.1%
		Stepsister	0.2%
		Male Roommate	2.4%

		Female Roommate	3.4%
		Male In-Law	0.8%
		Female In-Law	1.1%
		Other Male Family Member	10.7%
		Other Female Family Member	32.0%

Source: *2020 Crime in Texas Report*; <https://www.dps.texas.gov/section/crime-records/crime-texas>

Key Findings: The largest percentage of family violence reports was between other family members (58.7%). The second most reported relationship among offenders and victims was married spouses and the third most common relationship was parental/child. Safety and protection are provided to victims of family violence and/or sexual assault through crisis intervention counseling, risk assessment, safety planning, emergency shelter, support groups, women’s economic education classes, hospital advocacy, legal advocacy, and accompaniment to law enforcement agencies and court. Crisis intervention and prevention programs are provided to the children who live in the emergency shelter and to non-residential children whose mothers attend evening support groups.

Figure 9: Texas Summary Domestic Violence Count



Source: https://nnedv.org/wp-content/uploads/2020/03/Library_Census_2019_-TX.pdf

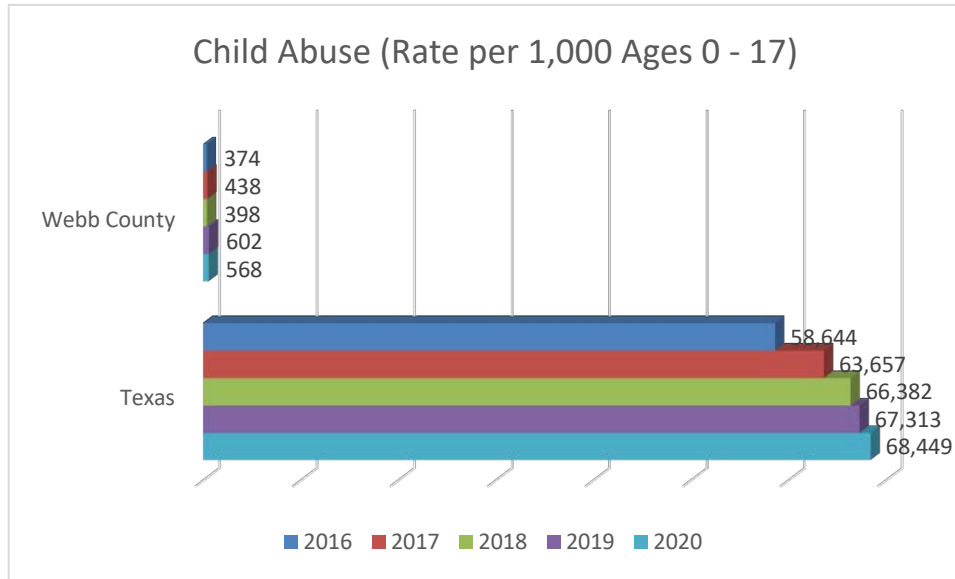


Table 83: Child Abuse (Rate per 1,000 Ages 0 – 17)

Location	Data Type	2016	2017	2018	2019	2020
Webb County	Number	374	438	398	602	568
	Rate per 1,000 children ages 0 - 17	4.5	5.3	4.8	7.3	7.0
Texas	Number	58,644	63,657	66,382	67,313	68,449
	Rate per 1,000 children ages 0 - 17	8.1	8.7	9.0	9.1	9.1

Source: Kids Count, Texas Department of Family and Protective Services

Key Findings: The number of children ages 0 - 17 who were confirmed as victims of child abuse was 568 in 2020, (7.0 per 1,000 children), which was lower than the state rate (9.1 per 1,000 children). The number of confirmed victims of child abuse in Webb County increased from 374 in 2016 to 568 in 2020. The psychological consequences of child abuse and neglect include the immediate effects of isolation, fear, and an inability to trust. When children cannot trust that someone will be there to meet their needs, they tend to develop low self-esteem, anxiety, depression, and hopelessness. These difficulties can lead to lifelong relationship problems and may lead to the development of antisocial behavioral traits. These children are also more likely to engage in violent behaviors and to be diagnosed with conduct and personality disorders (childhelp.org).

Table 84: Children in Foster Care (Rate per 1,000 Ages 0 – 17)

Location	Data Type	2016	2017	2018	2019	2020
Webb County	Number	547	508	433	421	443
	Rate per 1,000 children ages 0 - 17	6.1	5.9	5.1	5.1	5.4
Texas	Number	48,795	50,293	52,397	51,417	47,913
	Rate per 1,000 children ages 0 - 17	6.7	6.9	7.1	6.9	6.4

Source: Kids Count, Texas Department of Family and Protective Services

Key Findings: In Webb County, the number of children, ages 0 - 17 in foster care, was 443 (5.4 per 1,000 children) in 2020, which represented a decrease of 0.7 per 1,000 children from 2016. In Webb County, the rate of children in foster care was lower than the state rate of 6.4 per 1,000 children. Many foster children struggle in school due to the trauma they experience as a result of abuse, neglect, separation, and instability. Approximately 80% of foster children are held back in school at least once by the time they reach 3rd grade.

Absent Parent

Growing up with an absent parent can leave kids with a deep sense of shame and loss, and when the absence appears voluntary, the impact can be even more intense. From a child's perspective, it is hard to imagine a parent choosing not to be involved without there being a good reason. Sadly, kids are incredibly vulnerable to drawing the wrong conclusion and assuming that they must be at fault. This fear and guilt can leave kids feeling inherently unworthy. There are many things that one can do to support a child and build his or her self-esteem.

Help Children Cope with Abandonment Issues

There is a huge opportunity to influence a child's self-esteem and mitigate the impact of abandonment. To identify child abandonment issues early, watch for the following behaviors:

Children who have been abandoned may reject everything about the absent parent.

- ✓ *Affirm the child's unique qualities.*
- ✓ *Allow the child to share his or her thoughts and opinions.*
- ✓ *Recognize that this stage may be temporary.*
- ✓ *Show empathy with statements such as, "I can understand why you might feel that way right now."*

While these thoughts may provide some comfort, that relief from the pain is usually temporary.

- ✓ *Allow the child to freely verbalize his or her memories of the absent parent.*
- ✓ *Avoid the temptation to correct the child's recollections.*
- ✓ *Ask open-ended questions to help the child articulate additional details related to his or her memories.*

Children with abandonment issues may develop poor self-esteem.

Children who have experienced parental abandonment may also be prone to developing poor self-esteem and a sense of shame surrounding the parent's absence. They may even question whether they could have contributed to the absence, whether they somehow 'deserved' to be abandoned, or whether the absent parent believes he or she is better off without the 'burden' of a child. Assist by:

- ✓ *Reminding the child, repeatedly, if necessary, that he or she is not at fault.*
- ✓ *Using clear, specific language when the child is praised*
- ✓ *Provide mentors for the child*
- ✓ *Encourage relationships with trustworthy adults, convey genuine, positive messages about the child's abilities, character, and choices.*

Children with abandonment issues may have difficulty expressing their emotions:

Children who have experienced parental abandonment may also have difficulty sharing their feelings. They tend to keep their emotions bottled up and lack the trust necessary to share their true selves with others.

- ✓ *Affirm that the child is loved unconditionally, even when he is angry, sad, or frustrated.*
- ✓ *Write a letter to the child to express how proud you are.*
- ✓ *Being trustworthy when the child shares his or her feelings with you.*
- ✓ *Providing regular opportunities to connect with the child, creating an atmosphere where he or she will be free to open up when the time is right.*

<https://www.thespruce.com/how-to-help-a-child-cope-with-abandonment-2997768>

Table 85: Homeless – Point-in-Time Count 2018 - 2021

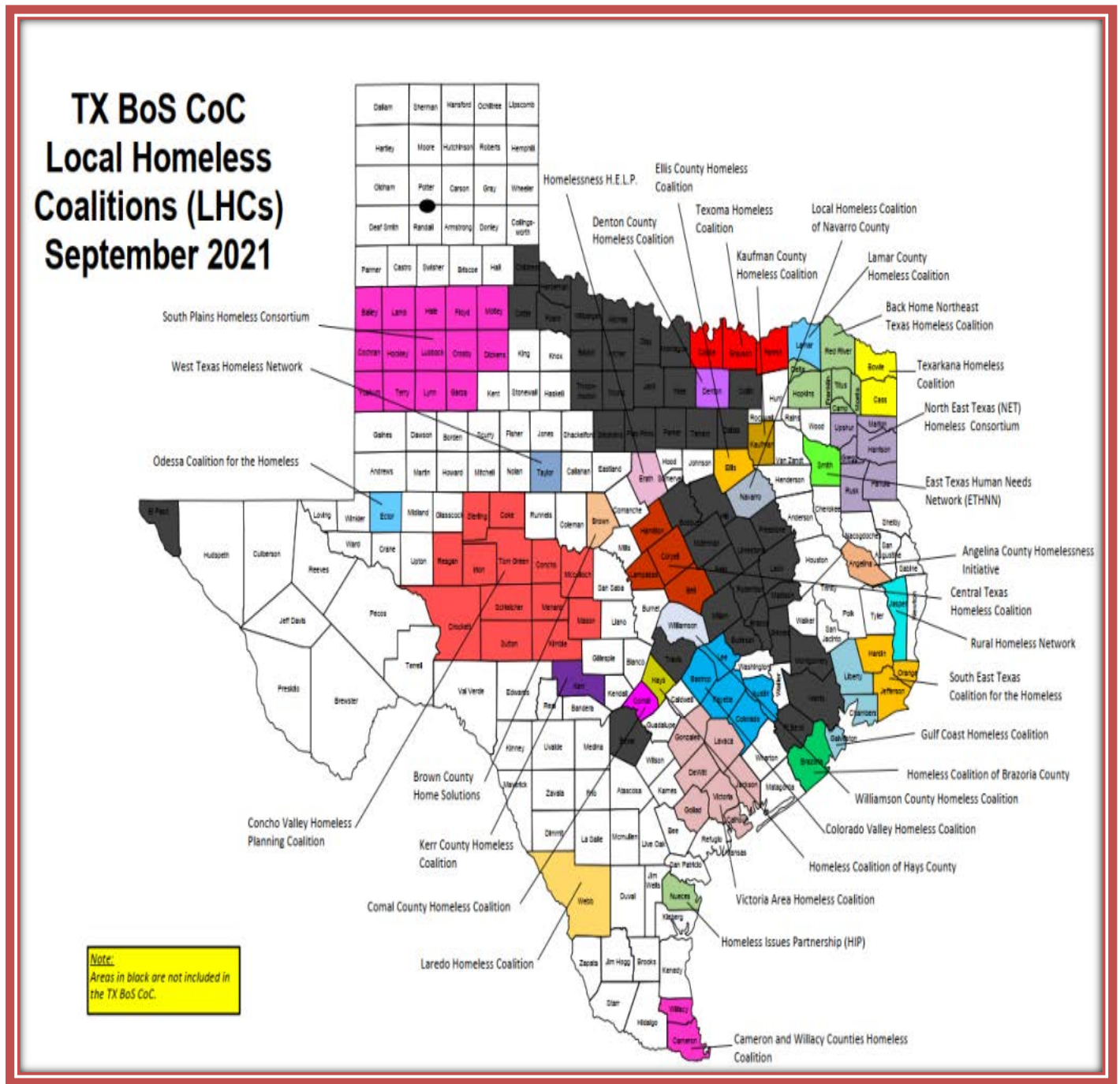
Indicator	2018	2019	2020	2021
Total Persons	213	241	304	86
Adults (18 +)	201	211	268	58
Children (under age 18)	12	30	36	28
Unknown Age	0	0	0	0
Young Adults (18 - 24)	13	16	15	12
Female	52	55	74	35
Male	152	157	208	50
Transgender	2	1	2	0
Chronically Homeless	26	23	39	4
Veterans	3	5	12	0
Serious Mental Illness	16	25	28	6
Substance Use Disorder	14	23	30	2
HIV/AIDS	4	1	4	0
Survivors of Domestic Violence	7	9	29	5

Source: HUD Point-in-Time Report, 2018 - 2021. Laredo Homeless Coalition. <https://www.thn.org/wp-content/uploads/2021/04/Full-Laredo-Homeless-Coalition-Report.pdf>

Key Findings: The Laredo Homeless Coalition conducted the Homeless Count for 2020 in January 2020. According to the Coalition, the total homeless count for Webb County was approximately 304, an increase of 63 people from 2019. There was a significant decrease in the total homeless count for 2021 (86). An estimated 28 homeless individuals reported having a serious mental illness in 2020 as compared to 6 individuals in 2021. Respondents reported that unemployment was the main reason for their homeless situation. There were approximately 28 children, under age 18, who reported homelessness in 2021. Most homeless individuals were males.

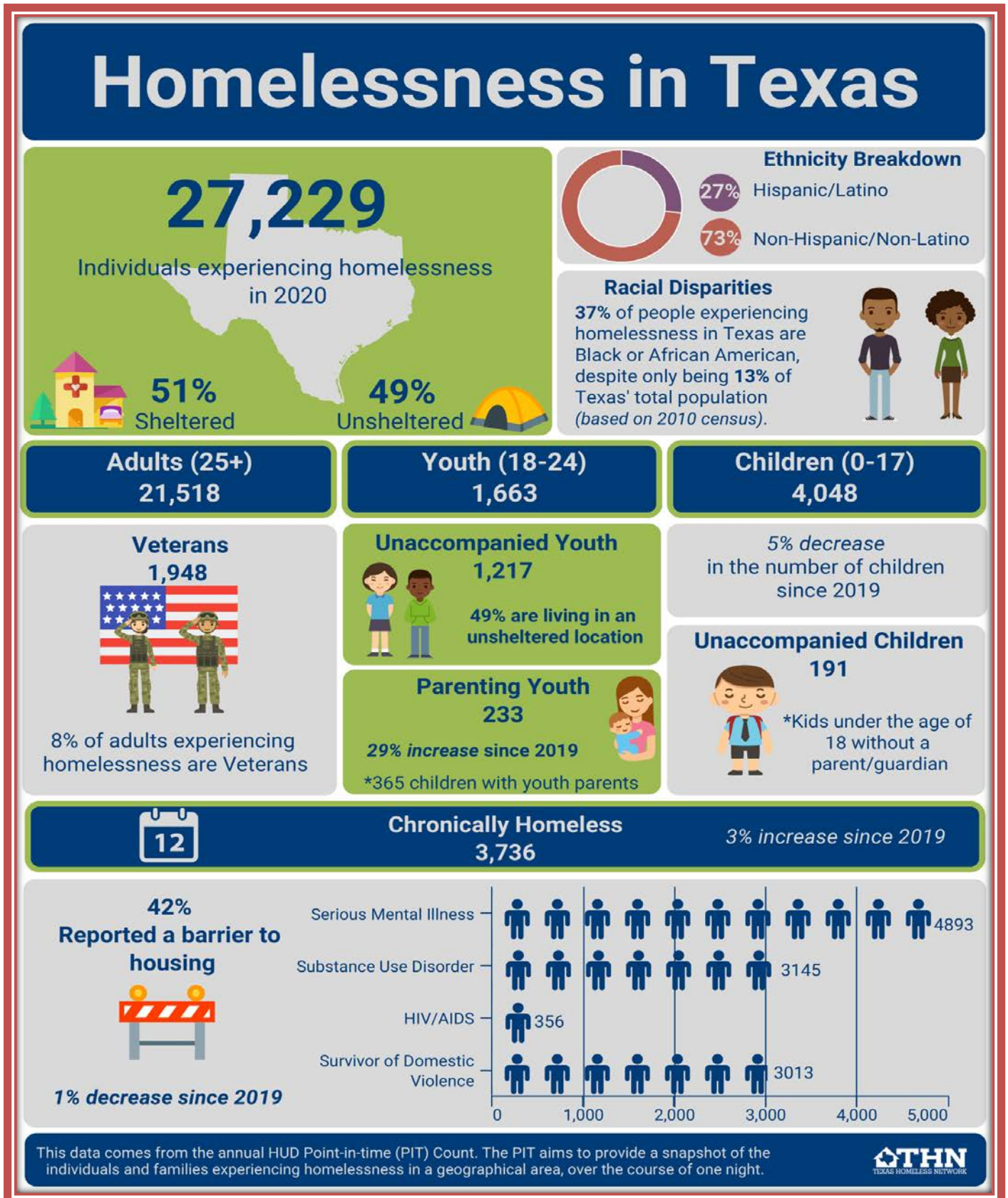


Figure 10: Texas BoS CoC Local Homeless Coalitions, September 2021



Source: <https://www.thn.org/local-homeless-coalitions/>

Figure 11: Homelessness in Texas



Source: <https://www.thn.org/2020-annual-report/>

State of Homelessness

Most people conjure an image of someone sleeping on a park bench or pushing their belongings in a cart. However, homelessness is a complex issue with subtle variations, and ending it can be just as complex. Homelessness happens when someone cannot afford to house of his or her own. Many times, families who are “couch homeless”. These families may be staying with a friend or relative “sometimes the family is scattered among various friends and relatives “but they don’t have a home of their own. These families might not fit the image of homeless families living in a shelter or on the streets but face common challenges of people without homes. It is estimated that nearly a third of the workforce is one bad accident, one large medical bill, one missed paycheck away from financial ruin, including losing their homes.

For most, the cycle of homelessness is triggered by a job loss or unexpected bills that exceed their income. Because many aid programs require a home address, a family living with homelessness can face challenges in getting the assistance they need to get back on their feet. More than a third of the homeless population is employed, but these jobs tend to be low-wage and do not meet the needs of the family.

Children raised in homelessness have reduced literacy and vocabulary. These children are also less likely to have well-developed motor skills, and nearly half are unable to pass state-mandated testing at their grade level. Chronic stress and anxiety caused by poverty have also been linked to lower academic performance. These academic difficulties lead to higher dropout rates, limiting future opportunities. This contributes to multi-generational cycles of poverty.

<https://www.positivetomorrows.org/ending-homelessness/homeless-cycle-statistics/>

Table 86: Crime Rates

Agency	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
LAREDO COLLEGE PD								
Number of Offenses	0	0	0	0	0	1	0	1
Rate Per 100,000	0	0	0	0	0	0	0	0
Number of Clearances	0	0	0	0	0	1	0	1
Percent Cleared	0	0	0	0	0	100.0	0	100.0
Number of Arrests	0	0	0	0	0	1	0	1
LAREDO ISD PD								
Number of Offenses	0	0	0	0	0	2	0	2
Rate Per 100,000	0	0	0	0	0	0	0	0
Number of Clearances	0	0	0	0	0	0	0	0
Percent Cleared	0	0	0	0	0	0	0	0
Number of Arrests	0	0	0	0	0	0	0	0
LAREDO PD								
Number of Offenses	12	88	156	600	625	2,985	214	4,680
Rate Per 100,000	4.5	33.1	58.8	226.0	235.4	1,124.2	80.6	1,762.6

Number of Clearances	9	25	65	317	125	481	64	1,086
Percent Cleared	75.0	28.4	41.7	52.8	20.0	16.1	29.9	23.2
Number of Arrests	6	21	80	263	159	613	46	1,188
TX A&M UNIV: INTERNATIONAL PD								
Number of Offenses	0	0	0	0	1	5	0	6
Rate Per 100,000	0	0	0	0	0	0	0	0
Number of Clearances	0	0	0	0	0	0	0	0
Percent Cleared	0	0	0	0	0	0	0	0
Number of Arrests	0	0	0	0	0	0	0	0
UNITED ISD PD								
Number of Offenses	0	1	0	0	0	5	0	6
Rate Per 100,000	0	0	0	0	0	0	0	0
Number of Clearances	0	0	0	0	0	5	0	5
Percent Cleared	0	0	0	0	0	100.0	0	83.3
Number of Arrests	0	0	0	1	0	0	0	1
WEBB CO SO								
Number of Offenses	0	3	2	57	78	135	26	301
Rate Per 100,000	0	35.2	23.4	668.0	914.1	1,582.1	304.7	3,527.5
Number of Clearances	0	0	1	18	6	12	19	56
Percent Cleared	0	0	50.0	31.6	7.7	8.9	73.1	18.6
Number of Arrests	0	0	2	21	6	17	19	65
Webb County Total								
Number of Offenses	12	92	158	657	704	3,133	240	4,996
Rate Per 100,000	4.4	33.6	57.7	239.7	256.9	1,143.2	87.6	1,823.0
Number of Clearances	9	25	66	335	131	499	83	1,148
Percent Cleared	75.0	27.2	41.8	51.0	18.6	15.9	34.6	23.0
Number of Arrests	6	21	82	285	165	631	65	1,255

Source: <https://www.dps.texas.gov/sites/default/files/documents/crimereports/20/2020cit.pdf>

Key Findings: Assaults, burglaries, and larceny were the more prevalent crimes reported by Laredo Police Department, as well as Webb County Sherriff Office. Crime and violence frequently have dire and long-lasting impacts on young people who experience, witness or feel threatened by it. In addition to causing direct physical harm to young victims, serious crime and violence can adversely affect their mental health and development and increase the likelihood that they will commit acts of crime or serious violence.

Table 87: Adverse Childhood Experiences (ACE) State

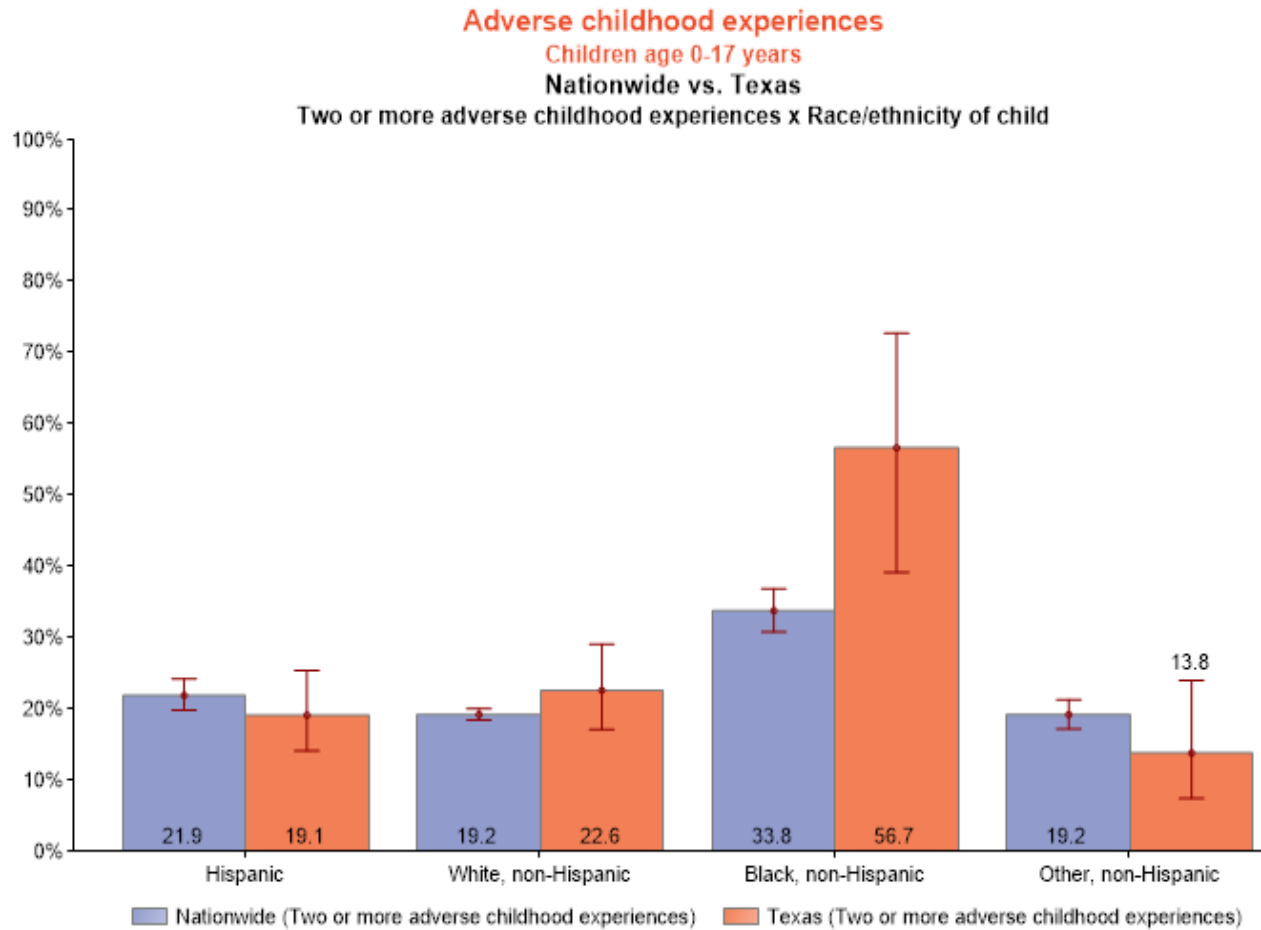
State/National	Highest	2 nd	3 rd	4 th
Texas	Economic Hardship (29%)	Divorce (20%)	Alcohol (10%)	Mental Illness (8%)
United States	Economic Hardship (26%)	Divorce (20%)	Alcohol (11%)	Violence (9%) Mental Illness (9%)
State/National	Number of Adverse Childhood Experiences			
	0	1 or 2	3+	
Texas	54%	36%	10%	
United States	54%	36%	11%	

Source: https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

Key Findings: The table above shows the four most common adverse childhood experiences among children ages birth through age 17 on a state and national level. Economic hardship (29%) was the most prevalent adverse childhood experience, followed by divorce (20%), alcohol (10%), and mental illness (8%) for children in Texas. Approximately 36% of children in Texas experienced one or two adverse childhood experiences and 11% experienced three or more.

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. By far, the most common ACEs in all 50 states are economic hardship, and parental divorce or separation. Nationally, just over one in four children ages birth through 17 has experienced economic hardship somewhat or very often. Divorce is the second-most-common ACE experienced by children in each age group. Nationally, about equal numbers of children ages birth to five have lived with someone who has an alcohol or drug problem or has lived with someone with mental illness. Living with someone with an alcohol or drug-use problem was reported among 12% of 6- to 11-year-old and 15 percent of 12- to 17-year-old. One in seven 12- to 17-year-old (14%) was the victim of, or witness to, neighborhood violence.

Figure 12: Adverse Childhood Experiences, Race and Ethnicity-Nationwide vs. Texas



Source: <https://www.childhealthdata.org/browse/survey/results?q=4783&r=1&g=606&r2=45&a=7293>

Key Findings: According to Child Health Data, 56.7% of black non-Hispanic children experience two or more adverse childhood experiences in Texas as compared to 33.8% nationally.

Trauma

A growing body of research has made it increasingly apparent that adverse childhood experiences (ACEs) are a critical public health issue. ACEs are potentially traumatic experiences and events, ranging from abuse and neglect to living with an adult with a mental illness. They can have negative, lasting effects on health and well-being in childhood or later in life. However, more important than exposure to any specific event of this type is the accumulation of multiple adversities during childhood, which is associated with especially deleterious effects on development.

Potentially traumatic experiences are common among U.S. children, with more than one in four having been exposed to economic hardship, even in the first five years of life. One in five has experienced parental divorce or separation, and one in ten has lived in a household where an adult has an alcohol or drug problem. More troubling still, more than one in ten children nationally—and, in a few states, about one in six—has experienced three or more adverse experiences. These findings have important implications for children’s health and well-being, including the

need for increased attention to the early detection and treatment of children affected by trauma, as well as to the conditions in families and communities that contribute to adverse development.

Measurement of Adverse Childhood Experiences

The prevalence of eight adverse childhood experiences (ACEs) was measured consisting of whether the child ever:

1. Lived with a parent or guardian who was divorced or separated.
2. Lived with a parent or guardian who died.
3. Lived with a parent or guardian who served time in jail or prison.
4. Lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks.
5. Lived with anyone who had a problem with alcohol or drugs.
6. Witnessed a parent, guardian, or other adults in the household behaving violently toward another (e.g., slapping, hitting, kicking, punching, or beating each other up).
7. Was ever the victim of violence or witnessed any violence in his or her neighborhood; and
8. Experienced economic hardship “somewhat often” or “very often” (i.e., the family found it hard to cover costs of food and housing).

Source:https://childtrends-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

The Challenge

Adverse Childhood Experiences (ACEs) have a significant negative impact on the lives of children. ACEs include emotional abuse and neglect, physical abuse and neglect, sexual abuse, violent treatment of mothers, household substance abuse, household mental illness, parental separation or divorce, and incarceration of a household member (SAMHSA, 2018). ACEs affect people in all areas of life including their career, social relationships, and most importantly, their health (Mersky et al., 2013). ACEs influence adolescent cognitive development, altering youths’ response to stress (Hillis et al, 2004) and potentially affecting their immune system (Danese & McEwen, 2012). ACEs’ severity stems from the fact that the effects may only manifest later in life, which may complicate treatment (Macnaught, 2017).

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACEs) study is one of the largest investigations of childhood abuse and neglect and its impact on health and well-being. This study, involving over 17,000 participants, reported at least two-thirds of participants have experienced one adverse experience and 20% experienced three or more ACEs (CDC, 1998). Physical abuse was found to be the most experienced childhood adversity. The study also found that women experienced ACEs more than men (CDC, 1998). Victims mostly suffer more than one form of ACE with almost 40% of participants experiencing two or more. Additionally, 12.5% of the study’s sample experienced four or more ACEs (CDC, 1998). Childhood trauma leads to lifelong chronic illness (Nakazawa, 2016).

According to the CDC-Kaiser Permanente ACEs study, people reported having experienced four categories of childhood adversity are twice as likely to be diagnosed with cancer and depression as adults. The study also showed that as the number of ACEs increases so does the risk for sexually transmitted diseases, financial stress, poor academic achievement, suicide attempts, and liver disease, among other illnesses (CDC, 1998). The effect of childhood toxic stress also transcends the individuals who directly experience it, and ACEs have both implicit and explicit economic costs. Research has shown that the physical and mental health conditions caused by childhood toxic stress reduce productivity later in life (Shern et al, 2014). According to the CDC, ACEs also result in increased taxpayer costs for health care, child welfare, special education, and criminal justice (Baglivio et al, 2014). The CDC estimates the lifetime cost associated with child maltreatment to be \$124 billion (Fang et al., 2012).

https://ualr.edu/publicaffairs/files/2016/06/Spring_2018_Technical-Report_Final.pdf




Figure 13: Adverse Childhood Experiences (ACEs) Texas Fact Sheet 2019


TEXAS | FACT SHEET 2019

Strong Roots Grow a Strong Nation


Advancing Policies to Catalyze Well Being by Addressing the Epidemic and Legacy of Adverse Childhood Experiences



All findings reported here are based on analysis of data from the 2016-2017 National Survey of Children's Health (NSCH) and most recent data from the Behavioral Risk Factor Surveillance Survey (BRFSS). For questions email info@cahmi.org

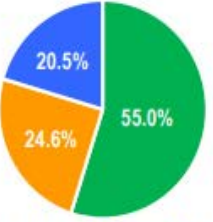


Over 45% of US children¹ and two-thirds of adults² have been exposed to at least one Adverse Childhood Experience—such as physical or emotional neglect or abuse, living with someone with a drug, alcohol or serious mental health problem, the death of a parent and being exposed to violence or discrimination in the home or community. **Over 1 in 5 children have 2+ ACEs where large impacts are seen.**



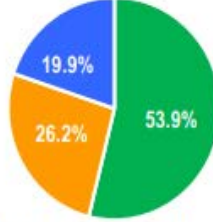
Breakthrough neurobiological sciences explain mechanisms linking ACEs exposure levels to markedly higher rates of chronic physical illnesses, mental, emotional and behavioral health problems and lowered quality of life and life expectancy.³ Methods to prevent and heal the legacy of the trauma from ACEs are available. **Policy shifts are needed to align with science and what is possible.**

US children with ACEs, 2016-17¹



■ No ACEs ■ 1 ACE ■ 2+ ACEs

Texas children with ACEs, 2016-17¹



■ No ACEs ■ 1 ACE ■ 2+ ACEs

Table 1: National & TEXAS CHILD outcomes by ACEs, (2016-2017 NSCH)^{1,4,5}

Key child outcomes (age in years)	Nation ¹			Texas ^{1*}		
	No ACEs	1 ACE	2+ ACEs	No ACEs	1 ACE	2+ ACEs
Child has a chronic condition requiring above routine amount or type of health care services⁴ (0-17)	13.2%	20.1%	32.2%	10.4%	19.9%	27.4%
Child has an ongoing emotional, developmental, or behavioral problem (0-17)	4.4%	8.1%	18.6%	4.2%	7.4%	13.8%
Child is overweight or obese (10-17)	25.5%	34.1%	37.2%	30.1%	34.7%	33.9%
Child is bullied, picked on, or excluded by other children (6-17)	14.6%	23.1%	34.2%	12.6%	26.9%	27.6%
Child's mother is in very good/excellent health (0-17)	75.4%	55.6%	41.1%	72.0%	55.6%	47.7%
Child engages in school (6-17)	75.4%	64.4%	53.1%	75.0%	63.4%	53.7%
Resilience and Flourishing⁵ (met all 3 criteria) (6-17)	47.9%	37.8%	27.6%	49.0%	38.3%	34.1%
Child's family stays hopeful when facing problems (0-17)	60.9%	55.7%	48.7%	67.1%	58.0%	50.9%

*To see your state data click on the outcome and select your state

Prevalence of adults with ACEs²

- 61.5% of adults across 23 states with data had 1+ ACEs
- 24.6% were estimated to have had 3 or more ACEs

Estimates are based on 2011-2014 Behavioral Risk Factor Surveillance System data across 23 states that collected ACEs data.²

Table 2: Odds of key ADULT health problems for adults with 1, 2, 3 or 4+ ACEs compared to adults with no ACEs^{}**

Key adult outcomes	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
Suicide attempts	100%	180%	300%	660%	1220%
Injected drugs	100%	130%	380%	710%	1003%
Consider self an alcoholic	100%	200%	400%	490%	740%
Recent depression	100%	150%	240%	160%	460%
Lung disease	100%	160%	160%	220%	390%

**SOURCE: Based on research from the CDC-Kaiser [ACEs Study](#)

- ❖ Children with multiple ACEs whose families have greater resilience and parent-child connections have nearly 400% times greater odds of flourishing. **We can promote health and healing even as we work to prevent ACEs.⁵**
- ❖ Children with ACEs are more likely to have a chronic condition, have chronic mental, emotional or behavioral problem and either bully or be bullied.
- ❖ Children with ACEs are less likely to have mothers who are in very good or excellent physical and mental health and are less likely to engage in school or live in families that feel hopeful during difficult times.

States, federal agencies, health care, education, social services and business sectors alike recognize the toll we have paid by not fostering healthy child development and addressing ACEs and trauma in adults. Recommendations for policy change are widespread and require strong collaboration across federal agencies to enable the innovation, and healing our nation needs and deserves. Our nation's health and strength depend on it.

Source: <https://www.cahmi.org/wp-content/uploads/2019/06/CAHMI-State-Fact-Sheet-TX.pdf>

Figure 14: Impact of Childhood Trauma

Impact of Childhood Trauma

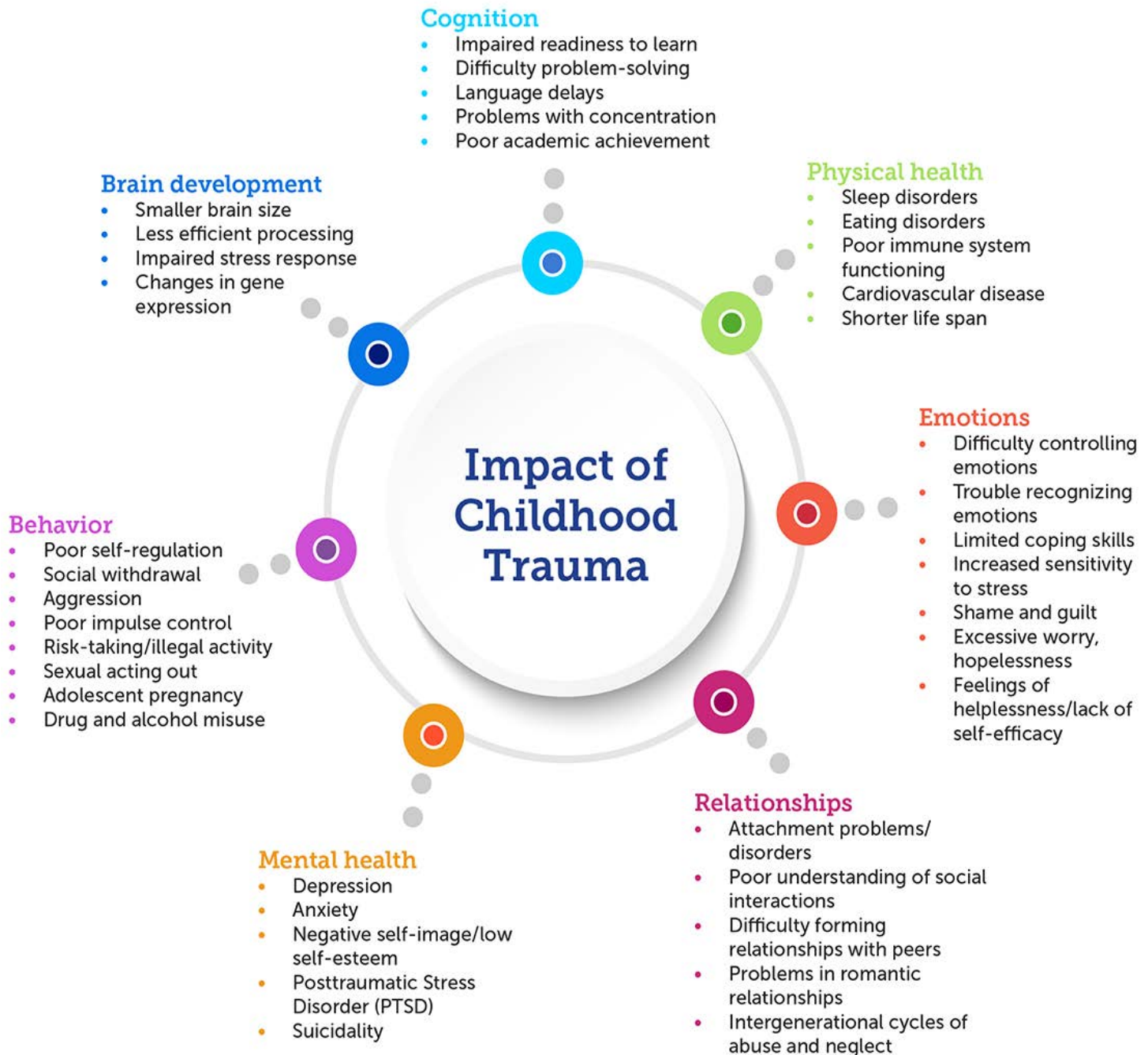
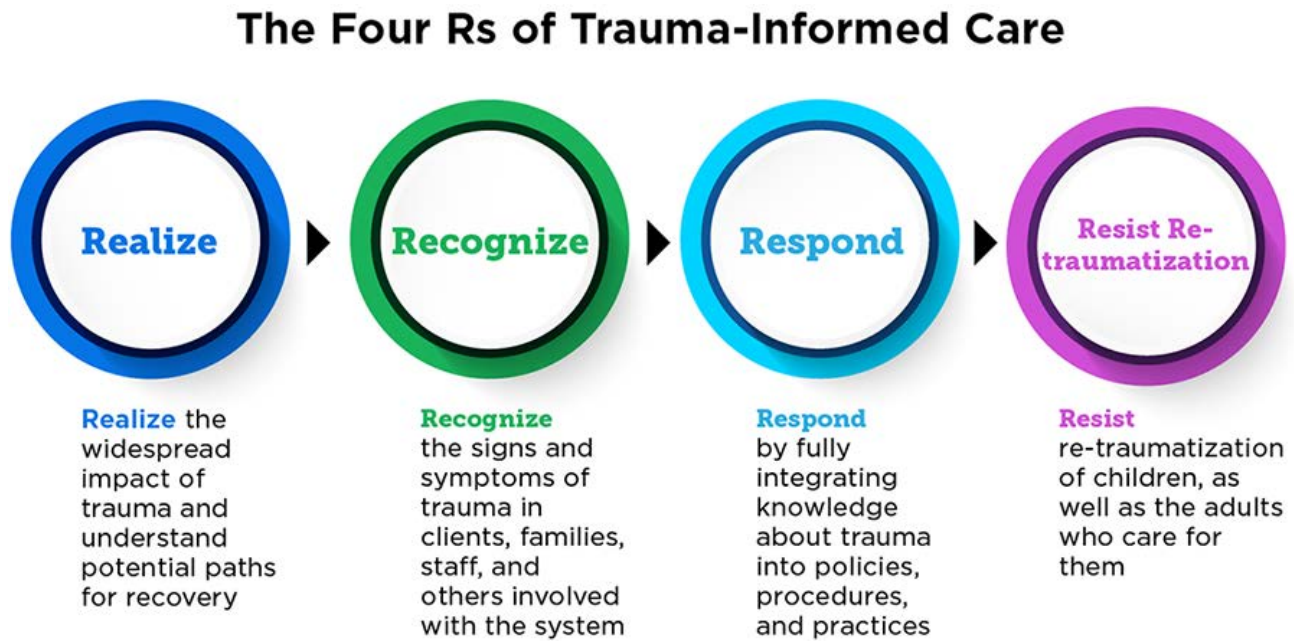


Figure 15: The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Source: <https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>

Childhood trauma occurs when a child experiences an actual or threatened negative event, series of events, or set of circumstances that cause emotional pain and overwhelm the child's ability to cope. Childhood trauma is widespread and can take many forms

Trauma exposure often begins early in life. Young children are at the highest risk for exposure to trauma and are most vulnerable to its adverse effects. An estimated half of all children in the United States, approximately 35 million, are exposed to at least one type of trauma before their eighth birthday. For example, child abuse and neglect are most common among children younger than age 3. Children under age 5 are most likely to incur injuries from falls, choking, and poisoning, and represent most children who witness domestic violence. Children from certain racial and ethnic groups also are more likely to experience adversities that can cause trauma. For example, exposure to childhood adversity is more common among black and Hispanic children than among white children, even when accounting for the role of income.

Impact of Childhood Trauma

Childhood trauma is strongly linked to mental and physical health problems over the lifespan. It negatively impacts brain development, cognitive development, learning, social-emotional development, the ability to develop secure attachments to others, and physical health; it is also associated with a shortened lifespan. A considerable body of research demonstrates that children suffer the most severe, long-lasting, and harmful effects when trauma

exposure begins early in life, takes multiple forms, is severe and pervasive, and involves harm by a parent or other primary caregiver, often referred to as **complex trauma**.

Childhood trauma is more likely to lead to post-traumatic stress disorder (PTSD) than the trauma that occurs in adulthood. Children exposed to several different forms of trauma are more likely to exhibit PTSD (e.g., anxiety, depression, anger, aggression, dissociation) than children with chronic exposure to a single type of trauma. Children and youth with PTSD may re-experience the traumatic event through intrusive memories, nightmares, and flashbacks; avoid situations or people that remind them of the trauma; and feel intense anxiety that disrupts their everyday lives. In addition, they may engage in aggressive, self-destructive, or reckless behavior; have trouble sleeping; or remain in a state of hypervigilance, an exaggerated state of awareness, and reactivity to their environments. However, there is no typical reaction to trauma. Most children show distress immediately following a traumatic event, but most return to their prior level of functioning.

Generally, children's reactions to trauma differ based on the nature of the trauma; the child's individual, family, and neighborhood characteristics; and the overall balance of risk and protective factors in their lives. It also depends on their age and developmental stage.

Young children who experience trauma may:

- Have difficulties forming an attachment to caregivers
- Experience excessive fear of strangers or separation anxiety
- Have trouble eating and sleeping
- Be especially fussy
- Show regression after reaching a developmental milestone (e.g., sleeping through the night, toilet training)

School-age children who experience trauma may:

- Engage in aggressive behavior
- Become withdrawn
- Fixate on their safety or the safety of others
- Re-enact the traumatic event through play
- Have frequent nightmares
- Exhibit difficulty concentrating in school

Adolescents who experience trauma may:

- Become anxious or depressed
- Engage in risk-taking or self-destructive behaviors (e.g., drug and alcohol misuse, dangerous driving, sexual promiscuity, unprotected sex, self-harm, illegal activity)
- Feel intense guilt, anger, or shame
- Adopt a negative view of people and society
- In some cases, have persistent thoughts about suicide or seeking revenge

Source: *Child Trend; <https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>*

Healthy and Ready to Learn (HRTL)

The skills children gain before starting kindergarten set the stage for their future success in school. While several tools measure individual children’s readiness for kindergarten, there has been, until now, no comprehensive, population-level tool that can tell us about children’s competencies before kindergarten. A population-level tool would identify groups of children who need more support, inform program and policy decisions, and show us trends in children’s skills over time.

The pilot National Outcome Measure, Healthy and Ready to Learn (HRTL) show promise as a valid population-level tool that can describe the school readiness of young children ages 3 to 5 across developmental domains, including the important domains of social-emotional and self-regulation development, for which there are only limited assessments. In one indication of the new measure’s validity, children’s HRTL scores are clearly and strongly associated with social, economic, and family circumstances in ways that are consistent with previous research. For example, as shown in four briefs, children in economically disadvantaged families and neighborhoods are less likely to be healthy and ready to learn in all four domains. These findings highlight the promise of HRTL to detect population-level patterns and trends in preschoolers’ school readiness, where previously no such measure was available for states or the nation. Indeed, having a valid population-level tool to assess school readiness can reveal new opportunities for researcher-community partnerships and activities that inform state policies, programming, and budgeting to most effectively serve children’s needs.

Importantly, several factors that are within families’ control are positively associated with children being healthy and ready to learn. For example, routines such as consistent bedtimes and mealtimes, and ensuring that children get 10 or more hours of sleep daily are positively related to HRTL scores. In addition, parents who reported regularly reading, singing, and telling stories with their children were more likely to rate their children as healthy and ready to learn. Children who had two or more hours of screen time per day were less likely to be rated as healthy and ready to learn. Focusing on adjustable family factors can raise awareness about what families can do to support their young children’s development and their learning before kindergarten. At the same time, income and factors related to income, such as food security and neighborhood characteristics, are also related to being healthy and ready to learn.

The promise of HRTL as a population-level National Outcome Measure that can be used by early care and education stakeholders, policymakers, and researchers will be enhanced by additional measure refinement and validity testing. (Validity testing examines the extent to which a tool accurately measures what it intends to measure). With input from a multidisciplinary technical expert panel, Child Trends and HRSA MCHB have proposed

revisions to the measure ranging from minor edits to the addition of new items. The revised set of items is undergoing testing by the National Center for Health Statistics (NCHS) to ensure that the items are comprehended similarly across parents with preschool children of various ages and from a variety of backgrounds. Revised items will be included in future versions of the NSCH, potentially as soon as the 2021 survey.

Ideally, validity testing should culminate in a prospective validity study. Such a study would follow children as they transition into kindergarten and elementary school to assess whether the HRTL accurately predicts their academic performance. If state-level data on HRTL do predict children's later school success, this knowledge can provide needed information to understand variations in child readiness across HRTL domains at the national and state levels including the ability to examine subgroups of children. This knowledge can then be used to understand which groups of children may benefit from additional resources to help them be healthy and ready for school.

Figure 16: Healthy and Ready to Learn

Being Healthy and Ready to Learn is Linked with Preschoolers' Experiences

Katherine Paschall, Kristin Anderson Moore, Gabriel Pina, Samantha Anderson

Introduction

A preschool child who is healthy and ready to learn demonstrates the ability to regulate their behavior and emotions, key social and emotional competencies, motor skills, health, and early learning skills.¹ Because healthy development across these domains is more challenging for some children than for others, it is valuable to understand which experiences during the preschool years are associated with children's health and readiness for school. The analyses in this brief examine the associations between a young child's experiences and the extent to which parents report that the child is healthy and ready to learn. Data used for these analyses are from the 2017 and 2018 waves of the Health Resources and Services Administration's (HRSA) [National Survey of Children's Health](#) (NSCH) for children ages 3 to 5, and are nationally representative of children in this age range.

Key findings

Several key factors are consistently related to how healthy and ready to learn a preschool child is found to be.

- **Children's experiences and routines are associated with being healthy and ready to learn.** Children's experiences—including their experiences in the home—are consistently associated with their likelihood of being healthy and ready to learn. For instance, children whose parents report that their children receive fewer than two hours of screen time daily, and that their children receive the recommended amount of sleep, are more healthy and ready to learn than children whose parents report two or more hours of screen time or that their children receive less than the recommended amount of sleep.
- **Adverse experiences and health conditions relate to being healthy and ready to learn, as expected.** Children's early life experiences and health conditions can also present developmental hazards; findings indicate that the presence of a special health care need (particularly one with functional limitations), and an accumulation of adverse childhood experiences (such as experiencing or witnessing violence), are associated with lower rates of being healthy and ready to learn.
- **Individuals, systems, and policies play a role in children's health and readiness for school.** Such individuals and systems include parents, caregivers, medical and mental health providers, the health care system, and the policies that govern health care access.

Source: https://www.childtrends.org/wp-content/uploads/2020/05/NOMChildCharacteristics_ChildTrends_May2020.pdf

Highlights and Considerations – Social Services

Update 2021 – 2022

- ❖ Webb County Sherriff's Office reported 49 incidents of family violence, whereas the Laredo Police Department reported 1,592 family violence incidents. Laredo Community College Police Department and United ISD Police Department reported no incidents of family violence, and Texas A & M reported eight (8) incidents of family violence.
- ❖ The largest percentage of family violence reports was between other family members (58.7%). The second most reported relationship among offenders and victims was married spouses and the third most common relationship was parental/child. Safety and protection are provided to victims of family violence and/or sexual assault through crisis intervention counseling, risk assessment, safety planning, emergency shelter, support groups, women's economic education classes, hospital advocacy, legal advocacy, and accompaniment to law enforcement agencies and court. Crisis intervention and prevention programs are provided to the children who live in the emergency shelter and to non-residential children whose mothers attend evening support groups.
- ❖ Assaults, burglaries, and larceny were the more prevalent crimes reported by Laredo Police Department, as well as Webb County Sherriff Office. Crime and violence frequently have dire and long-lasting impacts on young people who experience, witness or feel threatened by it. In addition to causing direct physical harm to young victims, serious crime and violence can adversely affect their mental health and development and increase the likelihood that they will commit acts of crime or serious violence.
- ❖ The number of children ages 0 - 17 who were confirmed as victims of child abuse was 568 in 2020, (7.0 per 1,000 children), which was lower than the state rate (9.1 per 1,000 children). The number of confirmed victims of child abuse in Webb County increased from 374 in 2016 to 568 in 2020. The psychological consequences of child abuse and neglect include the immediate effects of isolation, fear, and an inability to trust. When children cannot trust that someone will be there to meet their needs, they tend to develop low self-esteem, anxiety, depression, and hopelessness. These difficulties can lead to lifelong relationship problems and may lead to the development of antisocial behavioral traits. These children are also more likely to engage in violent behaviors and to be diagnosed with conduct and personality disorders (*childhelp.org*).
- ❖ Laredo Homeless Coalition conducted the Homeless Count for 2020 in January 2020. According to the Coalition, the total homeless count for Webb County was approximately 304, an increase of 63 people from 2019. There was a significant decrease in the total homeless count for 2021 (86). An estimated 28 homeless individuals reported having a serious mental illness in 2020 as compared to 6 individuals in 2021.

Respondents reported that unemployment was the main reason for their homeless situation. There were approximately 30 children, under age 18, who reported homelessness in 2021. Most homeless individuals were males.

- ❖ In Webb County, the number of children, ages 0 - 17 in foster care, was 443 (5.4 per 1,000 children) in 2020, which represented a decrease of 0.7 per 1,000 children from 2016. In Webb County, the rate of children in foster care was lower than the state rate of 6.4 per 1,000 children. Many foster children struggle in school due to the trauma they experience as a result of abuse, neglect, separation, and instability. Approximately 80% of foster children are held back in school at least once by the time they reach 3rd grade.
- ❖ Growing up with an absent parent can leave kids with a deep sense of shame and loss, and when the absence appears voluntary, the impact can be even more intense. From a child's perspective, it is hard to imagine a parent choosing not to be involved without there being a good reason. Sadly, kids are incredibly vulnerable to drawing the wrong conclusion and assuming that they must be at fault. This fear and guilt can leave kids feeling inherently unworthy.
- ❖ Children who have experienced parental abandonment may also be prone to developing poor self-esteem and a sense of shame surrounding the parent's absence. They may even question whether they could have contributed to the absence, whether they somehow 'deserved' to be abandoned, or whether the absent parent believes he or she is better off without the 'burden' of a child.
- ❖ Substance abuse and neglect were the most prevalent reasons for children entering foster care.
- ❖ Nationally, neglect is the most common reason for the removal (62%), but these cases often involve other underlying factors such as drug or alcohol abuse or parental mental health problems, which may not be reported or even known by child welfare agencies at the time of removal. The threshold for indicating parental drug abuse as a reason for removal varies among, and sometimes within, states. For example, some states require a formal diagnosis of drug abuse for parental drug abuse to be listed as a reason for removal, while others maintain lower thresholds such as a positive urine screen or investigator suspicion. States also do not report data on informal arrangements in which a child stays with relatives or family friends without formally entering foster care.
- ❖ Policy and media attention has focused on increased opioid use as the primary factor in the recent increase in the foster care population. According to a series of recent reports from the Office of the Assistant Secretary for Planning and Evaluation (U.S. Department of Health & Human Services), counties with higher rates of drug overdose deaths and hospitalizations also tend to have higher rates of maltreatment reports, larger caseloads, and more challenging and severe child welfare cases.
- ❖ Potentially traumatic experiences are common among U.S. children, with more than one in four having been exposed to economic hardship, even in the first five years of life. One in five has experienced parental divorce or separation, and one in ten has lived in a household where an adult has an alcohol or drug problem. More troubling still, more than one in ten children nationally and, in a few states, about one in six, has

experienced three or more adverse experiences. These findings have important implications for children's health and well-being, including the need for increased attention to the early detection and treatment of children affected by trauma, as well as to the conditions in families and communities that contribute to adverse development

- ❖ According to Child Health Data, 56.7% of black non-Hispanic children experience two or more adverse childhood experiences in Texas as compared to 33.8% nationally.
- ❖ Adverse Childhood Experiences (ACEs) have a significant negative impact on the lives of children. ACEs include emotional abuse and neglect, physical abuse and neglect, sexual abuse, violent treatment of mothers, household substance abuse, household mental illness, parental separation or divorce, and incarceration of a household member (SAMHSA, 2018). ACEs affect people in all areas of life including their career, social relationships, and most importantly, their health (Mersky et al., 2013). ACEs influence adolescent cognitive development, altering youths' response to stress (Hillis et al, 2004) and potentially affecting their immune system (Danese & McEwen, 2012).
- ❖ According to the CDC-Kaiser Permanente ACEs study, people who reported having experienced four categories of childhood adversity are twice as likely to be diagnosed with cancer and depression as adults. The study also showed that as the number of ACEs increases, so does the risk for sexually transmitted diseases, financial stress, poor academic achievement, suicide attempts, and liver disease, among other illnesses (CDC, 1998).
- ❖ Trauma exposure often begins early in life. Young children are at the highest risk for exposure to trauma and are most vulnerable to its adverse effects. An estimated half of all children in the United States, approximately 35 million, are exposed to at least one type of trauma before their eighth birthday. For example, child abuse and neglect are most common among children younger than age 3. Children under age 5 are most likely to incur injuries from falls, choking, and poisoning, and represent most children who witness domestic violence. Children from certain racial and ethnic groups also are more likely to experience adversities that can cause trauma. For example, exposure to childhood adversity is more common among black and Hispanic children than among white children, even when accounting for the role of income.
- ❖ Childhood trauma is strongly linked to mental and physical health problems over the lifespan. It negatively impacts brain development, cognitive development, learning, social-emotional development, the ability to develop secure attachments to others, and physical health; it is also associated with a shortened lifespan. A considerable body of research demonstrates that children suffer the most severe, long-lasting, and harmful effects when trauma exposure begins early in life, takes multiple forms, is severe and pervasive, and involves harm by a parent or other primary caregiver, often referred to as **complex trauma**.
- ❖ Childhood trauma is more likely to lead to post-traumatic stress disorder (PTSD) than the trauma that occurs in adulthood. Children exposed to several different forms of trauma are more likely to exhibit PTSD (e.g., anxiety, depression, anger, aggression, dissociation) than children with chronic exposure to a single type of

trauma. Children and youth with PTSD may re-experience the traumatic event through intrusive memories, nightmares, and flashbacks; avoid situations or people that remind them of the trauma; and feel intense anxiety that disrupts their everyday lives. In addition, they may engage in aggressive, self-destructive, or reckless behavior; have trouble sleeping; or remain in a state of hypervigilance, an exaggerated state of awareness, and reactivity to their environments. However, there is no typical reaction to trauma. Most children show distress immediately following a traumatic event, but most return to their prior level of functioning.

- ❖ The skills children gain before starting kindergarten set the stage for their future success in school. While several tools measure individual children’s readiness for kindergarten, there has been, until now, no comprehensive, population-level tool that can tell us about children’s competencies before kindergarten. A population-level tool would identify groups of children who need more support, inform program and policy decisions, and show us trends in children’s skills over time.
- ❖ The pilot National Outcome Measure, Healthy and Ready to Learn (HRTL) show promise as a valid population-level tool that can describe the school readiness of young children ages 3 to 5 across developmental domains, including the important domains of social-emotional and self-regulation development, for which there are only limited assessments.

2018 - 2019

- ❖ Webb County Sherriff’s Office reported 49 incidents of family violence, whereas the Laredo Police Department reported 1,592 family violence incidents. Laredo Community College Police Department and United ISD Police Department reported no incidents of family violence, and Texas A & M reported eight (8) incidents of family violence.
- ❖ The largest percentage of family violence reports was between other family members (45.1%). The second most reported relationship among offenders and victims was another female family member (21.8%) and the third most common relationship as a common-law wife (13.6%).
- ❖ The number of children ages 0 - 17 who were confirmed as victims of child abuse was 563 in 2015, (6.0 per 1,000 children), which was lower than the state rate of 9.1 per 1,000 children. The number of confirmed victims of child abuse in Webb County decreased from 996 in 2013 to 563 in 2015. The psychological consequences of child abuse and neglect include the immediate effects of isolation, fear, and an inability to trust. When children cannot trust that someone will be there to meet their needs, they tend to develop low self-esteem, anxiety, depression, and hopelessness.
- ❖ In Webb County, the number of children, ages 0 - 17 in foster care, was 487 (5.2 per 1,000 children) in 2015, which represented a decrease of 1.7 from 2013. In Webb County, the rate of children in foster care was higher than the state rate of 4.2 per 1,000 children. Many foster children struggle in school due to the

trauma they experience as a result of abuse, neglect, separation, and instability. Approximately 80% of foster children are held back in school at least once by the time they reach 3rd grade.

- ❖ The Homeless Count for 2019 was conducted by the Laredo Homeless Coalition on January 22, 2019. According to the Coalition, the total homeless count for Webb County was approximately 241, an increase of 28 people. An estimated 25 homeless individuals reported having a serious mental illness. Respondents reported that unemployment was the main reason for their homeless situation. There were approximately 30 children under age 18 who were homeless. Most homeless individuals were males.
- ❖ For most, the cycle of homelessness is triggered by a job loss or unexpected bills that exceed their income. Because many aid programs require a home address, a family living with homelessness can face challenges in getting the assistance they need to get back on their feet.
- ❖ More than a third of the homeless population is employed, but these jobs tend to be low-wage and do not meet the needs of the family.
- ❖ Children raised in homelessness have reduced literacy and vocabulary. These children are also less likely to have well-developed motor skills, and nearly half are unable to pass state-mandated testing at their grade level. Chronic stress and anxiety caused by poverty have also been linked to lower academic performance. These academic difficulties lead to higher dropout rates, limiting future opportunities. This contributes to multi-generational cycles of poverty.
- ❖ Student homelessness has hit an all-time high following a significant spike over the past three years, with 20 states experiencing a surge of 10% or more, new federal data released last week indicate. The data also found that students who experience homelessness are significantly less likely to graduate from high school.
- ❖ More than 1.3 million public school students experienced homelessness during the 2016 - 2017 school year, a 7% increase over three years ago and the largest number ever recorded. Over the past decade, the population of students experiencing homelessness has spiked by a startling 70%. Several factors might have contributed to the growth in student homelessness. Among them are lingering effects of the recession, local economic issues, natural disasters, and the opioid epidemic.
- ❖ Thefts, burglaries, and assaults were the more prevalent crimes reported in the city of Laredo. Crime and violence frequently have dire and long-lasting impacts on young people who experience, witness or feel threatened by it. In addition to causing direct physical harm to young victims, serious crime and violence can adversely affect their mental health and development and increase the likelihood that they will commit acts of crime or serious violence.
- ❖ Economic hardship (29%) was the most prevalent adverse childhood experience, followed by divorce (20%), alcohol (10%), and mental illness (8%) for children in Texas. Approximately 36% of Texas children experienced at least one or two adverse childhood experiences and 10% experienced three or more. Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being.

Transportation

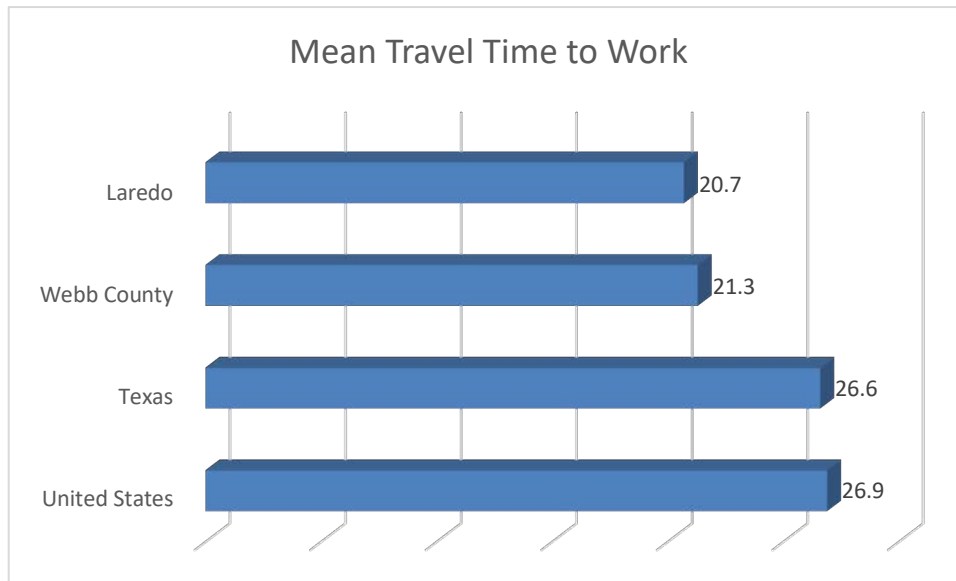


Table 88: Mean Travel Time to Work

Location	Minutes
Laredo	20.7
Webb County	21.3
Texas	26.6
United States	26.9

Source: *U.S. Census Bureau, Quick Facts*

Key Findings: Average commute to work in Webb County was approximately 21.3 minutes. The commute to work in Laredo was approximately 20.7 minutes, slightly below the county (21.3) and state average (26.6).

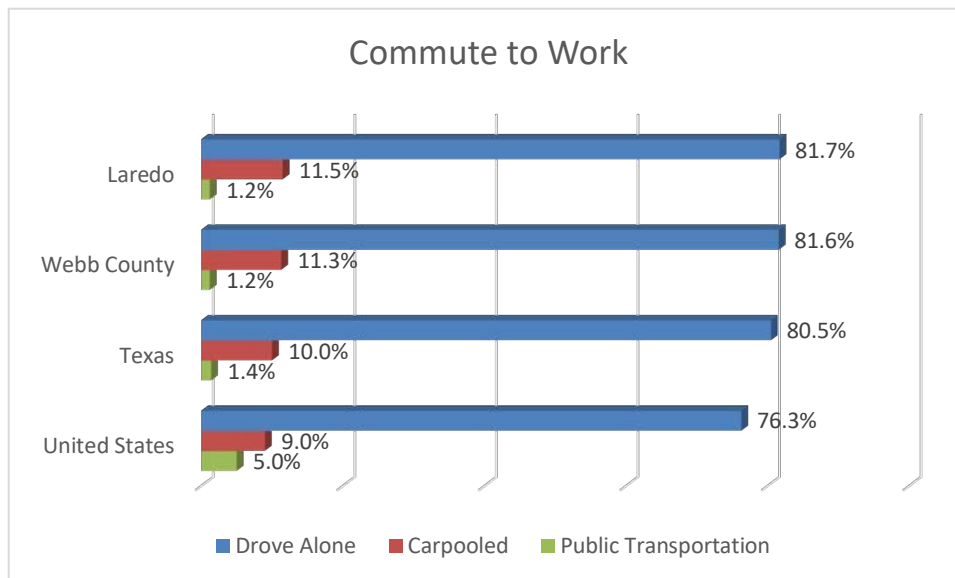


Table 89: Commute to Work

Location	Number of Workers Commuting to Work	Drove Alone	Carpooled	Public Transportation	Walked	Other Means	Worked at Home
Laredo	96,624	81.7%	11.5%	1.2%	1.5%	1.5%	2.7%
Webb County	100,860	81.6%	11.3%	1.2%	1.5%	1.5%	2.8%
Texas	12,550,476	80.5%	10.0%	1.4%	1.5%	1.6%	5.0%
United States	148,432,042	76.3%	9.0%	5.0%	2.7%	1.8%	5.2%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates.

Key Findings: The majority of Webb County and the city of Laredo are largely auto-oriented communities. In Laredo, approximately 81.7% of workers drove alone to work, while 11.5% carpoolled. These percentages are somewhat consistent with the county rates. In addition, Laredo workers (1.5%) walked to work, while 1.2% used public transportation. An estimated 81.6% of Webb County workers drove to work alone in 2015 - 2019, and 11.3% carpoolled. Among those who commuted to work in Webb County, it took them on average 21.3 minutes to get to work. According to the 2019 Bureau of Census/American Community Survey (ACS), the number of workers 16 and over commuting to work, has several implications for transportation and municipal services.

Table 90: Commute Pattern – Place of Work

Location	Worked in County of Residence	Worked Outside of County of Residence	Worked Outside State of Residence
Laredo	96.1%	3.3%	0.6%
Webb County	96.0%	3.4%	0.6%

Source: U.S. Census Bureau, 2013 – 2017 American Community Survey 5-Year Estimates. (No significant changes indicated.)

Key Findings: The majority of residents worked in Webb County (96%), while 3.4% worked outside of the county. Approximately 0.6% of residents worked outside of the state.

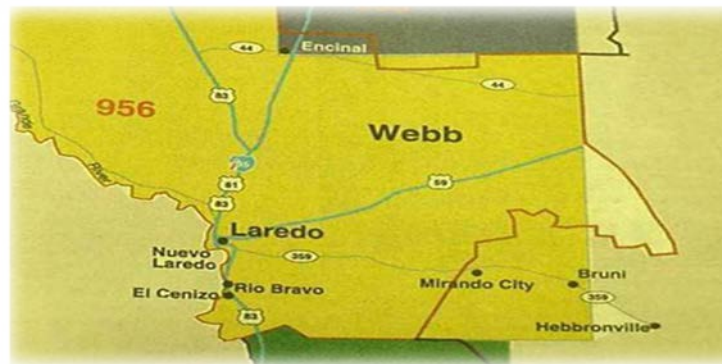
Transportation

Mass Transit

El Metro Transit is the operator of public transportation in Laredo, Texas. Twenty-three bus routes are operated in a hub and spoke system, with each terminating in a downtown transit center. Most route’s function seven days per week. El Metro works with a fleet of over 47 fixed-route buses, 2 trolleys, and 18 Paratransit/El Lift vans. The El Metro hub is in downtown Laredo at El Metro Transit Center.

Rural Transit

Rural transportation is provided by the Webb County-operated "El Aguila Rural Transportation" (the Eagle) bus services. El Aguila Rural Transit System is located at 4801 Daughtery St. (Main Office) was established back in the 1980s to promote and provide professional rural mass transit services to the non-urbanized population, particularly to those individuals whose trips are not subsidized by another source. Services carry East to the Quad Cities of Aguilares, Mirando, Oilton, and Bruni; and South Hwy 83 to the cities of Rio Bravo and El Cenizo. Presently there are six routes, which cover most of the rural areas of Webb County. These routes are served with Type III 25 passenger buses and Type XI 33-passenger buses.



Highlights and Considerations – Transportation

Update 2021 – 2022

- ❖ The average commute to work in Webb County was approximately 21.3 minutes. The commute to work in Laredo was approximately 20.7 minutes, slightly below the county (21.3) and state average (26.6).
- ❖ The majority of Webb County and the city of Laredo are largely auto-oriented communities. In Laredo, approximately 81.7% of workers drove alone to work, while 11.5% carpooled. These percentages are somewhat consistent with the county rates. In addition, Laredo workers (1.5%) walked to work, while 1.2% used public transportation. An estimated 81.6% of Webb County workers drove to work alone in 2015 - 2019, and 11.3% carpooled. Among those who commuted to work in Webb County, it took them on average 21.3 minutes to get to work. According to the 2019 Bureau of Census/American Community Survey (ACS), the number of workers 16 and over commuting to work, has several implications for transportation and municipal services.
- ❖ Most residents worked in Webb County (96%), while 3.4% worked outside of the county. Approximately 0.6% of residents worked outside of the state.

2018 - 2019

- ❖ The average commute to work in Webb County was approximately 21.7 minutes. The commute to work in Laredo was approximately 21.2 minutes, slightly below the county (21.7) and state average (26.1).
- ❖ The majority of Webb County and the city of Laredo are largely auto-oriented communities. In Laredo, approximately 81.7% of workers drove alone to work, while 12.0% carpooled. These percentages are somewhat consistent with the county rates. In addition, in Laredo, 1.5% of workers walked to work, while 1.0% used public transportation. An estimated 81.4% of Webb County workers drove to work alone in 2013- 2017, and 11.9% carpooled. Among those who commuted to work, it took them on average 21.7 minutes to get to work. According to the 2017 Bureau of Census/American Community Survey (ACS) the number of workers 16 and over commuting to work, has several implications for transportation and municipal services.
- ❖ Most residents worked in Webb County, while 3.4% worked outside of the county. Approximately 0.6% of residents worked outside of the state.
- ❖ El Metro Transit is the operator of public transportation in Laredo, Texas. Twenty-three bus routes are operated in a hub and spoke system, with each terminating in a downtown transit center.
- ❖ Rural transportation is provided by the Webb County-operated "El Aguila Rural Transportation" (the Eagle) bus services.
- ❖ Surveys indicated that transportation is important for families and children in the Head Start service area.

Housing

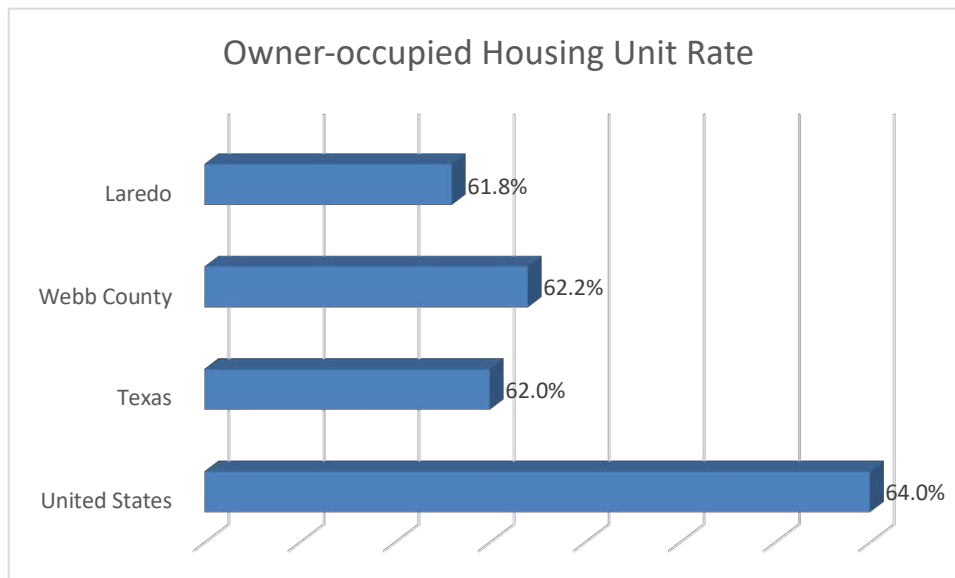


Table 91: Owner-occupied Housing Unit Rate

Location	Percentage
Laredo	61.8%
Webb County	62.2%
Texas	62.0%
United States	64.0%

Source: U.S. Census Quick Facts 2015 – 2019

Key Findings: The owner-occupied housing unit rate in the city of Laredo was 61.8%, which was slightly lower than the rate for Webb County (62.2%). The owner-occupied housing unit rate for Webb County was slightly higher than the state rate (62.0%).

Table 92: Vacancy Rate and Occupied Units

Location/Percentage	Total Housing Units	Occupied Housing Units	Vacant Housing Units	Homeowner Vacancy Rate	Rental Vacancy Rate
Laredo	77,657	91.5%	8.5%	1.4%	7.5%
Webb County	83,041	90.1%	9.9%	1.4%	7.5%
Texas	10,937,026	88.6%	11.4%	1.6%	7.8%
United States	137,428,986	87.9%	12.1%	1.6%	6.0%

Source: U.S. Census Bureau, 2015– 2019 American Community Survey 5-Year Estimates. DP04

Key Findings: The City of Laredo (91.5%) had a slightly higher percentage of occupied housing units than the County (90.1%). The City of Laredo reported 8.5% vacant housing units and a 7.5% rental vacancy rate.

Table 93: Gross Rent (Occupied Units Paying Rent)

Location	Occupied Units paying rent	Less than \$500	\$500 - \$999	\$1,000 - \$1,499	\$1,500 - \$1,999	\$2,000 - \$2,499	\$2,500 - \$2,999	\$3,000 or more	Median Rent
Laredo	25,494	10.5%	58.0%	25.5%	4.7%	1.0%	0.2%	0.1%	\$851
Webb County	26,260	11.0%	58.2%	24.9%	4.6%	1.0%	0.2%	0.1	\$844
Texas	3,502,829	6.6%	36.6%	35.0%	13.3%	3.5%	1.1%	0.9%	\$1,045
United States	41,311,872	9.4%	36.2%	30.0%	14.0%	5.6%	2.4%	21.4%	\$1,062

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP04

Key Findings: The percentage of occupied units paying gross rent less than \$500 was slightly lower in the city of Laredo (10.5%) than Webb County (11.0%), which both were higher than the state average (6.6%) and national average (9.4%). In Webb County, 58.2% of occupied units were paying rent ranging from \$500 - \$999. The median rent for Webb County was \$844.

Table 94: Occupied Housing Units with/without Vehicles Available

Location	Occupied Housing Units	No Vehicle Available		1 Vehicle Available		2 Vehicles Available	
Laredo	71,033	4,207	5.9%	23,401	32.9%	26,114	36.8%
Webb County	74,789	4,547	6.1%	24,601	32.9%	27,390	36.6%
Texas	9,691,647	512,411	5.3%	3,173,084	32.7%	3,895,574	40.2%
United States	120,756,048	10,395,713	8.6%	39,521,096	32.7%	44,954,436	37.2%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP04

Key Findings: The city of Laredo (5.9%) reported a slightly lower percentage of households with no vehicle available than Webb County (6.1%). However, the percentage of households with at least one vehicle in the city of Laredo was 32.9%, slightly higher than the state and national rates (32.7%). Webb County had a slightly lower percentage of households with two available vehicles (36.6%) than the state (40.2%) and national rate (37.2%).

Table 95: Selected Housing Characteristics

Location	Occupied Housing Units	Lacking Complete Plumbing Facilities		Lacking Complete Kitchen Facilities		No Telephone Service Available	
Laredo	71,033	498	0.7%	573	0.8%	2,104	3.0%
Webb County	74,789	758	1.0%	641	0.9%	2,220	3.0%
Texas	9,691,647	40,659	0.4%	75,532	0.8%	206,526	2.1%
United States	120,756,048	468,497	0.4%	1,003,980	0.8%	2,317,813	1.9%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP04

Key Findings: Webb County and the city of Laredo had somewhat comparable percentages as related to homes lacking plumbing, kitchen facility, and telephone services. However, there were 498 homes in the city of Laredo that lacked plumbing facilities, as compared to 758 homes that lacked complete kitchen facilities in Webb County. The data reflect a higher percentage of households with no available telephone service in Webb County (3.0%) than the state (2.1%) and national rates (1.9%).

Table 96: Gross Rent (as Percentage of Household Income)

Location	Less than 15.0%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 34.9%	35.0% or more
Laredo	12.2%	11.8%	11.4%	11.4%	8.7%	44.8%
Webb County	12.4%	11.6%	11.3%	11.0%	8.7%	45.0%
Texas	13.2%	13.6%	13.6%	11.8%	9.1%	38.6%
United States	13.1%	12.9%	12.9%	11.6%	9.1%	40.5%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. DP04

Key Findings: The percentage of households that paid gross rent that was 35% or more of household income in the city of Laredo was 44.8%, as compared to 45.0% in Webb County and 38.6% for the state.

Table 97: Fair Market Rent

Location	Fair Market Rent (Monthly) Efficiency	Fair Market Rent (Monthly) 1 Bedroom	Fair Market Rent (Monthly) 2 Bedrooms	Fair Market Rent (Monthly) 3 Bedrooms	Fair Market Rent (Monthly) 4 Bedrooms
Webb County	\$730	\$735	\$915	\$1,199	\$1,351
Texas	\$852	\$946	\$1,143	\$1,508	\$1,883

Source: National Low Income Housing Coalition, 2021. <http://nlhc.org/oor/texas>

Key Findings: Fair market monthly rent for a 4-bedroom house or apartment for the service area is shown above. Fair market rent for four bedrooms was lower in Webb County (\$1,351) as compared to the state (\$1,883).



Table 98: Housing Affordability

Location	Estimated Mean Renter Hourly Wage	Hourly Wage 0 Bedroom	Hourly Wage 1 Bedroom	Hourly Wage 2 Bedrooms	Hourly Wage 3 Bedrooms	Hourly Wage 4 Bedrooms
Webb County	\$10.07	\$14.04	\$14.13	\$17.60	\$23.06	\$25.98
Texas	\$20.25	\$16.38	\$18.19	\$21.98	\$29.01	\$36.22

Source: National Low Income Housing Coalition, 2021. <http://nlihc.org/oor/texas>

Key Findings: The National Low Income Housing Coalition reports each year on the amount of money a household must earn to afford a rental unit based on Fair Market Rent in the area and an acceptable limit of 30% of income for housing costs. Within the service area, a household must earn \$17.60 per hour to afford a 2-bedroom rental unit as compared to the state (\$21.98). The estimated mean renter hourly wage is \$10.07 in Webb County as compared to the state (\$20.25).

Safe and stable housing is essential to the healthy growth of children. Research links inadequate or insecure housing to negative outcomes for children.

Source: Child Trends

Housing Instability

New research finds that housing instability can affect the mental and physical health of family members of all ages. There has been quite a bit of research linking financial insecurity to poor health outcomes. The connection is, on its face, an obvious one, as a depleted checking account can cause stress, which can manifest in our bodies

and minds. A new study by researchers at Boston Medical Center furthers that unfortunate connection: It finds housing instability, including chronically late rent payment, can affect the mental and physical health of family members of all ages. A stable home is a foundation to thrive. It is important to start thinking about creating more of that foundation, so people can have a fair shot and start getting ahead.

Over five years in five urban medical centers nationwide, the researchers surveyed and interviewed 22,324 low-income families with a series of questions about chronic forms of housing instability, and rated both the caregiver and child's health. Thirty-four percent of the families surveyed who had children ages four and below faced at least one form of housing instability; 27 percent fell behind on rent at least two times in the past year, 8 percent had moved at least twice in the past year, and 12 percent had a history of homelessness.

The study found caregivers of young children in low-income unstable housing are subject to significant negative health effects, becoming two times more likely than those in stable housing to be in fair or poor health, and almost three times more likely to report depressive symptoms. Children aged four and under in these families had almost a 20 percent increased risk of hospitalization, and over a 25 percent increased risk of developmental delays.

Two-thirds of these families were behind on rent at least twice in the past year. In addition, only 14 percent of families reported experiencing more than one form of housing instability—for example, being behind on rent and moving homes multiple times. This may indicate a need to approach distinct housing circumstances separately, instead of assessing these issues in one larger group.

The rated health of children in families experiencing trouble meeting rent deadlines looked like the health of children who had experienced homelessness or multiple moves. Taking these findings and the stressors of families' circumstances, doctors working in areas with these high-risk practices can better understand why patients are having certain health conditions. This is a real wake-up call and agencies need to start thinking about creating more affordable housing options for everyone.

Source: The Burden of a Late Rent Check Can Harm the Health of Both Parents and Kids

[https://psmag.com/social-justice/late-rent-payments-family-](https://psmag.com/social-justice/late-rent-payments-family-health?utm_source=Partnership%20eNews%202%2F6%2F2018&utm_campaign=Partnership%20eNews%202%2F6%2F2018&utm_medium=email)

[health?utm_source=Partnership%20eNews%202%2F6%2F2018&utm_campaign=Partnership%20eNews%202%2F6%2F2018&utm_medium=email](https://psmag.com/social-justice/late-rent-payments-family-health?utm_source=Partnership%20eNews%202%2F6%2F2018&utm_campaign=Partnership%20eNews%202%2F6%2F2018&utm_medium=email)



Highlights and Considerations – Housing

Update 2021 – 2022

- ❖ The owner-occupied housing unit rate in the city of Laredo was 61.8%, which was slightly lower than the rate for Webb County (62.2%). The owner-occupied housing unit rate for Webb County was slightly higher than the state rate (62.0%).
- ❖ The City of Laredo (91.5%) had a slightly higher percentage of occupied housing units than the County (90.1%). The City of Laredo reported 8.5% vacant housing units and a 7.5% rental vacancy rate.
- ❖ The percentage of occupied units paying gross rent less than \$500 was slightly lower in the city of Laredo (10.5%) than Webb County (11.0%), which both were higher than the state average (6.6%) and national average (9.4%). In Webb County, 58.2% of occupied units were paying rent ranging from \$500 - \$999. The median rent for Webb County was \$844.
- ❖ The city of Laredo (5.9%) reported a slightly lower percentage of households with no vehicle available than Webb County (6.1%). However, the percentage of households with at least one vehicle in the city of Laredo was 32.9%, slightly higher than the state and national rates (32.7%). Webb County had a slightly lower percentage of households with two available vehicles (36.6%) than the state (40.2%) and national rate (37.2%).
- ❖ Webb County and the city of Laredo had somewhat comparable percentages as related to homes lacking plumbing, kitchen facility, and telephone services. However, there were 498 homes in the city of Laredo that lacked plumbing facilities, as compared to 758 homes that lacked complete kitchen facilities in Webb County. The data reflect a higher percentage of households with no available telephone service in Webb County (3.0%) than the state (2.1%) and national rates (1.9%).
- ❖ The percentage of households that paid gross rent that was 35% or more of household income in the city of Laredo was 44.8%, as compared to 45.0% in Webb County and 38.6% for the state.
- ❖ Fair market rent for four bedrooms was lower in Webb County (\$1,351) as compared to the state (\$1,883).
- ❖ Within the service area, a household must earn \$17.60 per hour to afford a 2-bedroom rental unit as compared to the state (\$21.98). The estimated mean renter hourly wage is \$10.07 in Webb County as compared to the state (\$20.25).

2018 - 2019

- ❖ The homeownership rate in the city of Laredo was 62.5%, which was slightly lower than the homeownership rate for Webb County (63.0%). The homeownership rate for Webb County was higher than the state rate (62.0%).

- ❖ Laredo (91.8%) had a slightly higher percentage of occupied housing units than Webb County (90.5%). The city of Laredo also had 8.2% of vacant housing units and a 6.8% rental vacancy rate.
- ❖ The percentage of occupied units paying gross rent less than \$500 was slightly lower in the city of Laredo (13.2%) than Webb County (13.8%), which both were higher than the state average (7.9%) and national average (10.5%). In Webb County, 62.0% of occupied units were paying rent ranging from \$500 - \$999. The median rent for Webb County was \$784.
- ❖ The city of Laredo (6.5%) reported a slightly higher percentage of households with no vehicle available than Webb County (6.7%). However, the percentage of households with at least one vehicle in the city of Laredo was 32.3%. Webb County had slightly fewer households that had two vehicles available at 37.1%.
- ❖ Webb County and the city of Laredo had somewhat comparable percentages as related to homes lacking plumbing, kitchen facility, and telephone services. However, there were 451 homes in the city of Laredo that lacked kitchen facilities, as compared to 544 homes that lacked complete kitchen facilities in Webb County.
- ❖ The percentage of households that paid gross rent that was 35% or more of household income in the city of Laredo was 48.0%, as compared to 47.7% in Webb County and 38.8% in the state.
- ❖ Fair market rent for four bedrooms was lower in Webb County (\$1,196) as compared to the state (\$1,680).
- ❖ Within the service area, a household must earn \$15.15 per hour to afford a 2-bedroom rental unit as compared to the state (\$19.32). The average renter hourly wage is \$8.87 in Webb County as compared to the state (\$18.20).
- ❖ Housing instability, including chronically late rent payment, can affect the mental and physical health of family members of all ages. A stable home is a foundation to thrive.
- ❖ Caregivers of young children in low-income unstable housing are subjected to significant negative health effects, becoming two times more likely than those in stable housing to be in fair or poor health, and almost three times more likely to report depressive symptoms. Children aged four and under in these families had almost a 20% increased risk of hospitalization, and over a 25% increased risk of developmental delays. Two-thirds of these families were behind on rent at least twice in the past year.
- ❖ The rated health of children in families experiencing trouble meeting rent deadlines looked like the health of children who had experienced homelessness or multiple moves.

Childcare

Research tells us that quality early childhood education care provides a solid foundation for future success and has long term academic and social benefits for the child and society. The evidence is clear – children who participate in high-quality programs during their early years demonstrate lasting effects on IQ, boosted academic and economic achievement, and lower incidences of childhood obesity and chronic illness. (*Child Care Aware 2020*).

When COVID-19 was layered onto the already fragile childcare system, it shattered. Many providers are in danger of closing because their attendance and enrollment (and therefore their income) plunged and/or their expenses skyrocketed due to pandemic-related costs. Based on the findings of a childcare provider survey in July, the National Association for the Education of Young Children (NAEYC) estimates that only 18% of providers can expect to survive past the next year if they do not receive any financial support. We're already seeing the consequences: Parents are struggling to find childcare arrangements that will allow them to work productively, either from home or back in their workplaces. Without a reliable, steady workforce, this country will not recover economically from the pandemic-related shutdown. And a reliable workforce requires a functioning childcare system. Simply put – no childcare, no recovery.



Table 99: Available and Eligible Birth-to-Five Children

Child Poverty Rate 0 - 5	Location	Total Available Children ages 0 - 5	Available Children 0 - 3	Eligible Children 0 - 3	Available Children 3 - 5	Eligible Children 3 - 5
41.6%	Laredo	24,387	14,924	6,208	9,463	3,936
42.1%	Webb County	26,080	15,843	6,669	10,237	4,309

Source: American Community Survey, 2015 - 2019.

Key Findings: The funded enrollment for Webb County Commissioners Head Start was 1,218 children, 72 Early Head Start, and 72 Child Care Partners in 2019 - 2020. There were approximately 15,843 available children ages 0 – 3 and 6,669 eligible 0 – 3-year-old children in Webb County. There were 10,237 available 3 – 5-year-old children and approximately 4,309 eligible 3 - 5-year-old children in Webb County.

In Laredo, there were approximately 14,924 available 0 – 3-year-old children and 6,208 eligible 0 - 3-year-old children. There were approximately 9,463 available children ages 3 – 5 and an estimated 3,936 eligible children ages 3 – 5. The program currently serves 2.1% of eligible Early Head Start children and 28% of eligible Head Start children. The number of unserved children ages 0 - 3 indicates possible expansion opportunities for Early Head Start as well as Head Start services in Webb County.



Figure 17: Why Child Care Matters to Businesses

WHY CHILD CARE MATTERS TO BUSINESSES

Access to quality child care options makes it possible for parents to work, and businesses benefit from their participation in the workforce. However, parents may miss work due to breakdowns in their child care arrangements (e.g., when a child is sick, snow days are called, etc.).

Because of COVID-19, many children are attending schools that have distance learning or hybrid learning schedules (a mix of in-person and online schooling). Parents need flexible work hours to attend to their child(ren)'s at-home learning. Other parents are in jobs that don't allow them to work from home; many face the difficult decision of leaving their children alone or leaving the workforce.

The business community is aware of the need for child care in order to keep their workforce in place. In 2018, ReadyNation studied the economic impact of insufficient child care on working families and businesses. Well before the pandemic, they estimated annual losses of \$57 billion in earnings, productivity and revenue due to the nation's child care crisis. That \$57 billion in losses included:

- Working parents loss of \$37 billion due to reduced productivity at work, and in more time looking for work.
- Business loss of \$13 billion from reduced revenue and extra recruitment costs.
- Taxpayer loss of \$7 billion due to working parents being in lower income tax brackets and paying less sales tax.⁴

The authors predicted that these losses will accumulate and the impacts for young families and businesses will be long lasting. Add the potential impact of COVID-19 to these numbers and it is clear how important it will be to invest in child care to save the economy from ruin. For the U.S. economy to recover from COVID-19, American businesses will need access to a steady, reliable workforce - one with access to reliable child care.

Source: <https://info.childcareaware.org/>; *Picking Up the Pieces — Building A Better Child Care System Post COVID 19.pdf*

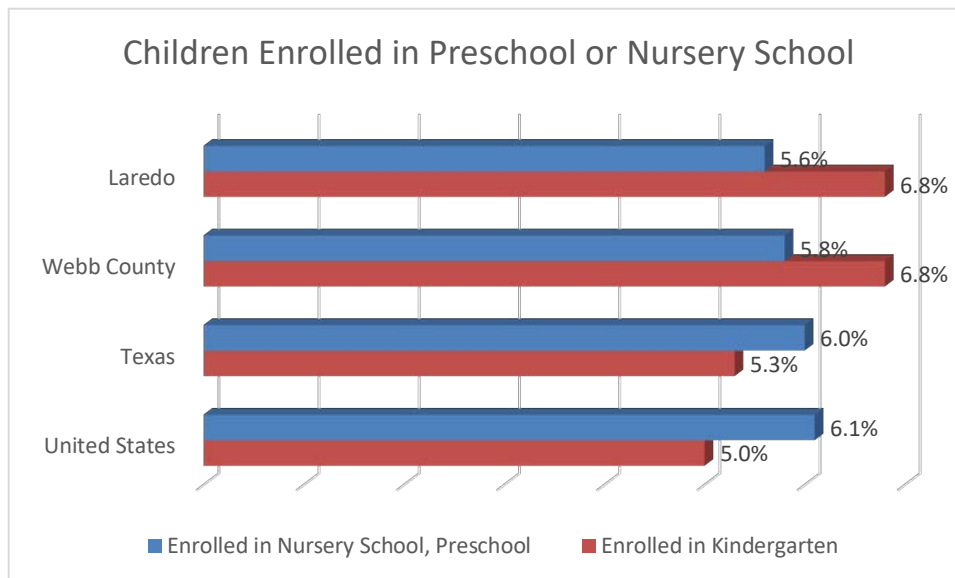


Table 100: Children Enrolled in Preschool or Nursery School

Location	Enrolled in Nursery School, Preschool		Enrolled in Kindergarten	
	Number	Percent	Number	Percent
Laredo	4,741	5.6%	5,758	6.8%
Webb County	5,130	5.8%	6,051	6.8%
Texas	458,628	6.0%	409,022	5.3%
United States	4,976,762	6.1%	4,048,970	5.0%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. S1401

Key Findings: According to American Community Survey, approximately 5,130 (5.8%) children were reported enrolled in a nursery school or preschool in Webb County, slightly lower than the state (6.0%) and national rate (6.1%).

Table 101: Pre-Kindergarten Programs and Enrollment Ages 3 - 4

Location	Total Students Enrolled	Economically Disadvantaged	English Language Learners	Military Children	Homeless	Foster Care
Laredo ISD	2,384	2,303 (97%)	1,660 (70%)	5 (0.2%)	36 (2.0%)	*
United ISD	1,594	1,354 (85%)	1,119 (70%)	18 (1.0%)	10 (0.6%)	*
Webb CISD	14	14 (71%)	*	0 (0.0%)	0 (0.0%)	0 (0.0%)

Source: Texas Education Agency. <http://www.texaseducationinfo.org/ViewReport.aspx>. * - data are masked to protect the confidentiality of student data (2019 – 2020)

Key Findings: The number of children enrolled in the Pre-Kindergarten program in the three school districts is shown in the chart above. Approximately 3,992 children ages 3 and 4 were enrolled in Pre-Kindergarten. Most of the children were reported as economically disadvantaged. An estimated 70% were English Language Learners. Laredo ISD reported serving 36 homeless children, while United ISD served ten (10) homeless children.

Table 102: Number of Pre-Kindergarten Schools by Full or Half-Day Programs

Location	Schools Providing Pre -K			Total	Percent Enrolled	
	Full-Day Only	Half-Day Only	Full and Half-Day		Full-day	Half-day
Laredo ISD	20	0	0	20	100%	0%
United ISD	12	12	4	28	60.66%	39.33%
Webb CISD	0	0	1	1	*	*
Total	26	11	11	48		

Source: Texas Education Agency. <http://www.texaseducationinfo.org/ViewReport.aspx>. 2019-2020; (*) -data are masked to protect the confidentiality of student data.

Key Findings: Within the service area, an estimated 26 schools provided full-day Pre-Kindergarten programs, of which Laredo ISD reported the largest number of schools providing full-day programs in 2019 - 2020. United ISD reported the largest number of schools providing half-day programs.

Table 103: United ISD Pre-Kindergarten Enrollment by Full or Half-Day Programs

Location	Students Enrolled (Age 4)			Percent Enrolled	
	Full-Day	Half-Day	Total	Full-day	Half-day
United ISD	842	857	1,699	49.5%	50.4%

Source: Texas Education Agency. <http://www.texaseducationinfo.org/ViewReport.aspx>. 2019-2020

Key Findings: United ISD reported a Pre-K enrollment of 1,699 four-year-old children, of which 842 were full-day participants and 857 were half-day.

Table 104: Laredo ISD and Webb County ISD Pre-Kindergarten Enrollment by Full or Half-Day Programs

Location	Students Enrolled Ages 3 and 4					Percent Enrolled	
	Full-Day Age 3	Half-Day Age 3	Full-Day Age 4	Half-Day Age 4	Total	Full-day	Half-day
Laredo ISD	888	0	1,496	0	2,384	100%	0.0%
Webb CISD	*	0	11	*	14	*	*

Source: Texas Education Agency. <http://www.texaseducationinfo.org/ViewReport.aspx>. 2019-2020. (*) - data are masked to protect the confidentiality of student data.

Key Findings: Laredo ISD reported a Pre-K enrollment of 2,384 children, of which 888 were three-year-old full-day participants and 1,496 were four-year-old full-day participants. Webb County ISD reported 14 children enrolled in Pre-K, of which eleven (11) children were enrolled in a full-day program.

Table 105: Pre-Kindergarten Enrollment by Ethnicity/Race

Location	Black or African American	Hispanic/Latino	White	Other
Laredo ISD	*	2,351	47	*
United ISD	*	1,686	5	*
Webb CISD	0	16	0	0

Source: Texas Education Agency. <http://www.texaseducationinfo.org/ViewReport.aspx>. * - data are masked to protect the confidentiality of student data. Other category includes four races: American Indian or Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and individuals having origins in more than one non-Hispanic racial category.

Key Findings: The majority of children enrolled in Pre-Kindergarten programs in Webb County identified as Hispanic/Latino.

Table 106: Children Ages 3 – 4 Enrolled in Public or Private School

Location	Number and Percent of 3- and 4-year-old children Enrolled in school		Number and Percent Enrolled in Public School		Number and Percent Enrolled in Private School	
	Number	Percent	Number	Percent	Number	Percent
Laredo	4483	47.4%	3606	80.4%	877	19.6%
Webb County	4871	47.6%	3,994	82.0%	877	18.0%
Texas	355,976	43.2 %	223,931	62.9%	132,045	37.1%
United States	3,938,693	48.3%	2,297,379	58.3%	1,641,314	41.7%

Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates. S1401

Key Findings: In Webb County, approximately 82.0% of 3 - 4-year-old children were enrolled in public school and 18.0% were enrolled in private school. Laredo reported 80.4% of 3 - 4-year-old children enrolled in public school and 19.6% enrolled in private school.

Table 107: Children (Ages 0 – 12) receiving Subsidized Child Care

Location	Data Type	2015	2016	2017	2018	2019
Webb County	Number	3,789	3,535	3,099	3,572	4,235
	Percent	5.9%	5.5%	5.0%	5.8%	6.9%
Texas	Number	183,415	202,469	184,223	196,641	223,120
	Percent	3.5%	3.9%	3.5%	3.7%	4.2%

Source: Kids Count, Texas Workforce Commission 2015-2019

Key Findings: In Webb County, the number of children, ages 0 - 12, who received state-subsidized childcare during 2019 was 4,235 (6.9%), representing an increase of 446 children since 2015. The percentage of children receiving subsidized care in Webb County was higher than the state average (4.2%).

Table 108: Child Care Capacity

Location	Licensed Child Care Centers	Total Child Care Center Capacity	Licensed Child Care Homes	Licensed Child Care Home Capacity
Webb County	94	6,668	26	311

Source: <https://www.hhs.texas.gov/sites/default/files/documents/about-hhs/records-statistics/research-statistics/ccl/ccr-data-book-child-day-care-2020.pdf>

Key Findings: In Webb County, licensed childcare center capacity in 2020 was 6,668. The number of licensed childcare centers was 94. Licensed childcare homes’ capacity was 311. There were 26 licensed childcare homes in Webb County. Childcare center capacity and childcare home capacity have decreased over the past years.

Texas Rising Star (TRS)

Texas Rising Star (TRS): a voluntary program for providers who are committed to quality care and who exceed the state’s minimum childcare standards. Texas Rising Star Provider certification is a process for improving the quality of childcare services provided in Texas. The system provides graduated (2 - 4 star) levels of certification as providers meet progressively higher certification requirements. Texas Rising Star provides professional development resources and mentoring to sustain and improve the quality of early childhood environments at TRS certified programs. TRS certified providers may have access to three types of assistance: technical assistance (TA) plans, Service Improvement Agreements (SIAs), and probationary assistance. Non-TRS certified providers may also access technical assistance resources to help them prepare for certification. All center-based and home-based childcare providers in Texas can apply to participate in TRS if they meet certain eligibility criteria. Programs that participate in TRS meet higher quality standards than many other childcare programs.

In addition to Texas Rising Star, there are other State/National Quality Child Care Indicators. These include:

- ❖ Texas School Ready (TSR)
- ❖ National Association for the Education of Young Children (NAEYC)
- ❖ National Early Childhood Program Accreditation (NECPA)
- ❖ National Accreditation Commission for Early Care and Education Program (NACCP)
- ❖ Association of Christian Schools International (ASCI)
- ❖ National Association for Family Child Care (NAFCC)
- ❖ National After-School Association (NAA)

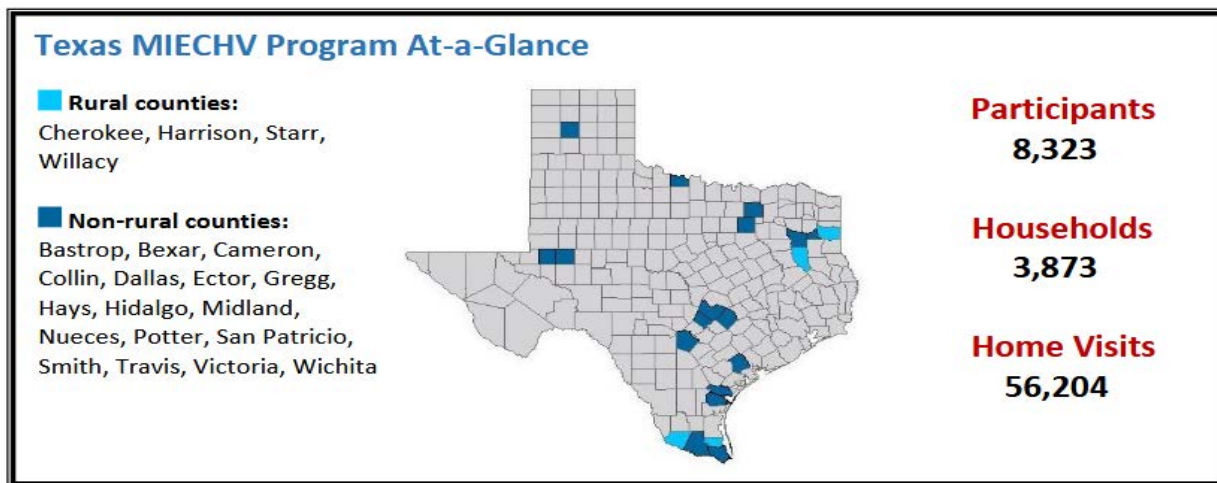
CCDBG Reauthorization (2014)

Child Care and Development Block Grant Act of 2014 was signed into law on November 19, 2014. This law reauthorizes the childcare program for the first time since 1996 and represents a historic re-envisioning of the CCDBG program. The new law makes significant changes from the previous iteration, including defining health and

safety requirements for childcare providers, outlining family-friendly eligibility policies, and ensuring parents and the public have transparent information about the childcare choices available to them.

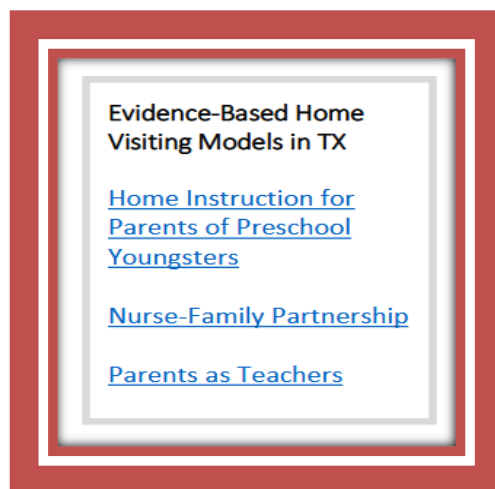
Reauthorization not only renews the authority and funding for the CCDF program through 2020 but makes important statutory changes focused on better balancing the dual purposes of CCDF: to promote families' economic self-sufficiency by making childcare more affordable, fostering healthy child development and school success by improving the overall quality of early learning and afterschool programs.

Texas Maternal Infant and Early Childhood Home Visiting (MIECHV) Program



Source:

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/tx.pdf>
<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets>



Texas Serves a High-Risk Population

MIECHV Program awardees serve high-risk populations. Awardee’s tailor their programs to serve populations of need within their state.

- 97.3% of households were low income
- 7.9% of households included someone who used tobacco products in the home
- 7.4% of households included pregnant teens

Texas Performance Highlights

- Brain Development Training: Collaborated with University of Pittsburgh to provide comprehensive brain development training to 22 master coaches, who have trained over 1,000 home visitors and key community leaders on how to maximize the age 0-5 developmental window
- Parent-Child Interaction: 68.5% of caregivers enrolled in home visiting received an observation of caregiver-child interaction by the home visitor using a validated tool
- Child Maltreatment: Only 4.4% of children enrolled in home visiting had an investigated case of child maltreatment

Highlights and Considerations - Childcare

Update 2021 – 2022

- ❖ The funded enrollment for Webb County Commissioners Head Start was 1,218 children, 72 Early Head Start, and 72 Child Care Partners in 2019 - 2020. There were approximately 15,843 available children ages 0 – 3 and 6,669 eligible 0 – 3-year-old children in Webb County. There were 10,237 available 3 – 5-year-old children and approximately 4,309 eligible 3 - 5-year-old children in Webb County.
- ❖ In Laredo, there were approximately 14,924 available 0 – 3-year-old children and 6,208 eligible 0 - 3-year-old children. There were approximately 9,463 available children ages 3 – 5 and an estimated 3,936 eligible children ages 3 – 5. The program currently serves 2.1% of eligible Early Head Start children and 28% of eligible Head Start children. The number of unserved children ages 0 - 3 indicates possible expansion opportunities for Early Head Start as well as Head Start services in Webb County.
- ❖ According to American Community Survey, approximately 5,130 (5.8%) children were reported enrolled in a nursery school or preschool in Webb County, slightly lower than the state (6.0%) and national rate (6.1%).
- ❖ Approximately 3,992 children ages 3 and 4 were enrolled in Pre-Kindergarten. Most of the children were reported as economically disadvantaged. An estimated 70% were English Language Learners. Laredo ISD reported serving 36 homeless children, while United ISD served ten (10) homeless children.
- ❖ Within the service area, an estimated 26 schools provided full-day Pre-Kindergarten programs, of which Laredo ISD reported the largest number of schools providing full-day programs in 2019 - 2020. United ISD reported the largest number of schools providing half-day programs.
- ❖ United ISD reported a Pre-K enrollment of 1,699 four-year-old children, of which 842 were full-day participants and 857 were half-day. Laredo ISD reported a Pre-K enrollment of 2,384 children, of which 888 were three-year-old full-day participants and 1,496 were four-year-old full-day participants. Webb County ISD reported 14 children enrolled in Pre-K, of which eleven (11) children were enrolled in a full-day program.
- ❖ Most children enrolled in Pre-Kindergarten programs in Webb County identified as Hispanic/Latino.
- ❖ In Webb County, approximately 82.0% of 3 - 4-year-old children were enrolled in public school and 18.0% were enrolled in private school. Laredo reported 80.4% of 3 - 4-year-old children enrolled in public school and 19.6% enrolled in private school.
- ❖ In Webb County, the number of children, ages 0 - 12, who received state-subsidized childcare during 2019 was 4,235 (6.9%), representing an increase of 446 children since 2015. The percentage of children receiving subsidized care in Webb County was higher than the state average (4.2%).

In Webb County, licensed childcare center capacity in 2020 was 6,668. The number of licensed childcare centers was 94. Licensed childcare homes' capacity was 311. There were 26 licensed childcare homes in Webb County. Childcare center capacity and childcare home capacity have decreased over the past years.

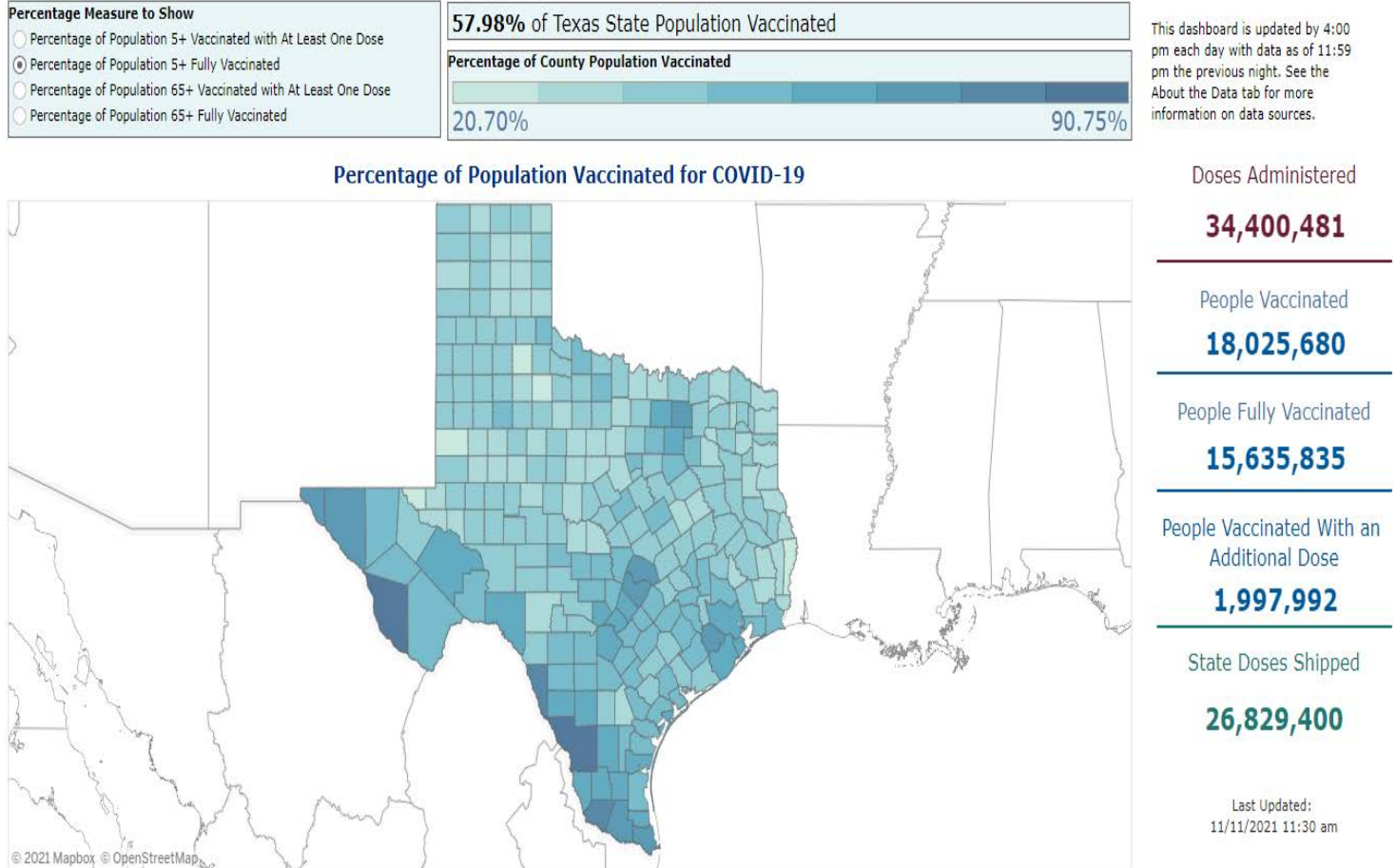
2018 - 2019

- ❖ The funded enrollment for Webb County Commissioners Head Start was 1,218 children, 72 Early Head Start, and 72 Child Care Partners in 2017 - 2018. There were approximately 15,607 available children ages 0 – 3 and 7,226 eligible 0 – 3-year-old children in Webb County. There were 11,086 available 3 – 5-year-old children and 5,133 eligible 3 - 5-year-old children in Webb County.
- ❖ In Laredo, there were approximately 14,819 available 0 – 3-year-old children and 6,713 eligible 0 - 3-year-old children. There were approximately 10,409 available children ages 3 – 5 and 4,715 eligible children ages 3 – 5. The program currently serves 2.0% of eligible Early Head Start children (Laredo/Webb County) and 26% of eligible Head Start children in the city of Laredo. The program also serves approximately 24% of eligible Head Start children in Webb County. The number of unserved children ages 0 - 3 indicates possible expansion opportunities for and Early Head Start as well as Head Start services in Webb County.
- ❖ Approximately 5,594 (6.3%) children were reported enrolled in a nursery school or preschool in Webb County, slightly higher than the state (6.1%) and national rate (6.0%).
- ❖ Approximately 4,098 children ages 3 and 4 were enrolled in Pre-Kindergarten. Most of the children were reported as economically disadvantaged. An estimated 74% were English Language Learners. Laredo ISD reported serving 11 homeless children, while United ISD served seven (7) homeless children.
- ❖ Within the service area, an estimated 26 schools provided full-day Pre-Kindergarten programs, of which Laredo ISD reported the largest number of schools providing full-day programs in 2017 - 2018. United ISD reported the largest number of schools providing half-day programs.
- ❖ United ISD reported a Pre-K enrollment of 1,699 children, of which 842 were full-day participants and 857 were half-day.
- ❖ Laredo ISD reported a Pre-K enrollment of 2,383 children, of which 905 were three-year-old full-day participants and 1,478 were four-year-old full-day participants. Webb County ISD reported 16 children enrolled in Pre-K, of which eight (8) children were enrolled in a full-day program.
- ❖ Most children enrolled in Pre-Kindergarten programs in Webb County identified as Hispanic/Latino.
- ❖ In Webb County, approximately 81.5% of 3 - 4-year-old children were enrolled in public school and 18.5% were enrolled in private school. Laredo reported 80.2% of 3 - 4-year-old children enrolled in public school and 19.8% were enrolled in private school.
- ❖ In Webb County, the number of children, ages 0 - 12, who received state-subsidized childcare during 2015 was 3,789 (5.9%), representing an increase of 116 children since 2014. The percentage of children receiving subsidized care in Webb County was higher than the state average of 3.5%.

- ❖ In Webb County, licensed childcare center capacity in 2018 was 7,008. The number of licensed childcare centers was 89. Licensed childcare homes' capacity was 371. There were 31 licensed childcare homes in Webb County. Childcare center capacity and childcare home capacity have decreased over the past years.
- ❖ The quality of childcare affects children's development and the country's economic development. Longitudinal studies show that children in higher-quality programs: 1) Do better in school and are less likely to require special education services, 2) Are more likely to attend college, and 3) Are more likely to earn higher wages and are less likely to be involved in the criminal justice system. High-quality programs provide more benefits and low-quality programs have a greater negative impact on children (*Child Care Aware*).

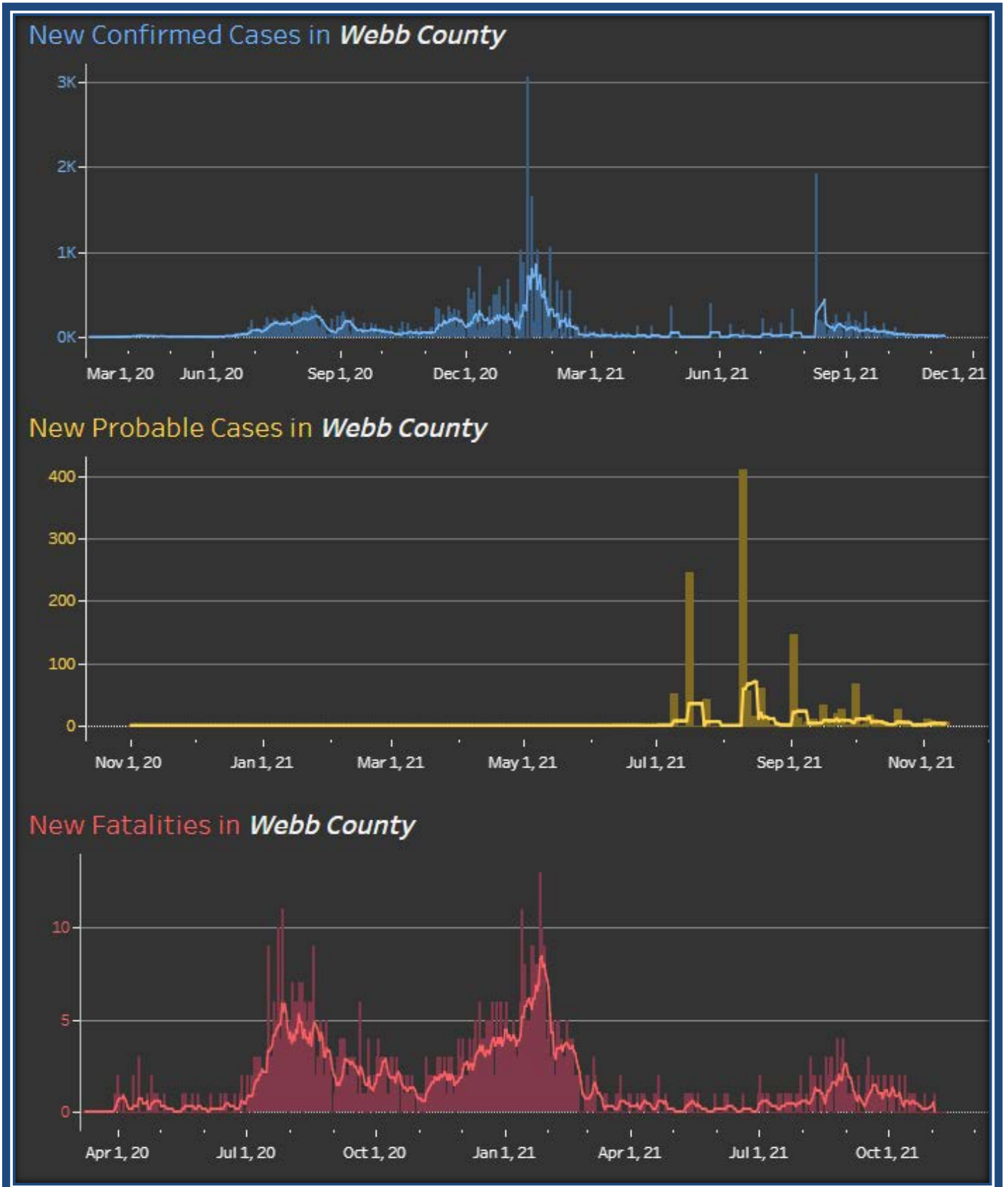
Coronavirus

Figure 18: Percentage of Texas Population Vaccinated for COVID-19



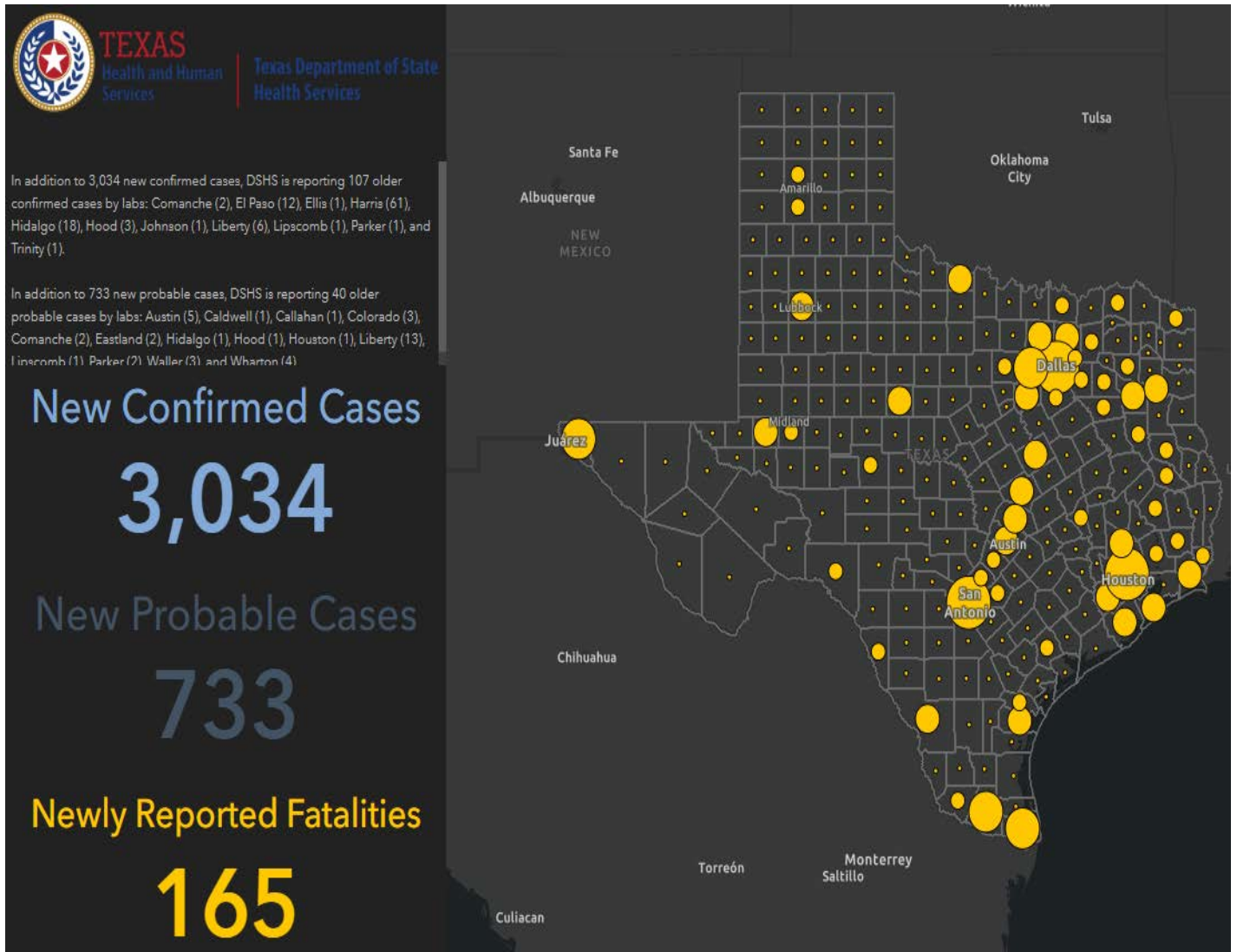
Source: https://tabexternal.dshs.texas.gov/t/THD/views/COVID-19VaccineinTexasDashboard/Summary?:origin=card_share_link&:embed=y&:isGuestRedirectFromVizportal=y

Figure 19: Webb County - New Confirmed COVID-19 Cases, Probable Cases, and Fatalities



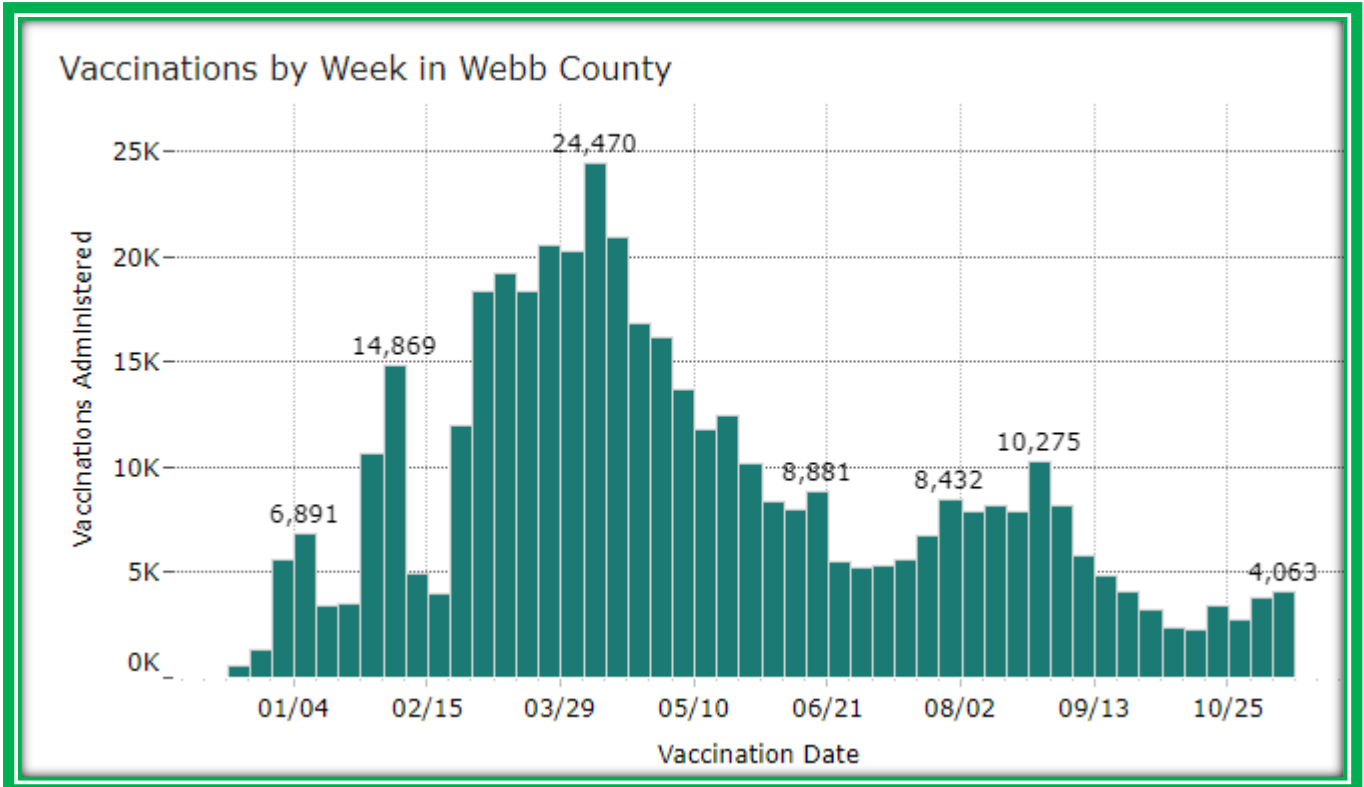
Source:
<https://tabexternal.dshs.texas.gov/t/THD/views/COVIDCountyTrendsOverTime/COVIDTrends?:isGuestRedirectFromVizportal=y&:embed=y>

Figure 20: Texas - New Confirmed COVID-19 Cases, Probable Cases and Fatalities



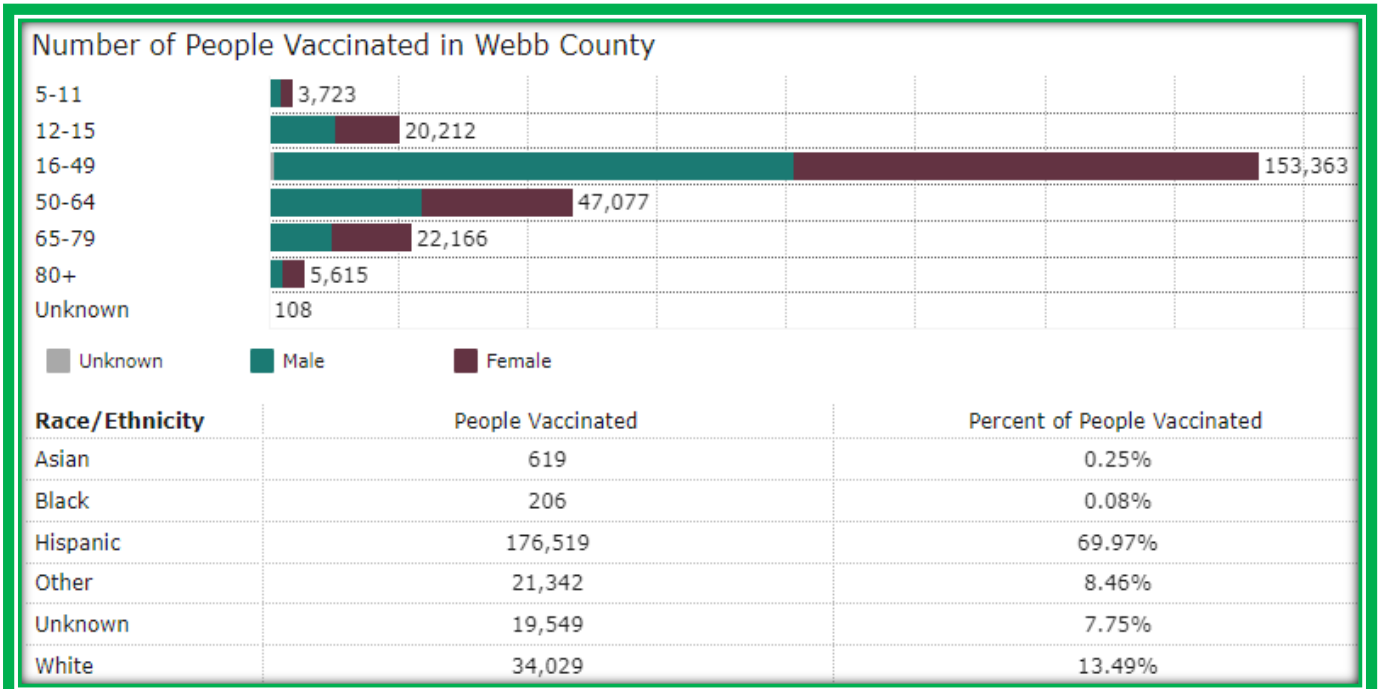
Source: <https://www.arcgis.com/apps/dashboards/45e18cba105c478697c76acbbf86a6bc>. Nov 11, 2021

Figure 21: Vaccines Dose Administered Weekly



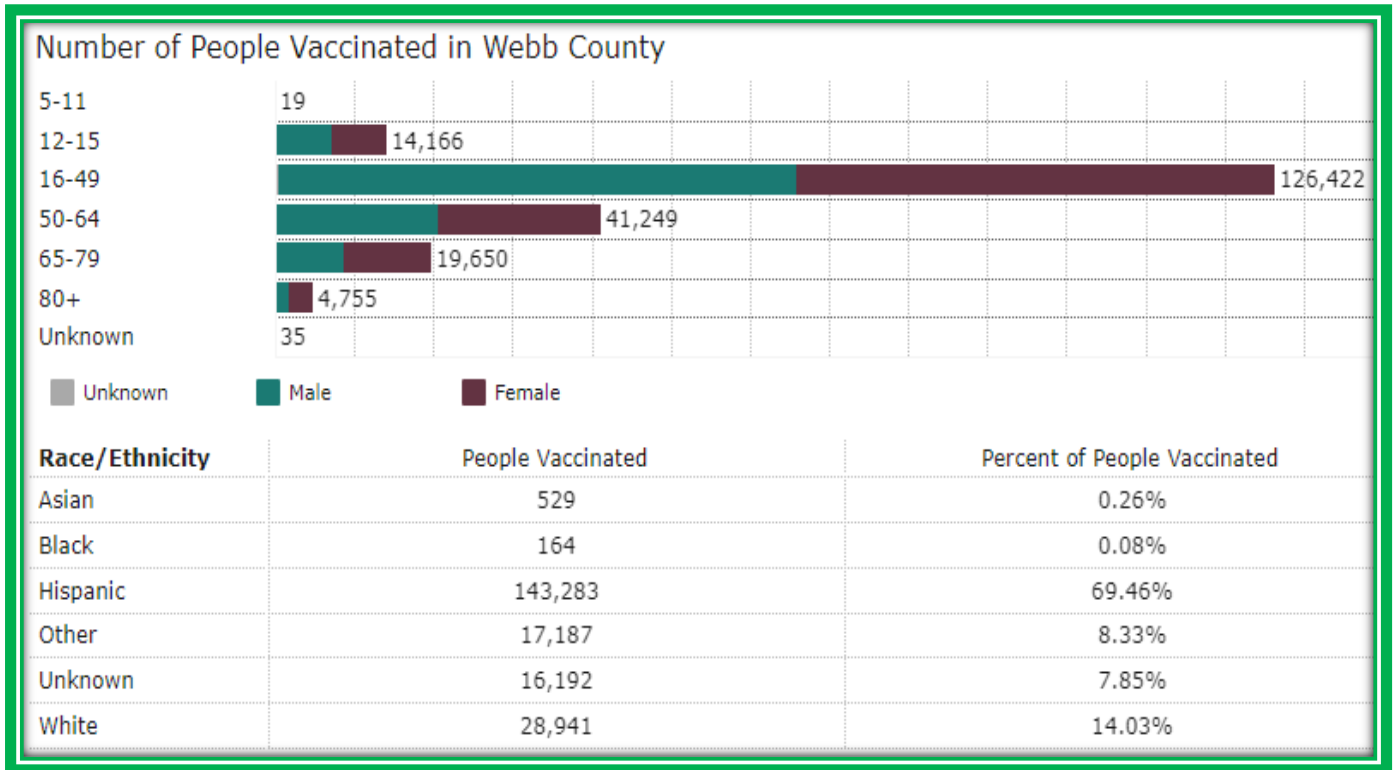
Source: https://tabexternal.dshs.texas.gov/t/THD/views/COVID-19VaccineinTexasDashboard/PeopleVaccinated?%3Aorigin=card_share_link&%3Aembed=y&%3AisGuestRedirectFromVizportal=y

Figure 22: Race, Age, and Number of People Vaccinated with One Dose



Source: https://tabexternal.dshs.texas.gov/t/THD/views/COVID-19VaccineinTexasDashboard/PeopleVaccinated?%3Aorigin=card_share_link&%3Aembed=y&%3AisGuestRedirectFromVizportal=y

Figure 23: Race, Age, and Number of People Fully Vaccinated



Source: https://tabexternal.dshs.texas.gov/t/THD/views/COVID-19VaccineinTexasDashboard/PeopleVaccinated?%3Aorigin=card_share_link&%3Aembed=y&%3AisGuestRedirectFromVizportal=y

Key Findings: An estimated 450,756 doses of COVID-19 vaccination have been administered in Webb County. Data reflects 252,264 individuals with one dose and 206,296 individuals fully vaccinated. Approximately 69.46% Hispanic, 14.03% White, 8.33% Other, 7.85% Unknown, 0.26% Asian, and 0.08% Black American population have been fully vaccinated.

****As more and more of the country continues to get the vaccine, many Texans are still facing one of the primary health disparities the pandemic has uncovered: vaccine access. As such, we wanted to bring to your attention a program that offers free vaccines to Texans. As part of Texas’ mobile vaccination plan, groups of at least five people can schedule a mobile clinic to come to a house, a park, a place of business, or an apartment. To schedule a clinic to come to your location, call 844-90-TEXAS and select option three. (Hogg Foundation)*

Table 109: School Reported COVID-19 Cases in Public Schools August 2, 2021 – November 7, 2021

School Districts	Enrollment January 29, 2021	Cumulative				
		Total Student Cases	Total Staff Cases	School Reported Source of Infection		
				On Campus	Off Campus	Unknown
Laredo ISD	21,772	51	60	0	0	111
United ISD	41,876	221	430	31	299	321
Webb CISD	262	NR	NR	NR	NR	NR
Triumph Public High School	241	NR	NR	NR	NR	NR

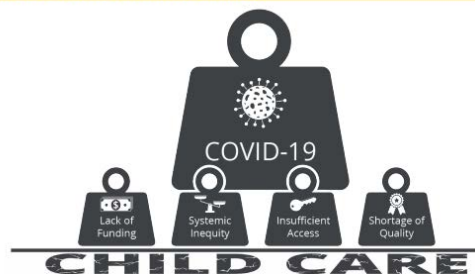
Source: <https://www.dshs.texas.gov/coronavirus/schools/texas-education-agency/>

Key Findings: United ISD reported 221 student COVID-19 cases and 430 staff cases from August 2 – November 7, 2021. Laredo ISD reported 51 student cases and 60 staff cases for the same period.



Ways to Promote Children’s Resilience to the COVID-19 Pandemic

Child Care Shattered Due to Covid-19



The COVID-19 pandemic and its associated social and economic stressors can undermine children’s development and well-being. Not only must they cope with major changes to everyday life, such as physical distancing and home confinement, but their families may struggle to meet their basic physical and emotional needs. Rates of poverty, unemployment, parental mental health problems and substance abuse, child abuse, and neglect, and intimate partner violence tend to rise during disasters. Children may not receive the critical supports they need when community services are limited, and fewer adults have direct contact with children.

The good news is that over four decades of research on resilience shows that protective factors can buffer children from harm and increase the chances they adapt positively to adversities such as the COVID-19 pandemic. Families and communities can work together to promote these protective factors.

✓ **Protective factor #1: Sensitive, responsive caregiving**

The primary factor in a child’s recovery from an adverse or traumatic event is the presence of a sensitive and caring adult. To support healthy child development during COVID-19, children and youth need to maintain regular age-appropriate connections to important adults in their lives. For example, young children may need more face-to-face time for connection than older children and adolescents, who can connect virtually.

Parents and other caregivers can:

- Spend quality time with children. Even short periods of playing, reading, going outdoors, and talking can bolster children’s sense of safety and security during uncertain or scary times. Stay connected even when physical separation is necessary for safety reasons. Set up times for children to talk to distant caregivers using online video chats, telephone calls, emails, texts, or letters. These connections are important in helping children feel secure and supported during the pandemic.

Communities, States, Tribes, and Territories can:

- Offer strategies and supplies to allow adults who are not living with the child (e.g., biological parents, grandparents, childcare providers, teachers) and professionals who work with families (e.g., home visitors, parenting programs) to maintain connections (e.g., activities, equipment, internet).
- Provide resources to families on meaningful, age-appropriate ways to spend time with and talk to children during the pandemic.

✓ **Protective factor #2: Meeting basic needs**

Meeting the basic needs of children and families, such as food, shelter, clothing, and medical and mental health care is essential to protecting children’s well-being in stressful times. Actively mobilizing tangible resources for families during the pandemic is especially important for families experiencing additional risks, such as economic instability, job loss, and health or mental health needs.

Parents and other caregivers can:

- Know that asking for help is a sign of strength and resourcefulness, not weakness.
- Identify helpful local services through a child’s current service provider, school, or early care and education program, or local agency websites and hotlines, family resource centers, or community resource specialists.

Communities, states, tribes, and territories can:

- Help families identify community services that are operating through direct outreach to vulnerable families and public awareness campaigns.

- Reduce barriers to accessing services by increasing service delivery options and by conducting targeted outreach to marginalized and vulnerable families, including those affected by COVID-19-related racism and stigma.

✓ **Protective factor #3: Emotional support for children**

Emotional and behavioral changes in children are to be expected during a pandemic, as everyone adjusts to a change in daily routines. Some children may show signs of emotional distress (e.g., clinginess, anxiety, sadness, anger). But with strong emotional support from adults and communities, most children will return to their typical level of functioning from before the pandemic.

Parents and other caregivers can:

- Use the 3 Rs (reassurance, routines, regulation): Reassure children about their safety and the safety of loved ones; maintain predictable routines (e.g., sleeping, eating, learning, playing); support children’s regulation skills by helping them manage difficult feelings (e.g., deep breathing, movement, quiet time); and make time for emotional “check-ins” (e.g., offer opportunities for children to ask questions, talk about their feelings, and get age-appropriate information and support).
- Emphasize the positive. Stories of hope and resilience (e.g., people helping each other or animals) provide an important counterbalance to negativity and fear about the pandemic. If books are unavailable at home, try accessing free online books for children and teens.
- Facilitate families’ access to home visiting, early intervention, child and family mental health programs, teachers, and other services by offering remote options for remaining in contact with children and their families (e.g., telephone or video contact, including telehealth).

✓ **Protective factor #4: Support for caregiver well-being**

When parents’ and other caregivers’ needs are met, children are more likely to receive sensitive and responsive care. Protecting adults’ mental and physical health is an effective strategy for promoting children’s well-being during and after a pandemic.

Parents and other caregivers can:

- Whenever possible, prioritize time and energy for activities that are most important and meaningful to caregivers and their families (e.g., enjoyable activities with the family at home, celebrating birthdays and other important milestones, connecting with friends) and focus on what can be reasonably accomplished under the circumstances.
- Take breaks from work and caregiving responsibilities: Even short periods spent on self-care (e.g., rest, exercise, mindfulness, reading, praying) can benefit the whole family.
- Reach out to family members, friends, religious groups, and professionals who can offer support for managing emotional and mental health challenges, such as stress, anxiety, and depression.

Communities, states, tribes, and territories can:

- Actively provide outreach to known vulnerable families and offer concrete informational resources on nutrition, housing, clothing, and mental and physical health.
- Ensure that mental and physical health services are available to parents and caregivers even when in-person contact with a provider is not possible (e.g., tele-behavioral health, telemedicine).

✓ **Protective factor #5: Social connectedness**

Positive social connections are important protective factors for both children and adults during a pandemic. Although in-person contact may be limited, physical distancing should not turn into social isolation, which is a risk factor for child abuse and neglect, adult and youth substance use, and family violence. During disasters, children interact less frequently with mandated reporters and other adults who could recognize and report signs of trouble in a family. Monitoring children's safety is especially important during the pandemic.

Parents and other caregivers can:

- Spend virtual time regularly with extended family members and friends (e.g., online or by mail, depending on each family's resources).
- Encourage older children and teens to stay socially connected virtually.
- When time is limited, focus on connections with family, friends, religious figures, service providers, or others who offer the most helpful types of support.
- Connect to others through common hobbies and opportunities to help in the community, which can be rewarding and meaningful (e.g., donating supplies, writing letters to older adults).
- Reach out to other families with children to check on their well-being and offer support.
- Offer regular opportunities for children and their caregivers to connect virtually (e.g., online, telephone) with one another through cultural activities, education, hobbies, support groups, and other community gatherings.
- Conduct regular check-ins with families (by phone or online) with children who experienced threats to their safety (e.g., child abuse and neglect, intimate partner violence, substance abuse, mental illness) before the pandemic. Professionals who are permitted by their agencies (within established safety guidelines) may conduct home visits to check in with families.

Communities, states, tribes, and territories can:

- Offer regular opportunities for children and their caregivers to connect virtually (e.g., online, telephone) with one another through cultural activities, education, hobbies, support groups, and other community gatherings.
- Conduct regular check-ins with families (by phone or online) with children who experienced threats to their safety (e.g., child abuse and neglect, intimate partner violence, substance abuse, mental illness) before the

pandemic. Professionals who are permitted by their agencies (within established safety guidelines) may conduct home visits to check in with families.

Source: *Child Trends 2020*

Figure 24: Tips for Supporting Yourself During the Pandemic

As concern increases over the spread of the coronavirus, you might be feeling vulnerable, concerned, or anxious about the spread of the virus and how it affects your family. Your child might also be feeling this way in response to changes in your mood, information they are hearing, or changes in their daily routine or environment. The following suggestions and resources are to help you take care of yourself so you can support your child.

 **#1: Notice Your Feelings**

It is important to take note of your feelings at this time. You might be experiencing many different emotions at this time (e.g., scared, anxious, frustrated), and that is ok. However, children are sensitive to adult cues. Awareness of your own emotions will help you to know what to do to calm yourself, so that you can support your child. Be kind to yourself; let go of responsibilities and timelines that are not critical.

 **#2: Calm Yourself**

Find activities that help with the stress and anxiety you might be experiencing.

- ▶ Listen to a meditation app or music.
- ▶ Cook.
- ▶ Clean.
- ▶ Get moving either outside or through an internet or tv exercise class.
- ▶ Stick to your routine as best you can.

 **#3: Limit Media Exposure**

It is important to be aware of your community's response to the coronavirus, symptoms of the virus, and basic hygiene practices but do so in small doses. Constant exposure to information can cause feelings of anxiety.

- ▶ Turn off notifications on your phone.
- ▶ Read articles or watch media clips that present only the facts you need to know.
- ▶ Choose 10 minutes a day where you can get the information you need, and then turn it off.
- ▶ Limit social media.

 **#4: Connect**

Find someone you can talk to about how you are feeling. This could be a trusted family member, friend, or therapist. Be mindful of what you say in front of your children, as this can increase their fear and anxiety.

Source: *Office of Head Start National Center on Health, Behavioral Health and Safety*

Figure 25: Helping Children During the Pandemic

Remain calm and reassure children

- "The leaders in our community have made a plan for us to stay safe. I am going to help you be safe."
- "We cannot go to grandma's house right now, but we can Face Time her. She loves you so much, and that would make her so happy!"

Provide positive attention

- If nobody in the household is showing symptoms of illness, use hugs and high fives OR be creative and use "elbow fives" or "feet fives."
- Use positive facial expressions such as smiles or funny faces.
- Use descriptive praise: "You cleaned up breakfast all by yourself" or "Your brother looked so happy when you read the book to him."

Teach safety habits

- "We are going to wash our hands for 20 seconds. This will get the germs that could make us sick off of our hands. What song do you want to sing?"
- Show your child how to cover their cough.

Be available by

- Being responsive to your child's needs: "I see your body has some extra energy today. Do you want to go for a walk or have a dance party?"
- Listening to your child and talking about their feelings: "I know you feel disappointed that you can't go to school to see your friends."
- Answering questions: "She is wearing a mask because she is sick and she is keeping us safe by covering her mouth."

Plan your day

- Communicate the daily schedule using words and visuals about when work time, play time, and family time will happen.
- Involve your child in planning the day: "Do you want to play with blocks or watch a show while I work?" "Do you want to take a walk before or after my phone call?"
- Maintain consistent routines related to sleeping, eating, and physical activity.
- Plan fun family activities for your child to look forward to such as watching a video, going on a scavenger hunt, calling a friend or family member, or family games.
- Create an activity bin of things your child can do safely on their own. Have your child help you choose things to put in the bin.
- Most of all, make a plan but be flexible and prepared that things might happen that disrupt your plans.

Source: *National Center for Pyramid Model Innovations*

Key Findings: With the increasing prevalence of Coronavirus, children might be feeling challenged by the change in routines, mask-wearing, the need for social distancing, or the fear and anxiety around the virus and its effects on the family. Your child might also be feeling this way in response to changes in your mood, changes in the daily routine, or changes in your environment. The tips above (figure18) offer some guidance for supporting children.

Figure 26: Tiers of the Pyramid Model



- Tier 3: Tertiary Intervention
- Tier 2: Secondary Prevention
- Tier 1: Universal Promotion
- Supporting the Pyramid Model

Source: *National Center for Pyramid Model Innovations*

Key Findings: The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model) is a conceptual framework of evidence-based practices for promoting young children’s healthy social and emotional development. Research findings indicate 1) Teachers who received training and coaching demonstrated statistically significant differences in their implementation of Pyramid Model practices. 2) Children enrolled in the experimental classrooms implementing the Pyramid Model demonstrated statistically significant differences in their social skills and 3) Target children in the experimental classrooms had statistically significant reductions in problem behavior.

Figure 28: American Rescue Plan (ARP) Child Care and Development Block Grant



Source: <https://www.childcareaware.org/our-issues/public-policy/american-rescue-plan-arp-act/>

Key Findings: In March 2021, Congress passed, and President Biden signed into law the American Rescue Plan (ARP) Act, a \$1.9 trillion COVID-19 relief package. The package includes \$39 billion in dedicated childcare relief funding. The funds provided by the American Rescue Plan will help stabilize the childcare sector. These funds can promote a system of care that is more accessible, equitable, and affordable to families. Additionally, childcare providers need a living wage and benefits. This is an opportunity to transform the childcare system.

Figure 29: American Rescue Plan (ARP) Child Care Stabilization Grants



Source: <https://www.childcareaware.org/our-issues/public-policy/american-rescue-plan-arp-act/>

Highlights and Considerations – Coronavirus

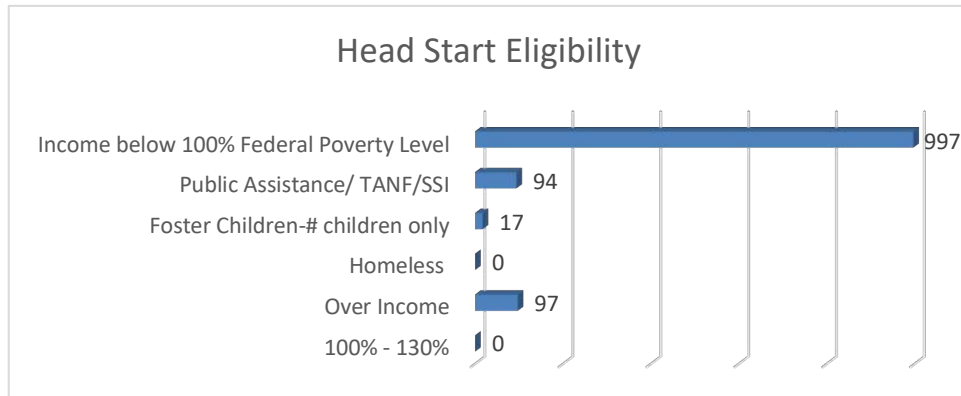
Update 2021 – 2022

- ❖ United ISD reported 221 student COVID-19 cases and 430 staff cases from August 2 – November 7, 2021. Laredo ISD reported 51 student cases and 60 staff cases for the same period.
- ❖ An estimated 450,756 doses of COVID-19 vaccination have been administered in Webb County. Data reflects 252,264 individuals with one dose and 206,296 individuals fully vaccinated. Approximately 69.46% Hispanic, 14.03% White, 8.33% Other, 7.85% Unknown, 0.26% Asian, and 0.08% Black American population have been fully vaccinated.
- ❖ As more and more of the country continues to get the vaccine, many Texans are still facing one of the primary health disparities the pandemic has uncovered: vaccine access. As such, we wanted to bring to your attention a program that offers free vaccines to Texans. As part of Texas' mobile vaccination plan, groups of at least five people can schedule a mobile clinic to come to a house, a park, a place of business, or an apartment. To schedule a clinic to come to your location, call 844-90-TEXAS and select option three. (Hogg Foundation)
- ✓ The primary factor in a child's recovery from an adverse or traumatic event is the presence of a sensitive and caring adult. To support healthy child development during COVID-19, children and youth need to maintain regular age-appropriate connections to important adults in their lives.
- ✓ Protecting adults' mental and physical health is an effective strategy for promoting children's well-being during and after a pandemic. Positive social connections are important protective factors for both children and adults during a pandemic. Although in-person contact may be limited, physical distancing should not turn into social isolation, which is a risk factor for child abuse and neglect, adult and youth substance use, and family violence.
- ✓ During disasters, children interact less frequently with mandated reporters and other adults who could recognize and report signs of trouble in a family. Monitoring children's safety is especially important during the pandemic.
- ✓ Emotional and behavioral changes in children are to be expected during a pandemic, as everyone adjusts to a change in daily routines. Some children may show signs of emotional distress (e.g., clinginess, anxiety, sadness, anger). But with strong emotional support from adults and communities, most children will return to their typical level of functioning from before the pandemic.
- ✓ Meeting the basic needs of children and families, such as food, shelter, clothing, and medical and mental health care is essential to protecting children's well-being in stressful times. Actively mobilizing tangible

resources for families during the pandemic is especially important for families experiencing additional risks, such as economic instability, job loss, and health or mental health needs.

- ✓ The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model) is a conceptual framework of evidence-based practices for promoting young children’s healthy social and emotional development. Research findings indicate 1) Teachers who received training and coaching demonstrated statistically significant differences in their implementation of Pyramid Model practices. 2) Children enrolled in the experimental classrooms implementing the Pyramid Model demonstrated statistically significant differences in their social skills and 3) Target children in the experimental classrooms had statistically significant reductions in problem behavior.
- ✓ In March 2021, Congress passed, and President Biden signed into law the American Rescue Plan (ARP) Act, a \$1.9 trillion COVID-19 relief package. The package includes \$39 billion in dedicated childcare relief funding. The funds provided by the American Rescue Plan will help stabilize the childcare sector. These funds can promote a system of care that is more accessible, equitable, and affordable to families. Additionally, childcare providers need a living wage and benefits. This is an opportunity to transform the childcare system.

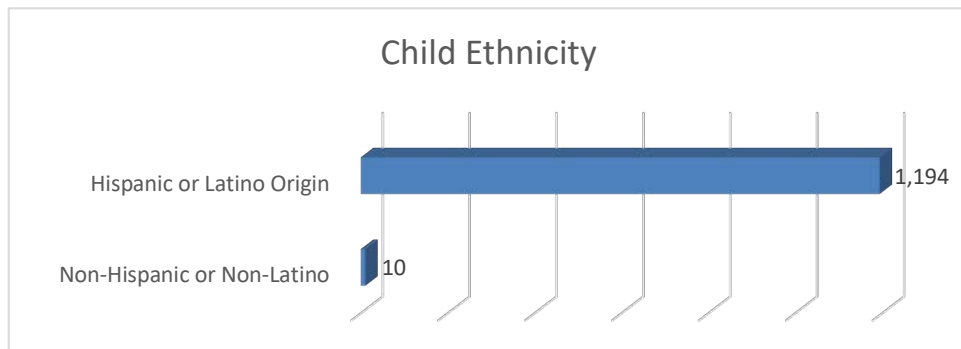
Profile of Head Start Children and Families



Head Start Eligibility	Percent
Income below 100% Federal Poverty Level	997
Public Assistance/ TANF/SSI	94
Foster Children-# children only	17
Homeless	0
Over Income	97
100% - 130%	0

Source: Program Information Report, 2020 - 2021

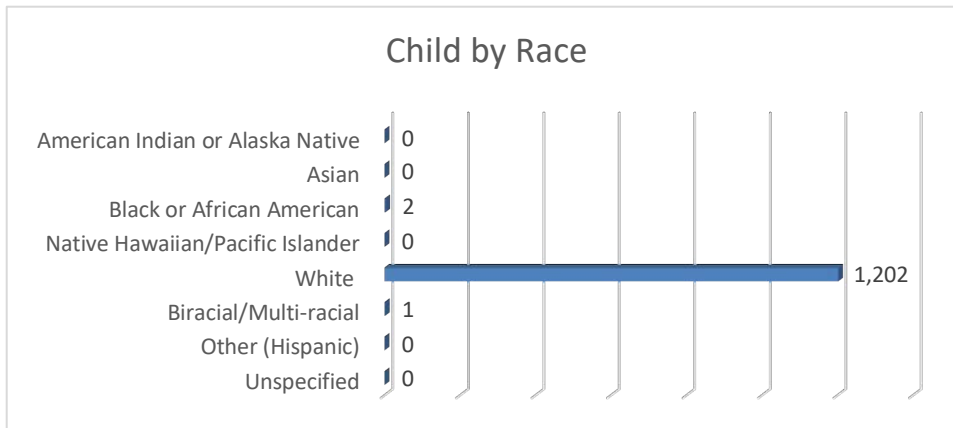
Key Findings: The majority of Head Start families and children (997) served in 2020-2021 reported income below 100% of the Federal Poverty Level, 94 families received public assistance and 17 were classified as a foster child or homeless. Ninety-seven children were over income.



Child Ethnicity	Number
Hispanic or Latino Origin	1,194
Non-Hispanic or Non-Latino	10

Source: Program Information Report, 2020 – 2021

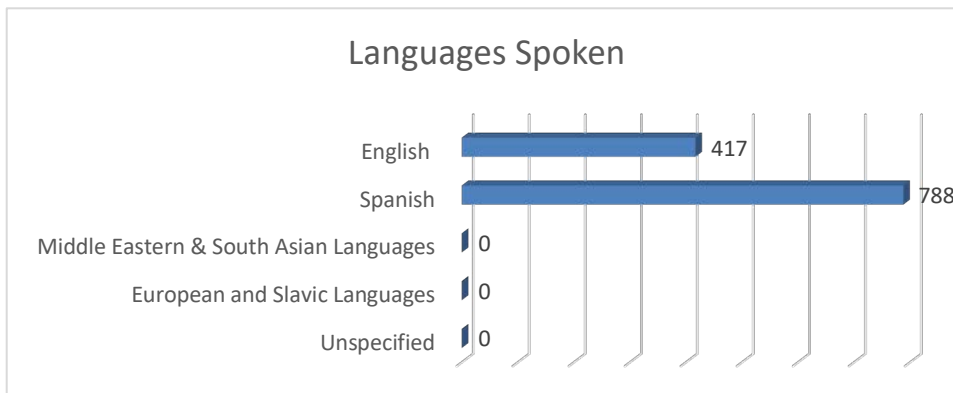
Key Findings: Approximately 1,194 Head Start children identified as Hispanic or Latino ethnicity, and ten (10) identified as Non-Hispanic or Non-Latino ethnicity.



Child by Race	Number
American Indian or Alaska Native	0
Asian	0
Black or African American	2
Native Hawaiian/Pacific Islander	0
White	1,202
Biracial/Multi-racial	1
Other (Hispanic)	0
Unspecified	0

Source: Program Information Report, 2020 – 2021

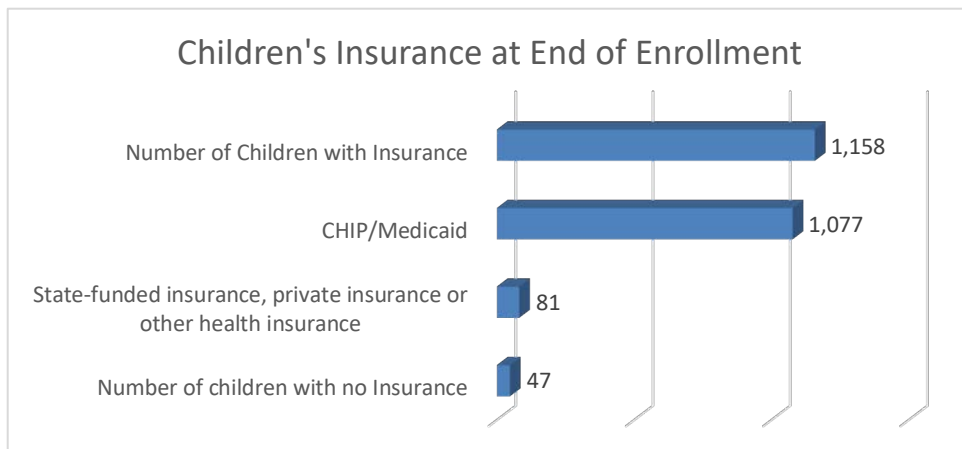
Key Finding: An estimated 1,202 of Head Start cumulative enrollment identified as White, one (1) children identified as Biracial/Multi-racial, and two (2) identified as Black or African American.



Language Spoken	Number
English	417
Spanish	788
Middle Eastern & South Asian Languages	0
European and Slavic Languages	0
Unspecified	0

Source: Program Information Report, 2020 – 2021

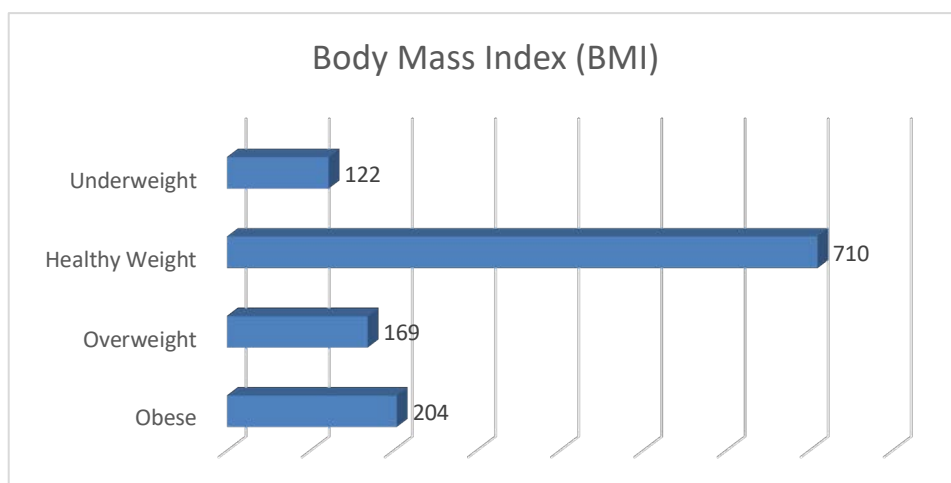
Key Finding: Approximately 1788 of the Head Start children spoke Spanish, and 417 spoke English.



Children's Insurance at End of Enrollment	Number
Number of Children with Insurance	1,158
CHIP/Medicaid	1,077
State-funded insurance, private insurance, or other health insurance	81
Number of children with no Insurance	47

Source: Program Information Report, 2020 - 2021

Key Findings: Approximately 1,158 Head Start children had some type of insurance. Of the children with insurance, 93% had CHIP/Medicaid. An estimated 4.1% of children had State-funded, private, or other health insurance. 4.0% did not have any insurance.

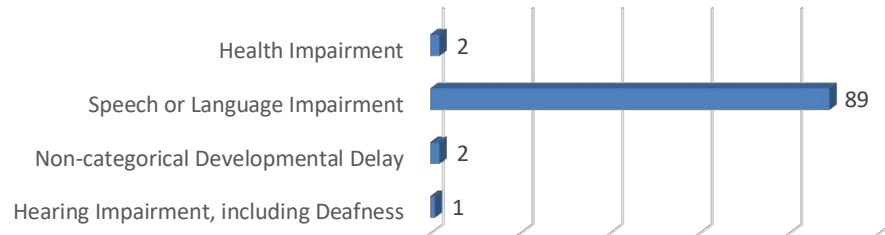


Body Mass Index (BMI)	Number
Underweight	122
Healthy Weight	710
Overweight	169
Obese	204

Source: Program Information Report, 2020 - 2021

Key Findings: An estimated 204 children were obese. Approximately 169 children were overweight, while 122 were reported as underweight. Seven hundred ten (710) children were reported with a healthy weight.

Number of Children Receiving Special Services

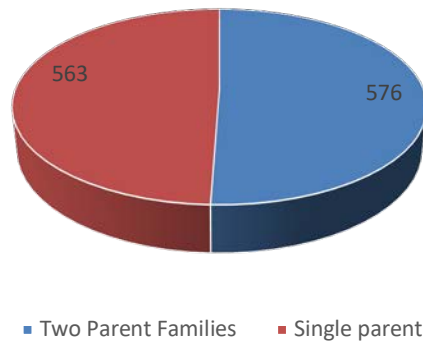


Number of Children receiving Special Services	Number
Health Impairment	2
Speech or Language Impairment	89
Non-categorical Developmental Delay	2
Hearing Impairment, including Deafness	1

Source: Program Information Report, 2020 - 2021

Key Findings: Ninety-four Head Start children were identified with a disability. The primary disability was speech or language impairment. The program serves approximately 8% of children with disabilities.

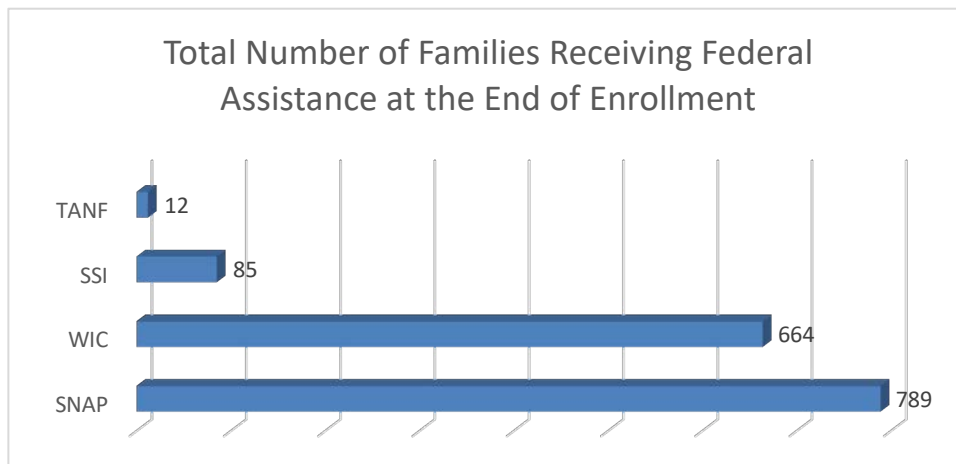
Head Start Families



Head Start Families	Number
Total Number of Families	1,139
Two Parent Families	576
Single parent	563

Source: Program Information Report, 2020 – 2021

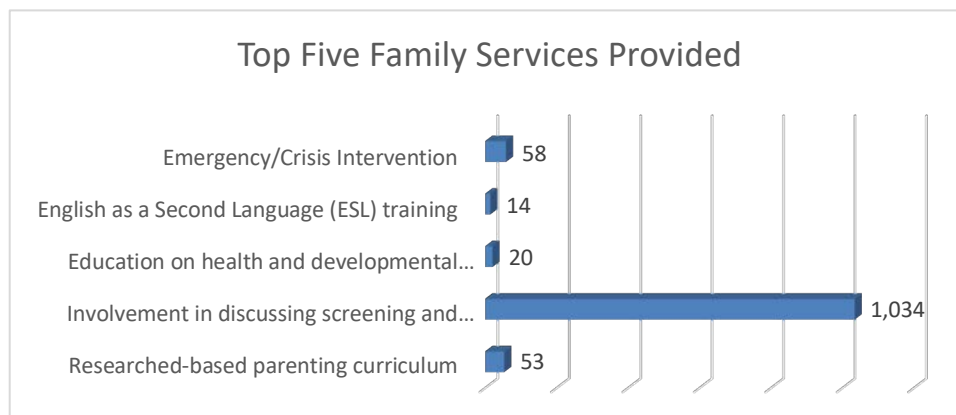
Key Findings: Approximately 51% of Head Start families were two-parent families, and 49.0% were single-parent families.



Total Number of Families receiving Federal Assistance at end of Enrollment	Number
TANF	12
SSI	85
WIC	664
SNAP	789

Source: Program Information Report, 2020-2021

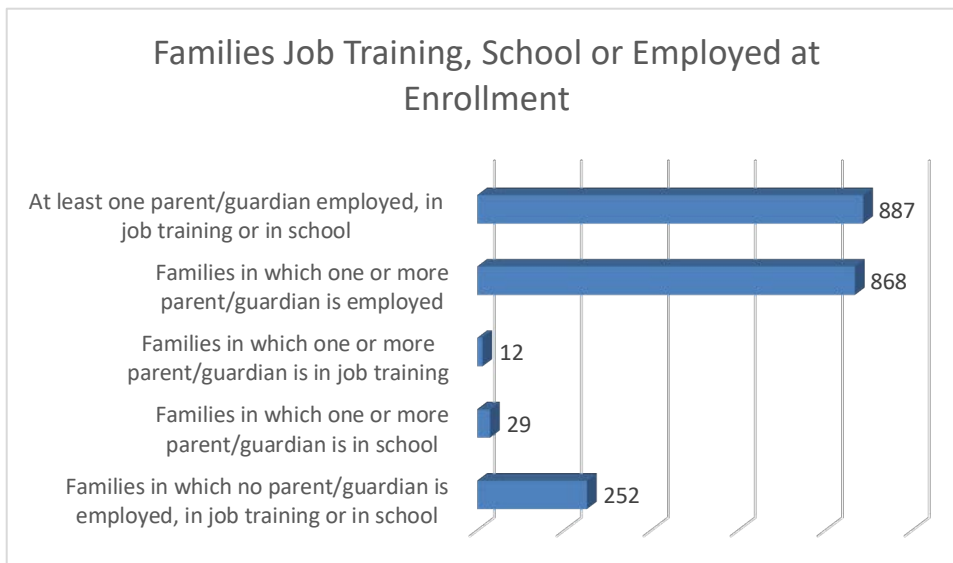
Key Findings: The majority of families utilized SNAP (food stamps) services (789), and 664 families participated in WIC services.



Top Five Family Services Provided	Number
Emergency/Crisis Intervention	58
English as a Second Language (ESL) training	14
Education on health and developmental consequences of tobacco product use	20
Involvement in discussing screening and assessment results and child's progress	1,034
Researched-based parenting curriculum	53

Source: Program Information Report, 2020 – 2021

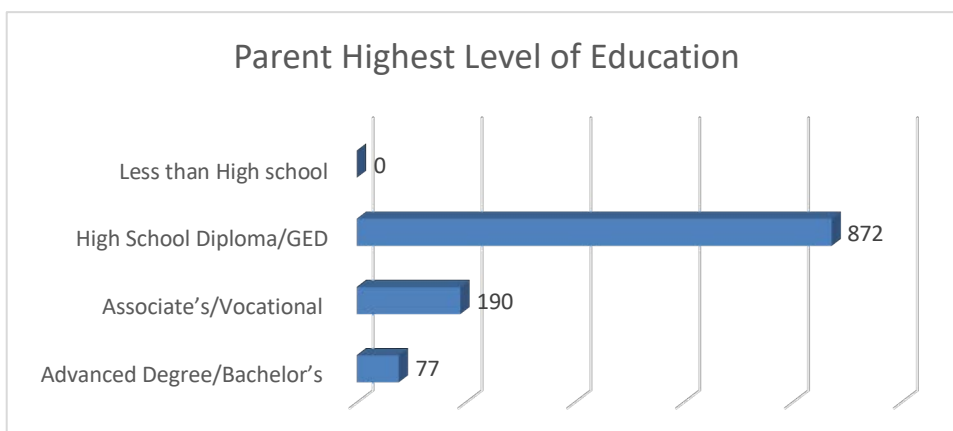
Key Findings: According to PIR data, the top two services requested and received by families were involvement in discussing screening and assessment results and child's progress and emergency/crisis intervention.



Families Job Training, School or Employed at Enrollment	Number
At least one parent/guardian employed, in job training or school	887
Families in which one or more parent/guardian is employed	868
Families in which one or more parent/guardian is in job training	12
Families in which one or more parent/guardian is in school	29
Families in which no parent/guardian is employed, in job training, or school	252

Source: Program Information Report, 2020 – 2021

Key Findings: An estimated 887 parents/guardians were employed, in job training or school, and 868 families reported one or more parents/guardians employed. Twenty-nine parents/guardians were in school and 12 families reported being in job training. Approximately 252 parents/guardians were not employed, in job training, or school.



Parent Highest Level of Education	Number
Less than High school	0
High School Diploma/GED	872
Associate's/Vocational	190
Advanced Degree/Bachelor's	77

Source: Program Information Report, 2020 - 2021

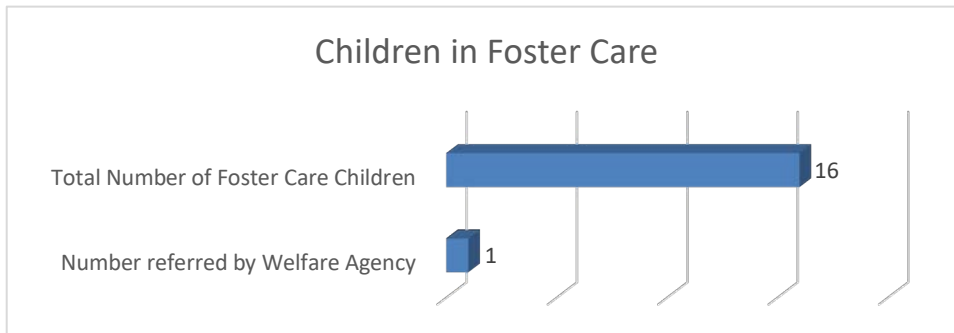
Key Findings: Approximately 872 parents had a high school diploma/GED. Approximately 190 parents had an Associate's or Vocational training, while 77 parents had an advanced degree or Bachelor's degree.



Total Homeless	Number
Total number of families experiencing homeless	2
Total number of children experiencing homeless	2
Total number of families acquiring housing	0

Source: *Program Information Report, 2020 – 2021*

Key Findings: The Head Start program served two (2) homeless families and two (2) homeless children. Neither families nor children acquired housing in the 2020 - 2021 program year.



Children in Foster Care	Number
Total Number of Foster Care Children	16
Number referred by Welfare Agency	1

Source: *Program Information Report, 2020 - 2021*

Key Findings: Head Start served sixteen (16) children who were in foster care. One (1) child was referred by a Welfare Agency.

Highlights and Considerations - PIR Profile of Head Start Children and Families

Update 2021 – 2022

- ❖ The majority of Head Start families and children (997) served in 2020-2021 reported income below 100% of the Federal Poverty Level, 94 families received public assistance and 17 were classified as a foster children or homeless. Ninety-seven children were over income.
- ❖ Approximately 1,194 Head Start children identified as Hispanic or Latino ethnicity, and ten (10) identified as Non-Hispanic or Non-Latino ethnicity.
- ❖ An estimated 1,202 of Head Start cumulative enrollment identified as White, one (1) children identified as Biracial/Multi-racial, and two (2) identified as Black or African American.
- ❖ Approximately 1788 of the Head Start children spoke Spanish and 417 spoke English.
- ❖ Approximately 1,158 Head Start children had some type of insurance. Of the children with insurance, 93% had CHIP/Medicaid. An estimated 4.1% of children had State-funded, private, or other health insurance. 4.0% did not have any insurance.
- ❖ An estimated 204 children were obese. Approximately 169 children were overweight, while 122 were reported as underweight. Seven hundred ten (710) children were reported with a healthy weight.
- ❖ Ninety-four Head Start children were identified with a disability. The primary disability was speech or language impairment. The program serves approximately 8% of children with disabilities.
- ❖ Approximately 51% of Head Start families were two-parent families, and 49.0% were single-parent families.
- ❖ The majority of families utilized SNAP (food stamps) services (789), and 664 families participated in WIC services.
- ❖ According to PIR data, the top two services requested and received by families were involvement in discussing screening and assessment results and child's progress and emergency/crisis intervention.
- ❖ An estimated 887 parents/guardians were employed, in job training or school, and 868 families reported one or more parents/guardians employed. Twenty-nine parents/guardians were in school and 12 families reported being in job training. Approximately 252 parents/guardians were not employed, in job training, or school.
- ❖ Approximately 872 parents had a high school diploma/GED. Approximately 190 parents had an Associate's or Vocational training, while 77 parents had an advanced degree or Bachelor's degree.
- ❖ The Head Start program served two (2) homeless families and two (2) homeless children. Neither families nor children acquired housing in the 2020 - 2021 program year.
- ❖ Head Start served sixteen (16) children who were in foster care. One (1) child was referred by a Welfare Agency.

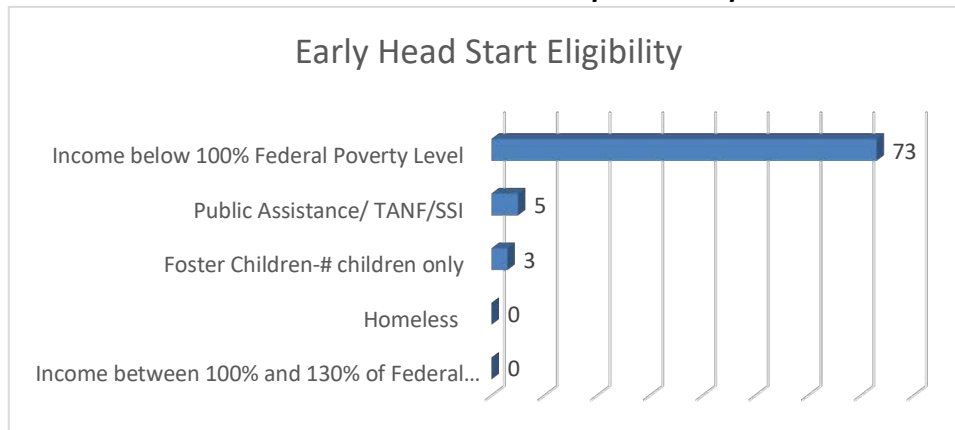
2018 - 2019

- ❖ The majority (78%) of Head Start families and children being served had income below the Federal Poverty Level, 11.6% were receiving public assistance and 1.6% had foster child or homeless status. 8.3% of children were over income.
- ❖ Approximately 1,328 of Head Start children identified as Hispanic or Latino ethnicity, and three (3) identified as Non-Hispanic or Non-Latino ethnicity.
- ❖ An estimated 1,327 of Head Start cumulative enrollment identified as White, four (4) children identified as Biracial/Multi-racial.
- ❖ Approximately 1,055 of the Head Start children spoke Spanish, and 289 spoke English.
- ❖ Approximately 1,281 Head Start children had some type of insurance. 93% of children had CHIP/Medicaid. An estimated 0.8% of the children had other insurance. An estimated 6% of children had private health insurance, and fifty-one (4.0%) of children did not have any insurance.
- ❖ 15.4% of Head Start children were reported obese. Approximately 12.6% were reported as overweight, while 9.1% were reported as underweight. 63.0% of Head Start children were reported with a healthy weight.
- ❖ 13% (160) of Head Start children were identified with a disability. The primary disability was speech or language impairment. Eight (8) children were diagnosed as health impaired, one (1) vision impaired and eleven (11) children were diagnosed with non-categorical developmental delay.
- ❖ Approximately 51% of Head Start families were two-parent families, and 49.0% were single-parent families.
- ❖ In approximately 15.5% of households, both parents were employed. In 6.0% of households, neither parent was working. There were 78.5% of two-parent households in which one parent was working.
- ❖ 61.0% of Head Start single-parent families were employed, and 39.0% were not employed.
- ❖ The majority (76%) of families utilized SNAP (food stamps) services. 68% of families participated in WIC services.
- ❖ 93% of two-parent Head Start families were neither in school or job training, and 6.3% had one parent in school or job training.
- ❖ According to PIR data, the top two services requested and received by families were health and parenting education.
- ❖ 94% of Head Start single-parent families were not in job training or school. 6% of Head Start single-parent families were in job training or school.
- ❖ 70% of Head Start families had a high school diploma. Approximately 24% had an Associate's or Vocational training, while 5.3% of parents had an advanced degree or Bachelor's degree.
- ❖ The Head Start program served four (4) homeless families and four (4) homeless children. Two (2) families acquired housing in the 2017 - 2018 program year.

- ❖ Head Start served twenty-two (22) children who were in foster care. Three (3) children were referred by a Welfare Agency.

Profile of Early Head Start Children and Families

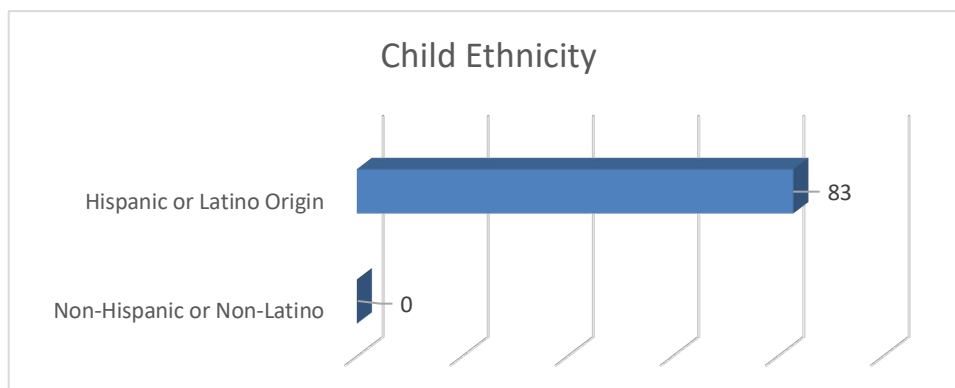
Does not include Child Care partnership



Early Head Start Eligibility	Number
Income below 100% Federal Poverty Level	73
Public Assistance/ TANF/SSI	5
Foster Children-# children only	3
Homeless	0
Income between 100% and 130% of Federal Poverty Line	0

Source: Program Information Report, 2020 - 2021

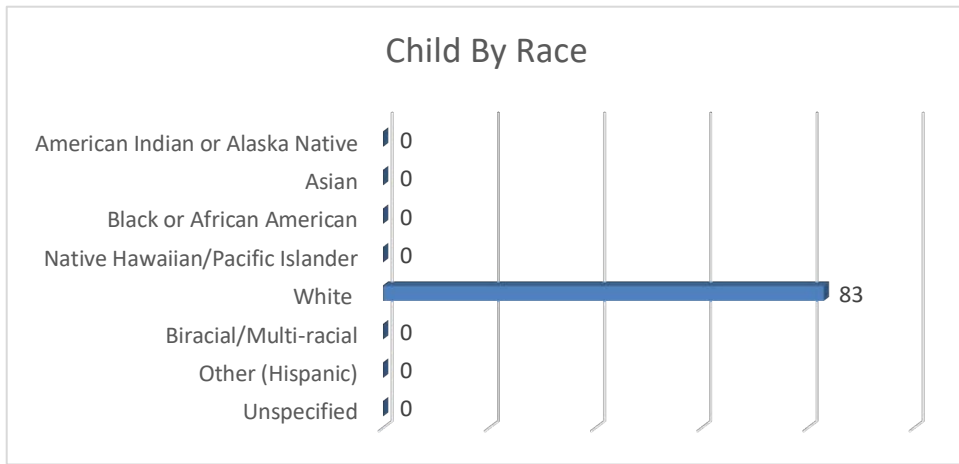
Key Findings: The majority of Early Head Start families and children (73) served in 2020-2021 reported income below 100% of the Federal Poverty Level, five (5) families received public assistance and three (3) were classified as a foster child or homeless. There were no Early Head Start children reported as over income.



Child Ethnicity	Number
Hispanic or Latino Origin	83
Non-Hispanic or Non-Latino	0

Source: Program Information Report, 2020-2021

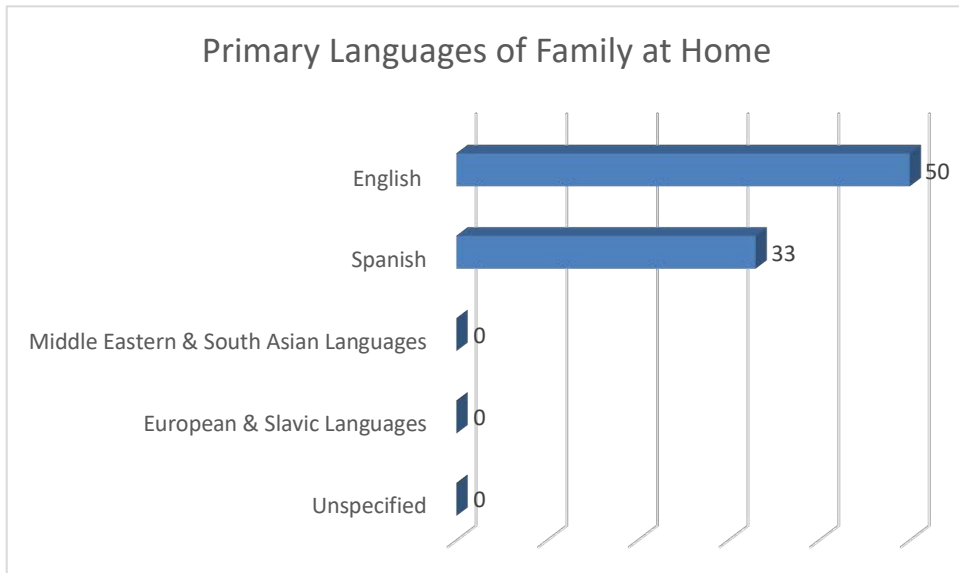
Key Findings: Approximately 83 Early Head Start children identified as Hispanic or Latino ethnicity.



Child by Race	Number
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian/Pacific Islander	0
White	83
Biracial/Multi-racial	0
Other (Hispanic)	0
Unspecified	0

Source: Program Information Report, 2020 - 2021

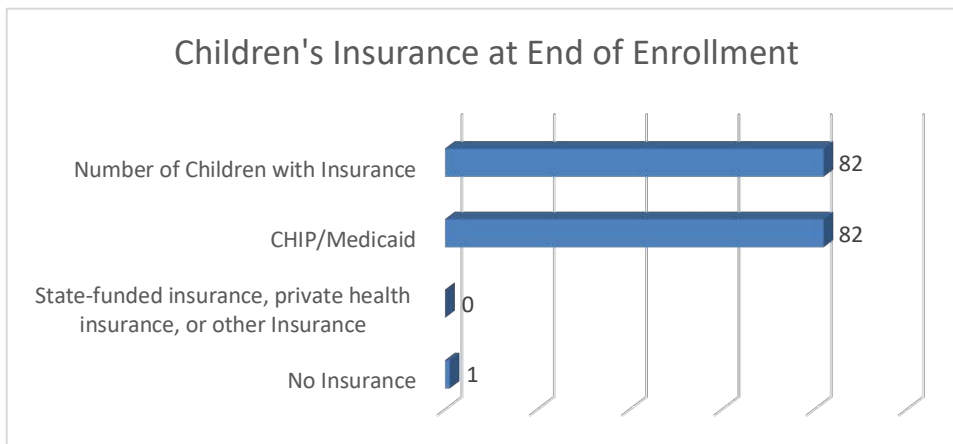
Key Finding: An estimated 83 Early Head Start children were identified as White.



Primary Language of Family at Home	Number
English	50
Spanish	33
Middle Eastern & South Asian Languages	0
European & Slavic Languages	0
Unspecified	0

Source: Program Information Report, 2020 – 2021

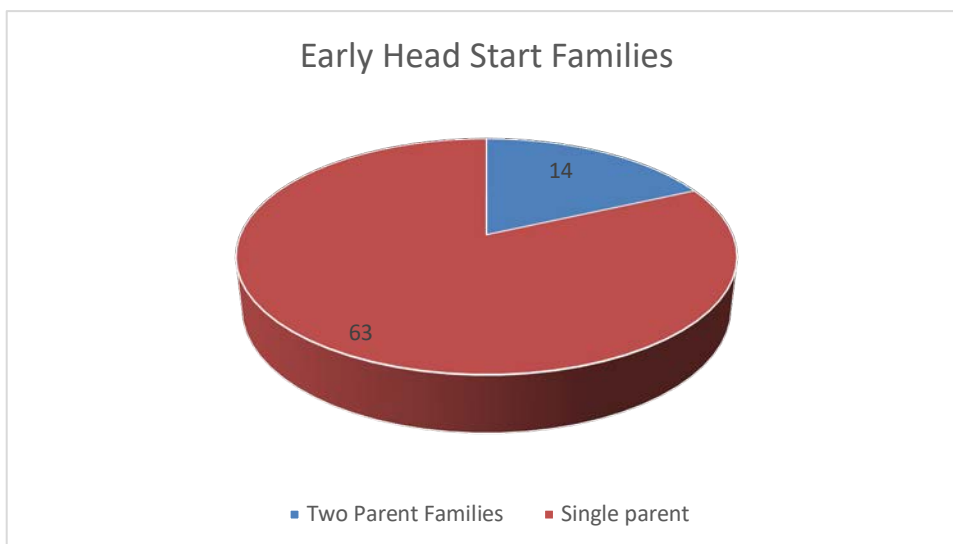
Key Finding: Approximately 50 Early Head Start children spoke English and 33 spoke Spanish.



Children's Insurance at End of Enrollment	Number
Number of Children with Insurance	82
CHIP/Medicaid	82
State-funded insurance, private health insurance, or other Insurance	0
No Insurance	1

Source: Program Information Report, 2020 - 2021

Key Findings: Approximately 82 Early Head Start children had some type of insurance. Of the children with insurance, 100% had CHIP/Medicaid. One child did not have any insurance.

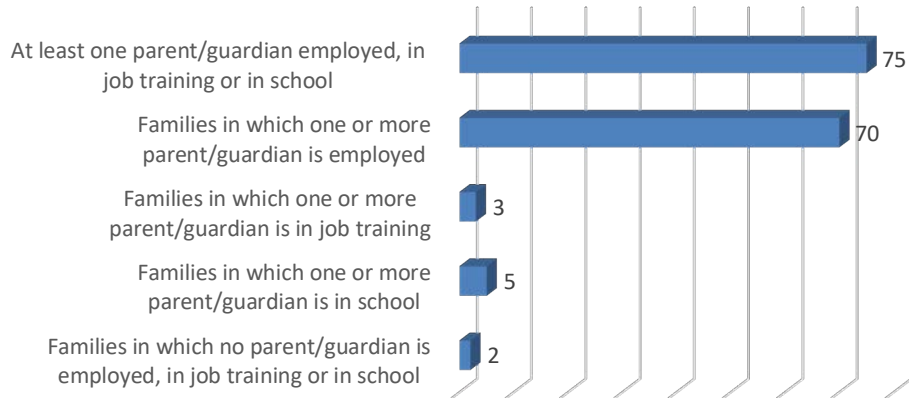


Early Head Start Families	Number
Total Families	77
Two Parent Families	14
Single parent	63

Source: Program Information Report, 2020 - 2021

Key Findings: 18% of Early Head Start families were two-parent households, and 82% were single-parent households.

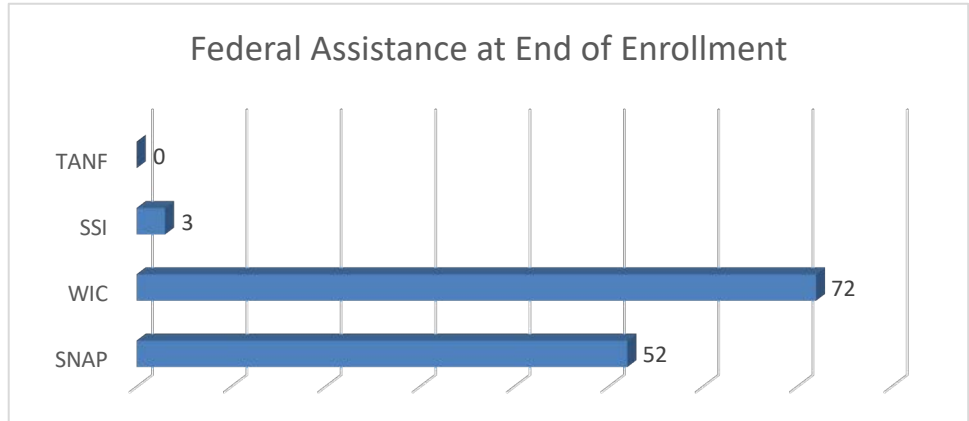
Families Job Training, School or Employment at Enrollment



Families Job Training, School or Employed at Enrollment	Number
At least one parent/guardian employed, in job training or school	75
Families in which one or more parent/guardian is employed	70
Families in which one or more parent/guardian is in job training	3
Families in which one or more parent/guardian is in school	5
Families in which no parent/guardian is employed, in job training, or school	2

Source: Program Information Report, 2020 – 2021

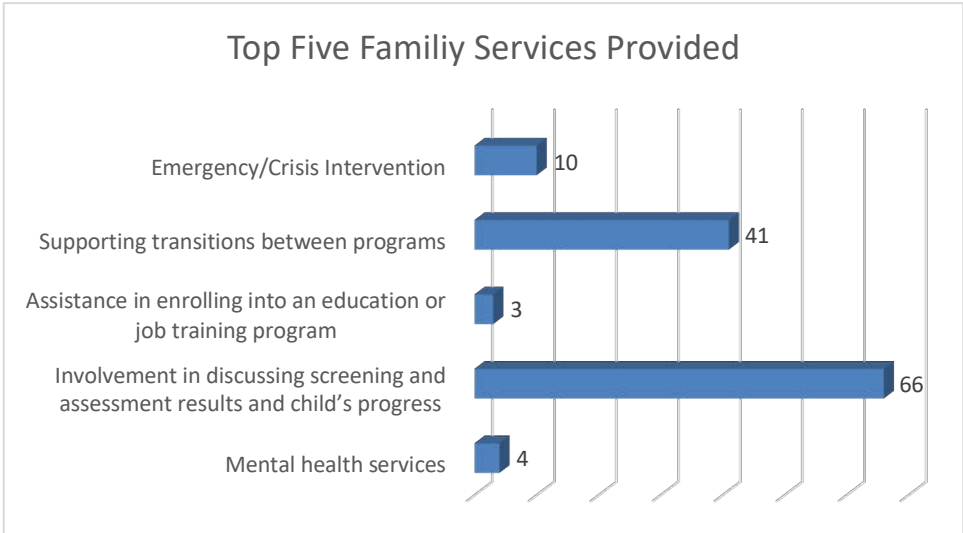
Key Findings: An estimated 75 parents/guardians were employed, in job training or school, and 70 families reported one or more parents/guardians employed. Five (5) parents/guardians were in school and three (3) families reported being in job training. Two (2) parents/guardians were not employed, in job training, or school.



Federal Assistance at end of Enrollment	Number
TANF	0
SSI	3
WIC	72
SNAP	52

Source: Program Information Report, 2017 – 2018

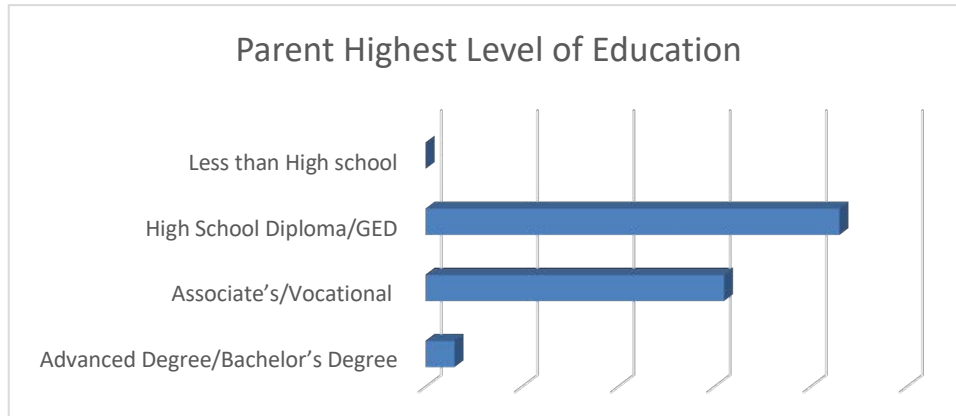
Key Findings: The majority of families utilized SNAP (food stamps) services (52), and 72 families participated in WIC services.



Top Five Family Services Provided	Number
Emergency/Crisis Intervention	10
Supporting transitions between programs	41
Assistance in enrolling into an education or job training program	3
Involvement in discussing screening and assessment results and child's progress	66
Mental health services	4

Source: *Program Information Report, 2020 – 2021*

Key Findings: According to PIR data, the top two services requested and received by families were involvement in discussing screening and assessment results and supporting transitions between programs.



Parent Highest Level of Education	Number
Less than High school	0
High School Diploma/GED	43
Associate's/Vocational	31
Advanced Degree/Bachelor's Degree	3

Source: Program Information Report, 2020 - 2021

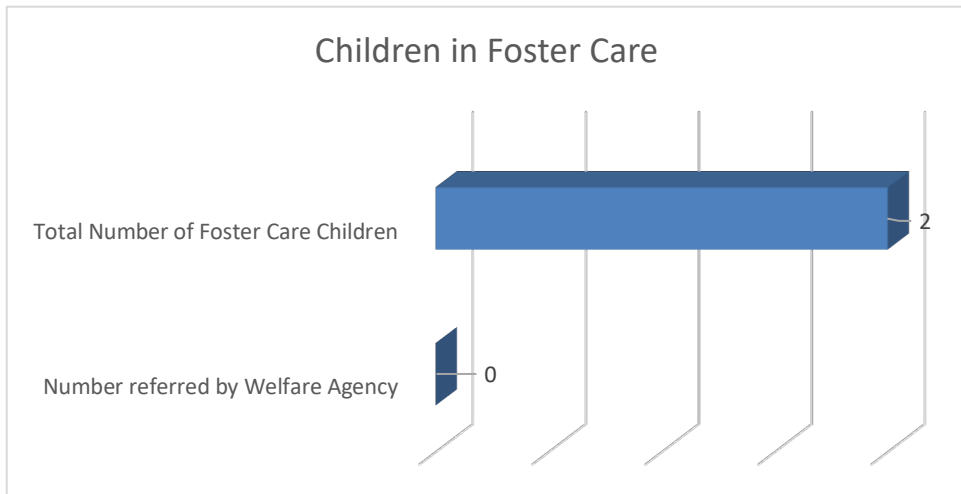
Key Findings: Approximately 43 parents had a high school diploma/GED. An estimated 31 parents had an Associate's or Vocational training, while three (3) parents had an advanced degree or Bachelor's degree.



Total Families and Children Experiencing Homeless	Number
Total number of families experiencing homeless	0
Total number of children experiencing homeless	0
Total number of families acquiring housing	0

Source: Program Information Report, 2020-2021

Key Findings: The Early Head Start program did not serve any homeless families or children in 2020 - 2021.



Children in Foster Care	Number
Total Number of Foster Care Children	2
Number referred by Welfare Agency	0

Source: *Program Information Report, 2020 - 2021*

Key Findings: Early Head Start served two (2) children who were in foster care.

Highlights and Considerations - PIR Profile of Early Head Start Children and Families

Does not include Child Care Partnership

Update 2021 – 2022

- ❖ The majority of Early Head Start families and children (73) served in 2020-2021 reported income below 100% of the Federal Poverty Level, five (5) families received public assistance and three (3) were classified as a foster child or homeless. There were no Early Head Start children reported as over income.
- ❖ Approximately 83 Early Head Start children identified as Hispanic or Latino ethnicity.
- ❖ An estimated 83 Early Head Start children were identified as White.
- ❖ Approximately 50 Early Head Start children spoke English and 33 spoke Spanish.
- ❖ Approximately 82 Early Head Start children had some type of insurance. Of the children with insurance, 100% had CHIP/Medicaid. One child did not have any insurance.
- ❖ 18% of Early Head Start families were two-parent households, and 82% were single-parent households.
- ❖ An estimated 75 parents/guardians were employed, in job training or school, and 70 families reported one or more parents/guardians employed. Five (5) parents/guardians were in school and three (3) families reported being in job training. Two (2) parents/guardians were not employed, in job training, or school.
- ❖ The majority of families utilized SNAP (food stamps) services (52), and 72 families participated in WIC services.
- ❖ According to PIR data, the top two services requested and received by families were involvement in discussing screening and assessment results and supporting transitions between programs.
- ❖ Approximately 43 parents had a high school diploma/GED. An estimated 31 parents had an Associate's or Vocational training, while three (3) parents had an advanced degree or Bachelor's degree.
- ❖ The Early Head Start program did not serve any homeless families or children in 2020 - 2021.
- ❖ Early Head Start served two (2) children who were in foster care.

2018 - 2019

- ❖ The majority (87%) of Early Head Start families and children reported income below the Federal Poverty Level, 11% were receiving public assistance, and 1.9% had foster child or homeless status.
- ❖ 100% of Early Head Start children identified as Hispanic or Latino ethnicity.
- ❖ 100% of the cumulative enrollment of Head Start children were identified as White.
- ❖ Approximately 39 Early Head Start children spoke English and 66 spoke Spanish.
- ❖ 90% of Early Head Start children had some type of insurance. Ninety-five (100%) Early Head Start children had CHIP/Medicaid. Two (2) children did not have insurance.

- ❖ 38% of Early Head Start families were two-parent households, and 62% were single-parent households.
- ❖ 68% of the two-parent Early Head Start families only had one parent employed. In approximately 26% of households, both parents were employed.
- ❖ 56% of Early Head Start single families were employed, and 44% were not employed.
- ❖ The majority (74) of Early Head Start families were utilizing SNAP (food stamps) services. Eighty-four (84) Early Head Start families participated in WIC services.
- ❖ 85% of Early Head Start two-parent families were neither in school or job training, and 15% had one parent in school or job training.
- ❖ According to PIR data, the top two services requested and received by families were emergency/crisis intervention and parenting education.
- ❖ 65% of Early Head Start single families were not in job training or school. 35% of Early Head Start single-parent families were in job training or school.
- ❖ 50% of Early Head Start families had a high school diploma/GED. Approximately 45% had an Associate's or Vocational training, while four (4.5%) parents had an advanced degree or Bachelor's degree.
- ❖ The Early Head Start program did not serve any homeless families or children in 2017 - 2018.
- ❖ Early Head Start served three (3) children who were in foster care.

Parent Survey and Outcome Analysis

Figure 30: Head Start Family Outcomes Analysis

Family	Families	Assessment	Housing	Safety	Health	Mental Health/Substance Use	Economic Mobility-(Advanc	Nurturing Relationships/Pe	School Readiness	Leadership and advocacy	Education, Training, and L	Transitions	Families and Communities	TOTAL
Webb County Head Start														
CCP-Regina	16	1	2.8	2.9	2.6	2.9	2.3	2.2	2.2	2.7	2.1	2	2.4	27.1
	16	2	2.8	2.9	2.9	2.9	2.6	2.9	3	2.9	2.3	2.3	2.9	30.3
	16	3	2.8	2.9	3.2	3	2.8	3.1	3.2	3.1	2.4	3.1	3.2	32.6
	16	+/-	-	-	▲ 0.6	▲ 0.1	▲ 0.5	▲ 0.9	▲ 1	▲ 0.4	▲ 0.3	▲ 1.1	▲ 0.8	▲ 5.6
CCP-The Education Center	42	1	3	3	2.7	2.8	2.5	2.4	2.6	3	2.6	2	2.7	29.2
	42	2	3	3	2.9	2.8	2.9	3	3	3.1	2.7	2.3	3	31.7
	42	3	3	3	3.1	2.9	3.1	3.5	3.3	3.3	2.8	3.1	3.2	34.3
	42	+/-	▲ 0	▲ 0.1	▲ 0.3	▲ 0.1	▲ 0.6	▲ 1.1	▲ 0.8	▲ 0.3	▲ 0.2	▲ 1.1	▲ 0.5	▲ 5.1
Agency Average - Webb County Head Start														
Families w/ complete assessments:	58	1	2.9	2.9	2.7	2.8	2.4	2.3	2.5	2.9	2.5	2	2.6	28.6
	58	2	2.9	3	2.9	2.8	2.8	3	3	3	2.6	2.3	3	31.3
	58	3	2.9	3	3.1	2.9	3	3.4	3.3	3.2	2.7	3.1	3.2	33.9
	58	+/-	▲ 0	▲ 0.1	▲ 0.4	▲ 0.1	▲ 0.6	▲ 1	▲ 0.8	▲ 0.3	▲ 0.2	▲ 1.1	▲ 0.6	▲ 5.2
Report Average														
Families w/ complete assessments:	58	1	2.9	2.9	2.7	2.8	2.4	2.3	2.5	2.9	2.5	2	2.6	28.6
	58	2	2.9	3	2.9	2.8	2.8	3	3	3	2.6	2.3	3	31.3
	58	3	2.9	3	3.1	2.9	3	3.4	3.3	3.2	2.7	3.1	3.2	33.9
	58	+/-	▲ 0	▲ 0.1	▲ 0.4	▲ 0.1	▲ 0.6	▲ 1	▲ 0.8	▲ 0.3	▲ 0.2	▲ 1.1	▲ 0.6	▲ 5.2

Source: Internal Documentation 2020 – 2021

Figure 31: Early Head Start Family Outcomes Analysis

Family	Families	Assessment	Housing	Safety	Health	Mental Health/Substance Use	Economic Mobility-(Advanc	Nurturing Relationships/Pe	School Readiness	Leadership and advocacy	Education, Training, and L	Transitions	Families and Communities	TOTAL
Webb County Head Start														
Little Palominos	9	1	3.4	3.2	2.9	3.2	3.3	2.9	2.8	3.2	2.9	2.9	2.8	33.6
	9	2	3.8	3.6	3.4	3.3	3.7	3.6	3.6	3.2	3.4	3.2	3.6	38.3
	9	3	4.3	4.3	4	3.7	4.4	4.1	4.2	3.4	4.2	3.9	4.1	44.8
	9	+/-	▲ 0.9	▲ 1.1	▲ 1.1	▲ 0.4	▲ 1.1	▲ 1.2	▲ 1.4	▲ 0.2	▲ 1.3	▲ 1	▲ 1.3	▲ 11.2
Sierra Vista	30	1	3.5	3	2.9	3.1	2.9	2.3	2.6	3	2.8	2.9	2.9	32
	30	2	3.8	3.6	3.3	3.1	3.2	3.1	3.1	3	3.1	3	3.1	35.3
	30	3	4	4	4	3.6	3.7	3.8	3.6	3.1	3.2	3.4	3.2	39.5
	30	+/-	▲ 0.5	▲ 0.9	▲ 1.1	▲ 0.5	▲ 0.8	▲ 1.5	▲ 0.9	▲ 0.1	▲ 0.4	▲ 0.4	▲ 0.3	▲ 7.5
Agency Average - Webb County Head Start														
Families w/ complete assessments:	39	1	3.5	3.1	2.9	3.1	3	2.4	2.7	3.1	2.8	2.9	2.9	32.4
	39	2	3.8	3.6	3.3	3.1	3.3	3.2	3.2	3.1	3.2	3.1	3.2	36
	39	3	4.1	4.1	4	3.6	3.9	3.9	3.7	3.2	3.4	3.5	3.4	40.7
	39	+/-	▲ 0.6	▲ 1	▲ 1.1	▲ 0.5	▲ 0.8	▲ 1.4	▲ 1.1	▲ 0.2	▲ 0.6	▲ 0.6	▲ 0.5	▲ 8.3
Report Average														
Families w/ complete assessments:	39	1	3.5	3.1	2.9	3.1	3	2.4	2.7	3.1	2.8	2.9	2.9	32.4
	39	2	3.8	3.6	3.3	3.1	3.3	3.2	3.2	3.1	3.2	3.1	3.2	36
	39	3	4.1	4.1	4	3.6	3.9	3.9	3.7	3.2	3.4	3.5	3.4	40.7
	39	+/-	▲ 0.6	▲ 1	▲ 1.1	▲ 0.5	▲ 0.8	▲ 1.4	▲ 1.1	▲ 0.2	▲ 0.6	▲ 0.6	▲ 0.5	▲ 8.3

Source: Internal Documentation 2020 – 2021

Health, Education and Social Services Needs of Families

Employment	Housing assistance	Emergency rent and utility assistance	Transportation	Budgeting
Health Education	Nutrition-related services - obesity, high blood pressure, diabetes	Parenting Education	English as a second language	Housing assistance such as subsidies, utilities, repairs
Domestic Violence	Child Abuse and Neglect	Additional Education/GED	Locating resources in the community	Safety -Fear of crime, violence, and gangs
Emergency/crisis intervention	Assistance to families of an incarcerated individual	Job Training	Relationship/Marriage Education	Mental Health Services

Source: Program Information Report 2017 – 2018

Key Finding: According to PIR data, the top two services requested and received by families were assistance to families of incarcerated individuals and child support assistance.

Availability and Accessibility of Community Resources and Services

Top two (2) barriers that prevent families from getting needed services
Not aware of existing services within the community
Agency rules and eligibility excludes people

Source: Internal Survey

Parent Survey N=725

Children Living at Home		Family Benefits		Health Concerns		Child Care		Income	
0 to 1 yr.	95	Food Stamps	437	Cancer	5	Day Care for Children	20	No Income Recorded	29
1 to 2 yrs.	154	WIC	395	Diabetes	16	After School Care	42	Under \$5,000	242
3 to 4 yrs.	499	Medicaid/CHIPS	511	Heart Problems	6	Center-based	397	\$12,140 – 16,460	189
5 to 7 yrs.	333	Medicare	50	Anxiety	1	Home-based	25	\$20,780 - \$25,100	95
8 to 15 yrs.	377	SSI	45	Deg. Spine Disease	0			\$29,420 - \$33,740	30
		Child Support	3	Lupus	0			\$38,060 - \$42,380	7
		CCS	6	Epilepsy	0			Over \$42,500	3
		TANF/Welfare Check	10	Arthritis	0				
Family/Household		Education		Language		Employment		Disability	
Pregnant	26	Less than 12 th Grade Education	94	English	43	Job Training	16	Speech	48
Two Parent	424	High School	365	Spanish	100	Home Care	5	Omphalocele	0
One Parent	221	College/University Degree	200	Both	461	Health Care	58	Autism	5
Teenage Parent	8	Education Mexico	206			2 Parents Working	88	Physically Handicapped	4
		ESL Classes	76			I Parent Working/Train/College	152	ADD/ADHD	7
		Other Computer Class	12					Dyslexia	2
		GED	48					Other Down S	20

Source: Parent Survey 2018 – 2019

Key Findings: Survey data indicate that many parents are in training for employment or attending school. Many parents have completed high school and obtained a college or university degree. Approximately 206 individuals received education from Mexico. Families in the service area spoke both English and Spanish.

Community Resources

Name of Service Provider	Description of Services	Contact information
American Red Cross	To provide emergency communication and services to military families	726-4778
Attorney General's Office	To provide child support services for the families of non-present parent	724-1602
Bethany House	To provide hot daily meals, provide shelter for the homeless, and help with clothing.	722-4152
Bethany House, Inc.	Provides hot daily meals, provides shelter for the homeless during cold weather, and helps with clothing. Homeless Prevention Program.	722-4152
BCFS Health and Human Services	Free pregnancy tests, prenatal, medical, and laboratory tests.	712-4700
Webb County Community Action	Assist in utilities, food pantry, and other services for the elderly.	722-6100 523-4182
Workforce Solutions	To provide services by education and training with the goals of full-time employment to recipients of T.A.N. F	794-6501
Workforce Solutions Child Care	Provides help for parents to obtain affordable childcare for children ages 0-12	794-1500
Stop Child Abuse and Neglect	To provide parenting education, counseling, substance abuse prevention services for children and their parents and the community	725-7211 725-7212
Texas Department of Human Services	Provides food stamp and health care services to low-income families	764-5200
Texas Department of Protective and Regulatory Services	Protect children as mandated by state law.	1-800-252-5400
Texas Rio Grande Legal Aid, Inc.	Free legal services for eligible low-income persons.	718-4600
Casa Misericordia	Provides secure, temporary residential services to victims of domestic violence.	712-9591
Catholic Social Services	Provides immigration services	722-2443
City of Laredo Housing Authority	To provide housing for low-income families	722-4521
City of Laredo Health Department	Provides medical and dental health care for the families	795-4900
Domestic Violence/ District Atty. Office	Provides legal guidance to persons in need of assistance	523-4900
Gateway Community Health Center	Provides a wide range of Medical and Dental Services	795-8100

Laredo Community College	E.S.L. classes, sites at various locations in the community.	721-5436 724-5207 794-4436
Mental Health Program	Provides therapy and counseling for parents and children	717-3733
Salvation Army	Provides emergency assistance temporarily to an individual	723-2349
South Texas Council on Alcohol and Drug Abuse	To provide individual and group counseling, alcohol and other drug education for females and males 18 and older	791-6131

Source: Webb County Child Care Partnership Community Resource Guide 2018 - 2019

The agency's comprehensive Community Resource Directory has been prepared and made available to Head Start and Early Head Start families to assist them in identifying available resources. Webb County Commissioner's Head Start and Early Head Start programs have a commitment to help provide services for families or to refer those families to the appropriate agency for needed services.

Partnership Agreements

Agency	Address	Telephone	Contact Person
Border Region/CAPS	1500 Pappas	794-3000	Jacqueline Lopez
El Puente Counseling Center.	1501 Corpus Christi	722-0121	Jackie Bassini
S.C.A.N.	1605 Saldana Ave.	724-3177	Melinda Mares
Luis Flores	1605 Saldana Ave.	286-9093	Mr. L. Flores
Dr. Daniel Garza	6801 McPherson Rd.	712-8200	Dr. Garza
Dr. Armando Garza	1517 E. Bustamante	722-7872	Dr. A. Garza
Dr. Avelino Alvarez	2337 Endeavor	726-7929	Dr. Alvarez
Rachel C. Vurbeff PNP	1614 Market	568-5340	Rachel Vurbeff
Galo Eye Clinic	5707 Springfield Ave	791-0080	Dr. Newton
Dr. Eric Sloman-Moll	10410 Medical Loop	794-8870	Dr. Sloman-Moll
Ruben Bocanegra	4151 Bob Bullock	724-2800	Mr. Bocanegra
Hector Lopez, Dentist	4151 Jaime Zapata Memorial Hwy #210	727-3593	Dr. Lopez
UTHSA, Dentist	2800 Cedar	523-7500	

Source: *Internal Document 2018 - 2019*

Additional 2020 – 2021 Partners with M.O.U. – Pillar, Laredo Health Department, Marcus Hinojosa

Child Care Centers and Family Child Care Homes

Licensed Center	ABC Discovery Learning Center	8610 McPherson Rd STE 300 Laredo, Tx 78045	956-753-6762
Licensed Child-Care Home	Academy of Young Scholars	4216 Campeche Dr Laredo, Tx 78046	956-568-7626
Licensed Child-Care Home	Alejandra's Day Care	1605 Woodstone CT Laredo, Tx 78045	956-726-9133
Licensed Center	All Star Kids, Inc.	1218 Laredo St Laredo, Tx 78040	956-723-3319
Licensed Center	Apple Bee Child Learning Center LLC	7519 Rocio Dr Laredo, Tx 78041	956-723-3331
Licensed Center	Arts & Learning Center	5901 McPherson Rd STE 11C Laredo, Tx 78041	956-723-3331
Licensed Center	Best Lil Schoolhouse 2	4120 E Saunders Laredo, Tx 78041	956-725-2378
Licensed Center	Best Lil Schoolhouse North Academy	603 Shiloh Dr Laredo, Tx 78045	956-602-0655
Licensed Center	Blooming Kids LLC	9109 McPherson Rd STE 6 Laredo, Tx 78045	956-237-1249
Licensed Child-Care Home	Building Blocks Day Care	4304 Salinas Ave Laredo, Tx 78041	956-725-4117
Licensed Child-Care Home	Busy Bees	9310 Albany Dr Unit 13 Laredo, Tx 78045	956-612-8513
Licensed Center	Carousel Learning Academy of Laredo	2110 Lomas Del Sur STE 120 Laredo, Tx 78046	956-717-6001
Licensed Center	Carousel Learning Academy of Laredo Heights	702 Laredo St Laredo, Tx 78040	956-725-6061
Licensed Child-Care Home	Castillito's Day Care	9557 Ashton Loop Laredo, Tx 78045	956-290-4658
Licensed Center	Champions Christian Academy	4020 Santa Maria Ave Laredo, Tx 78041	956-791-3020
Licensed Center	Children's Fountain of Knowledge Learning Center, Inc.	9109 McPherson Rd STE 9 Laredo, Tx 78045	956-753-7272
Licensed Child-Care Home	Children's World	8506 Forest Loop Laredo, Tx 78045	956-726-0068
Registered Child-Care Home	Clarissa Canales	504 North Star Dr Laredo, Tx 78045	956-286-0505
Licensed Child-Care Home	Creceer Learning Center	3014 Calle Piedra Ln Laredo, Tx 78045	956-744-4533
Licensed Center	Education Center-Concord Hills	412 Concord Hills Blvd Laredo, Tx 78046	956-753-3979
Licensed Child-Care Home	Eva's Day Care	17529 College Port Dr Laredo, Tx 78045	956-726-9267
Licensed Center	Finley Head Start Center	125 Atlanta Dr Laredo, Tx 78045	956-724-1105

Licensed Center	First Class Learning Center	9652 McPherson Rd Bldg STE 600 Laredo, Tx 78045	956-725-1680
Licensed Center	Gloria's Day Care Center, LLC	3417 W Fiesta Loop Laredo, Tx 78043	956-725-1316
Licensed Center	Golden Steps Child Development Center	2104 Quail Creek Rd Laredo, Tx 78045	956-717-9226
Licensed Center	Happy Beginnings Childcare & Learning Center	4414 Maria Luisa Dr Laredo, Tx 78043	956-753-7300
Licensed Center	Happy Days Day Care	717 Corpus Christi St Laredo, Tx 78040	956-523-8856
Licensed Center	Happy Hearts Learning Center	4910 S Zapata Hwy STE D1 Laredo, Tx 78046	956-795-1555
Licensed Center	Holy Hands Learning Center	1920 Corpus Christi St Laredo, Tx 78043	956-462-7130
Licensed Center	Intelligym Learning Center	1521 Jacaman Rd Laredo, Tx 78041	956-568-0914
Licensed Center	Jasmine's Child Day Care Center	712 Galveston St Laredo, Tx 78040	956-718-2952
Licensed Center	Johnson's Day Care & Learning Center	2118 S Jarvis Ave Laredo, TX 78046	956-753-5011
Licensed Center	Johnson's Daycare & Learning Center #2	2716 Corpus Christi St, Tx 78043	956-795-8824
Licensed Child-Care Home	Kids "R" Us Child Care and Learning Center	118 Birch Loop Laredo, Tx 78046	956-722-7304
Licensed Center	Kinderclub Learning Center, LLC.	601 Concord Hills Blvd Laredo, Tx 78046	956-726-9696
Licensed Center	Kristi-Lin's Academy Learning Express	1703 Commerce Dr Laredo, Tx 78041	956-727-9888
Licensed Center	Larga Vista Head Start Center	5411 Cisneros St Laredo, Tx 78043	956-728-1562
Licensed Center	LCC Camilo Prada Child Development Center	5500 S Zapata Hwy Laredo, Tx 78046	956-794-4561
Licensed Child-Care Home	Little Angels	1609 Woodstone Ct Laredo, Tx 78045	956-724-4134
Licensed Center	Little Characters Day Care Learning Center	3220 Ligarde St Laredo, Tx 78043	956-723-5439
Licensed Center	Little Feet & Learning Day Care Center	1001 Bristol Rd STE A Laredo, Tx 78045	956-729-8099
Licensed Center	Little Folks Head Start Center	1233 Paseo Danubio Rio Bravo, Tx 78046	956-791-9807
Licensed Child-Care Home	Little Friends Learning Center	207 Flathead Laredo, Tx 78045	956-251-9826
Licensed Center	Little Hearts Child Development Center	6553 Metro Ct STE B Laredo, Tx 78041	956-267-8354
Licensed Center	Little Palominos Head Start Center	W END Washington LCC Campus Laredo, Tx 78040	956-722-9946

Licensed Center	Little People North	4209 McPherson Ave Laredo, Tx 78041	956-791-5142
Licensed Center	Little People South	2619 Rosario St Laredo, TX 78043	956-722-0330

Source: Texas Department Protective and Regulatory Services, Child Care Licensing 2019. For further listings of childcare centers and family childcare homes please see:

www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilitySearchDayCare.asp

Children Today, Leaders Tomorrow

