




Child Well-Being in Texas

October 1998 - March 1999

From the CENTERS FOR DISEASE CONTROL AND PREVENTION
National Center for Health Statistics

SLAITS

State and Local Area Integrated
Telephone Survey



U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



Introduction

Researchers have identified many factors that help support the well-being of children under 18 years of age. This brief report highlights six of these key supports and presents data related to these supports from the Child Well-Being and Welfare Module of the State and Local Area Integrated Telephone Survey, conducted in Texas from October 1998 until March 1999.

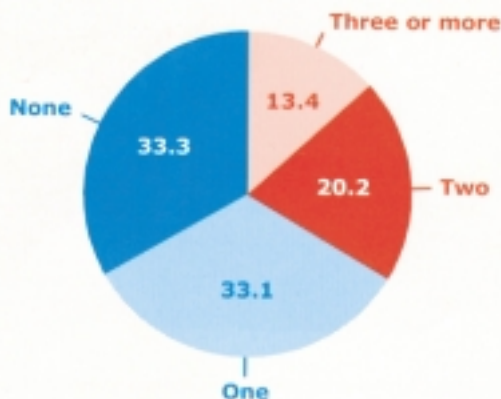
The key supports considered are:

- Health insurance (for children 0-17 years of age)
- Reliable child care (for children 0-12 years of age)
- Two-parent families (for children 0-17 years of age)
- Reading stories and books (to children 1-5 years of age)
- Participation in extracurricular activities (by children 6-17 years of age)
- Social cohesion and trust in neighborhoods (for children 0-17 years of age)

When children lack one or more of these supports, they can be at increased risk for problems related to health, education, literacy, behavior, cognitive development, or social development.

Two out of every three children in Texas were lacking at least one of six key supports for child well-being.

Figure 1. Number of key supports lacking for children 0-17 years of age: Texas, 1998-1999

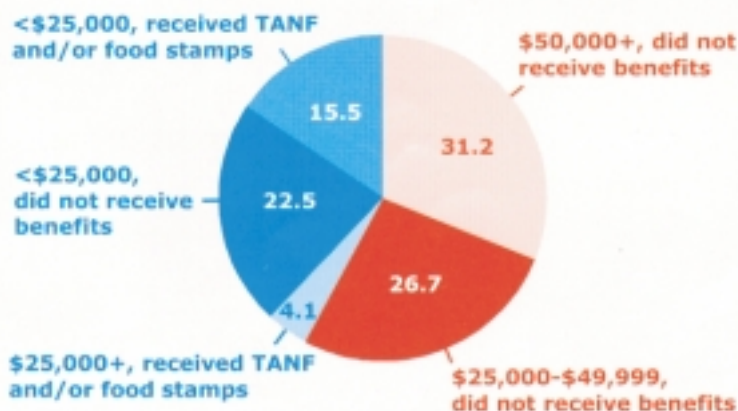


Family income is strongly associated with the presence or absence of the key supports. Of children in families with incomes below \$25,000 per year, 89.7% lacked one or more of the key supports, compared with 52.5% of children in families with higher incomes. Therefore, data are presented on the association between family income and six key supports that contribute to child well-being.

Receipt of benefits from the Temporary Assistance to Needy Families (TANF) program and from food stamps can help supplement the resources of low-income families with children. However, to participate in these programs, most parents are required to work, go to school, or receive training to prepare for work. These increased responsibilities can affect the time and energy available for parents to care for their children. To explore this possibility, data are also presented on the association between receipt of these benefits and factors that support child well-being.

In Texas, 15.5% of all children lived in a family that had a yearly income below \$25,000 and received benefits from TANF and/or food stamps in the year prior to the interview.

Figure 2. Annual family income and program participation status for children 0-17 years of age: Texas, 1998-1999

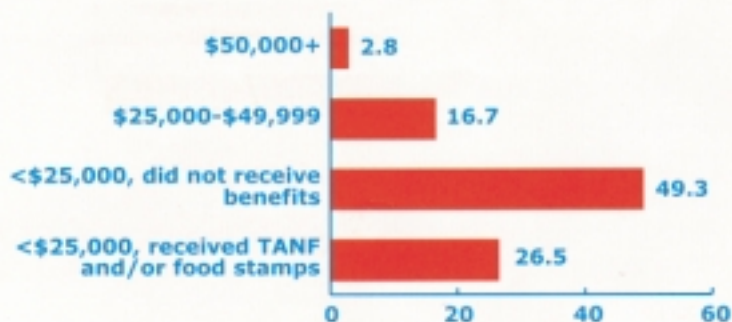


Health Insurance

Uninsured children are at increased risk for health problems because they may not get immunizations or appropriate well-child care. They also may not receive timely treatment when they do have health problems. Families with uninsured children are at increased risk of financial problems resulting from sudden needs for medical care.

In Texas, 21.0% of children were reported to be uninsured at the time of the interview.

Figure 3. Percent of children 0-17 years of age without health insurance, by annual family income and program participation status: Texas, 1998-1999



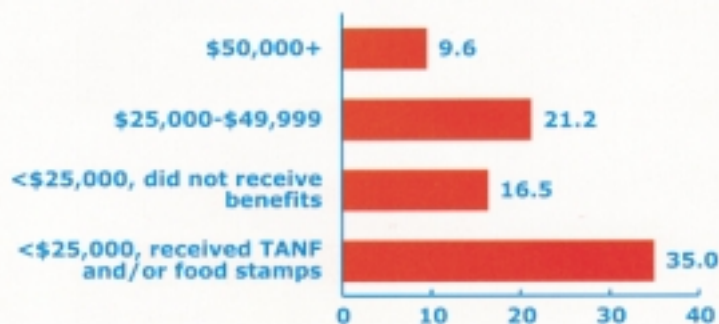
Children in families earning less than \$25,000 per year were more likely to be uninsured. In addition, among these families, children in families that did not receive TANF benefits or food stamps were twice as likely to be uninsured as children in families that received these benefits. This is due primarily to increased Medicaid enrollment among children whose families are enrolled in TANF and/or food stamps and therefore have ongoing contact with the Texas Department of Human Services.

Child Care Problems

When parents have trouble arranging child care or maintaining child care arrangements, they may miss work, quit a job, or not take a job. In more extreme cases, children may be left alone without supervision. Parents or guardians of children 0-12 years of age were asked whether any of these consequences of child care problems occurred in the past month (miss work, left child alone) or past year (quit job, not take job).

Child care problems were reported by the parents or guardians of 18.9% of children 0-12 years of age in Texas.

Figure 4. Percent of children 0-12 years of age whose families experienced child care problems, by annual family income and program participation status: Texas, 1998-1999



NOTE: Percentages are based on all children 0-12 years of age, regardless of the employment status of family members at the time of the interview.

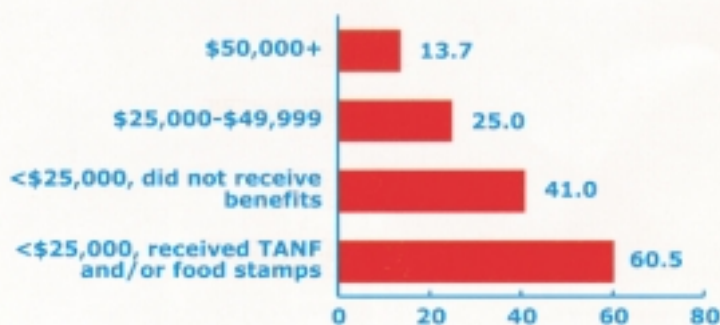
Compared with children in families earning \$50,000 or more per year, children in families earning less than \$50,000 per year were more likely to have parents or guardians reporting child care problems. Among children in families earning less than \$25,000 per year, parents or guardians were twice as likely to report problems arranging child care when the family received TANF benefits and/or food stamps. This may reflect the fact that these families are more likely to be headed by single parents, and that most of these parents are now required to work, go to school, or get job training in order to receive these benefits.

Family Structure

Families in which one or both parents are not living in the same household as their children often provide fewer financial and educational advantages to the children. Single parents may also have less time to devote to raising their children. Parents or guardians in Texas were asked how their child was related to each person living in the household.

In Texas, 27.7% of children were living with just one biological, adoptive, step, or foster parent, and 2.9% of children were living in families that did not include anyone identified as their parent.

Figure 5. Percent of children 0-17 years of age living with fewer than two parents, by annual family income and program participation status: Texas, 1998-1999



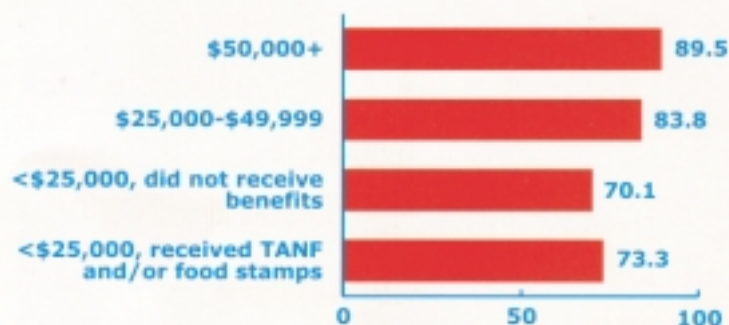
Children in families with lower incomes were less likely to be living with both parents. Among families earning less than \$25,000 per year, children in families who received TANF benefits and/or food stamps were less likely to live with both parents than were children in families receiving these benefits. This may be due to increased eligibility for these programs of children who are not living with both parents.

Reading

Reading stories and books to young children can improve their literacy skills and increase their readiness for school. Reading together may also help family members develop close emotional relationships with the young children.

In Texas, 80.7% of children 1-5 years of age had family members read to them 3 or more times in the week prior to the interview.

Figure 6. Percent of children 1-5 years of age who were read to 3 or more times in the past week, by annual family income and program participation status: Texas, 1998-1999



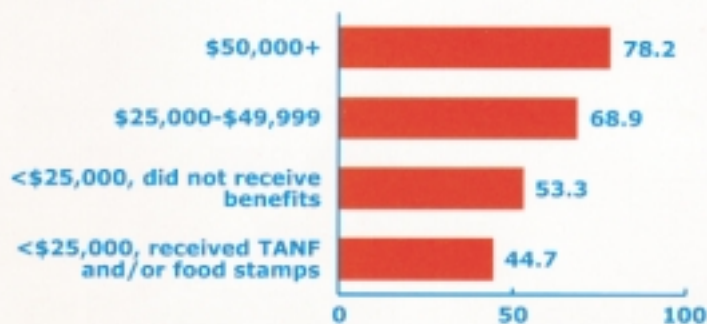
Children 1-5 years of age in families earning less than \$25,000 per year were less likely to have family members reading to them than were children in the two higher income groups. Among children in families earning less than \$25,000 per year, receipt of TANF benefits and/or food stamps was not significantly associated with reading frequency.

Extracurricular Activities

When children participate in activities such as Scouting, Boys and Girls Clubs, religious groups, after-school clubs, or organized sporting events, they can develop skills that will help them get along with others. They may also gain a sense of personal accomplishment and self-esteem.

In Texas, 64.9% of children 6-17 years of age participated in clubs, organizations, or sports teams in the year prior to the interview.

Figure 7. Percent of children 6-17 years of age who participated in extracurricular activities in the past year, by annual family income and program participation status: Texas, 1998-1999



Compared with children in families earning \$25,000 or more per year, children in families earning less than \$25,000 per year were less likely to participate in extracurricular activities. Among these children, receipt of TANF benefits and/or food stamps by the family was not significantly associated with participation in extracurricular activities.

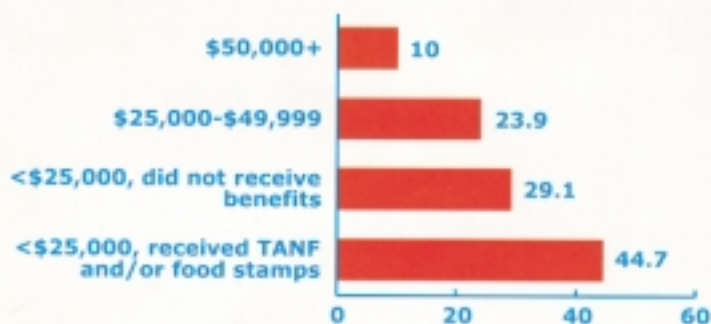
Social Cohesion and Trust in Neighborhoods

When neighbors work together and trust each other to look after children in the community, the children can thrive, and neighborhood violence may be reduced. Parents or guardians were asked if these five statements described their neighborhood:

- people help each other out;
- people watch out for each other's children;
- parents can trust other adults to help their children if they get hurt or scared;
- parents can count on other people in the neighborhood; and
- people in the neighborhood are not thought to be a bad influence on the children.

Parents or guardians of 23.9% of children in Texas disagreed with at least two of these five statements.

Figure 8. Percent of children 0-17 years of age living in neighborhoods that lack cohesion and trust, by annual family income and program participation status: Texas, 1998-1999



Parents or guardians of children in families with lower incomes were more likely to report that neighbors do not work together and that they do not trust their neighbors. Among children in families earning less than \$25,000 per year, parents or guardians were more likely to report this lack of cohesion and trust when the family received TANF benefits and/or food stamps.

Source of the Data

The data presented in this brief report were collected by the National Center for Health Statistics using the State and Local Area Integrated Telephone Survey mechanism (SLAITS). From October 1998 to March 1999, SLAITS pilot-tested the Child Well-Being and Welfare (CWBW) Module. This questionnaire was designed to assess factors that support child well-being and to study the association between these supports and public assistance program participation. Results for six of these supports are presented in this report. Other supports included parental employment, education, family functioning, household stability, and residential mobility.

Funding for this pilot test was provided by the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services; the Office of Human Services Policy also collaborated on the design of the questionnaire. Additional design assistance was received from the Bureau of HCF Information Resources, Texas Department of Health, which provided access to Medicaid enrollment data for a component of the pilot test unrelated to this report.

Telephone interviews were completed with 1,265 households with children randomly selected from all telephone households in Texas. No more than two children were randomly selected from each household, resulting in completed interviews for 2,009 children aged 0-17 years. The respondent was the parent or guardian who knew the most about the sampled child's health care, child care, and education. The response rate was 70.2%. A Spanish-language version of the questionnaire was used in 21.0% of the households.

The data presented in this brief report are subject to the usual variability associated with sample surveys. Sampling weights that account for the probability of selection of each child were adjusted for nonresponse and for noncoverage of nontelephone households. These weights were further adjusted to the known total number of children (1998 census projections) by age, sex, race, and ethnicity in Texas. Still, small differences between survey estimates may be due to random survey error and not to true differences among children. All statements about differences in this report have been tested and meet statistical standards (all p 's ≤ 0.05).

SLAITS is a mechanism that permits Federal, State, and local agencies to quickly field customized surveys for tracking and monitoring current and emerging health and welfare-related issues. This mechanism builds on the National Immunization Survey, an ongoing random-digit-dialing telephone survey conducted by the U.S. Centers for Disease Control and Prevention since 1994. The flexibility of SLAITS permits researchers to target population subgroups, as well as populations in specific States and sub-state areas. In addition to child well-being and program participation, SLAITS has collected data on family health, children with special health care needs, parents' experiences with pediatricians, and children's health insurance.

For more information about SLAITS or the data presented in this report, please contact Stephen Blumberg or Trena Ezzati-Rice at the National Center for Health Statistics, 6525 Belcrest Road, Hyattsville, Maryland, 20782-2003 (e-mail: SBlumberg@cdc.gov or TEzzati-Rice@cdc.gov). Or visit SLAITS on the Internet at: <http://www.cdc.gov/nchs/slaits.htm>

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