

# Galveston Children's Report Card

2004

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## Galveston Children's Report Card 2004

This report has been prepared with assistance from the Galveston County Health District; the Galveston Independent School District; the Galveston Partnership for Better Living; the Galveston County League of Women Voters; the University of Texas Medical Branch (Department of Preventive Medicine and Community Health, Office of University Advancement, Office of Biostatistics, Office of University Advancement, and Office of Community Outreach); Children, Youth and Families: 2010; and many others.

Data have been assembled from multiple sources including the Galveston County Health District, Galveston Independent School District, Texas Department of Health, Texas Department of Protective and Regulatory Services, Texas Department of Public Safety, Texas Education Agency, Texas Workforce Commission, Environmental Protection Agency, U.S. Bureau of Labor Statistics, U.S. Bureau of the Census, U.S. Centers for Disease Control and Prevention, and U.S. Department of Health and Human Services.

## PREFACE

The year 2004 marks the seventh annual Children's Report Card. The report card began as an effort to move discussions about children from vague generalities and impressions to an informed planning and evaluation process. Has this reporting on the condition of our children affected Galveston? Some notable successes have resulted. The most impressive has been the consistent effort to raise immunization levels of children on the island. The leaders of the Galveston County Health District, the University of Texas Medical Branch and the Galveston Independent School District stood together on the steps on Rosenberg Library and committed themselves to changing a dangerous situation for our children. The combined efforts of these institutions and others, such as the Immunization Coalition, have led to a steady rise in the level of immunization among our children. While the Centers for Disease Control and Prevention have raised the bar at least twice, we have continued to make great strides.

When we published the first report card, many parents were unsure of conditions in the schools and on the streets. They heard frightening rumors about crime and failure. The report card published the results of repeated surveys and evaluations. These results have shown many of these rumors were largely unfounded. The schools have continued to improve. Today, we know much more about what our children experience on a daily basis. Our systematic efforts at publishing this information contributed, at least in part, to the passage of bond issues and the development of the Galveston Island School Foundation.

This 2004 Galveston Children's Report Card contains information on violence both in and out of school. The data show clearly that our children are safer and feel more secure in school than on the way to or from school. Moreover, subsequent to systematic programs to reduce violence, the Report Card has documented positive changes. For example, the 2000 Report Card showed that nearly 90 percent of children witnessed fights in school. By 2004, this percentage has been significantly reduced. The comparison of 2002 with 2004 showed that the reduction of a police presence in the school had no effect on the level of violence in the school, dispelling rumors and claims to the contrary.

Yet another accomplishment in Galveston is the systematic reduction in the sale of tobacco products to minors. In 2000, we reported that nearly 50 percent of minors who smoked bought the cigarettes in stores or gas stations. This was more than double the rate in the United States. Members of the City Council made this a priority for change. By 2004, the rate had been cut in half, contributing in part to the continuing reduction in cigarette use by children.

The Children's Report Card is one of a series of reports on the health and well-being of the citizens of Galveston. Other report cards have been released on the elderly and on Galveston's vulnerable populations. These, in conjunction with the Children's Report Card, assisted the United Way of Galveston in moving to a community investment program for fund raising.

These are just a few of the examples of how the Report Card has affected discussions about our children on the Island. As we enter a new phase of Report Cards for the entire county, we hope to stimulate similar positive changes in the cities and school districts of the county.

Having identified areas needing improvement, however, we know that we have the resources to achieve necessary "fixes." The City of Galveston has a tradition of marshalling the forces in the community to meet its goals—goals that are clear and attainable.

## Galveston Children's Report Card 2004

### INTRODUCTION

This seventh annual report card continues our efforts to monitor the condition of children in Galveston County, adding more cities than in previous years, but focusing mainly on the City of Galveston. In it, we present an overview of the health and quality of life of Galveston's children by bringing together more than 40 tabulations of key indicators of our children's education, safety, economic security, health, and behavior. The report card provides a roadmap for professional caregivers, volunteers, parents and citizens concerned about our children by maintaining a baseline against which to grade ourselves in the future.

Cities and independent school districts across the county are compared in this report card. Two years ago, we added comparisons to League City and Texas City. These helped us understand our children within the broader context of the county. This year, we added Dickinson, Friendswood, Hitchcock, La Marque, and Santa Fe.

We continue reporting summaries of goals and objectives for the education, health and safety of our children. The Galveston Independent School District (Galveston ISD) established the educational goal and objectives in its 2000-2001 District Improvement Plan. The U.S. Department of Health and Human Services set forth national goals and objectives for health-related and behavioral indicators in *Healthy People 2010* report. These objectives provide many specific benchmarks against which to assess our progress. In the report card, goals are shown in boxes, and objectives are set in italics. This year we cover nine independent school districts (ISDs): Clear Creek, Dickinson, Friendswood, Galveston, High Island, Hitchcock, La Marque, Santa Fe, and Texas City.

Unique to Galveston ISD is the biannual Youth Behavior Risk Factor Surveillance survey (YRBS survey). The survey is based on a similar survey conducted both nationally and in Texas by the Centers for Disease Control and Prevention (CDC). This report card contains comparisons of the survey across three years: 2000, 2002 and 2004. Each year, approximately 1,700 adolescents completed this anonymous survey,

which provides information on alcohol, tobacco, controlled substances, sexual activity, exercise and nutrition. These data are particularly important for understanding the behavioral risks of the teenage years.

This report card ends with an assignment of letter grades based on percent attainment of stated objectives. The objectives were either obtained from *Healthy People 2010* or were published objectives of Galveston ISD. Grades for education and health, risky or violent behavior, and substance use are determined as follows: A = 90 percent or above, B = 80-89 percent, C = 70-79 percent, D = 60-69 percent, and F = less than 60 percent. The report card will assign grades based on the YRBS survey. In addition, we append a list of goals and objectives stated by *Healthy People 2010* for which no local data are currently being collected. When no stated objectives are known, we show comparisons over time among the cities of Galveston County, Texas, and the United States.

We have organized the report into the following five areas:

1. Population and Family Characteristics
2. Education
3. Safety and Economic Security
4. Health
5. Behavior and Social Indicators

Our report card identifies strengths and achievements as well as weaknesses and areas that require improvement. Underlying the project is our firm conviction that when the Galveston community decides to accomplish a goal, it can.

## METHODS

The indicators used are limited to public data that are readily available. The Freedom of Information laws governs their use. These were gathered largely from the Internet or by special tabulations from the Texas Department of Health, the Galveston ISD, and the Galveston County Health District.

Some of the indicators for adolescents are based on the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance survey (YRBS). The 2003 YRBS survey was a complex probability sample of the United States and selected school districts. The survey is fully documented by the CDC Surveillance Summaries. The corresponding Galveston survey involved a sample of more than 70 percent of high-school students. The survey methodology was presented in the previous *Galveston Children's Report Card 2000*. The 2002 and 2004 surveys followed the same pattern and were administered anonymously in classrooms on a single day in May 2002 and May 2004, respectively, only to Galveston ISD students. Students answer to YRBS questions related to activities in any location and some that occur in the school. The 2004 questions are the same as those used in the 1999, 2001, and 2003 CDC YRBS surveys as well as in the 2000 and 2002 Galveston ISD surveys. Thus, valid comparisons over time and to the state and nation can be made.

The definition of adequate immunization has been changed by the Centers for Disease Control and Prevention. The old definition, (4-3-1) means 4 diphtheria-pertussis-tetanus, 3 polio, and 1 measles-mumps-rubella. This was changed to a newer definition (4-3-1-3-3), which adds to 3 haemophilis influenza type B and 3 hepatitis B. The latest definition (4-3-1-3-3-1) adds 1 chicken pox.

Many indicators that would be desirable are not included because the data are either unavailable or unreliable due to small sample sizes. Some data may not be collected routinely or may be unavailable because of confidentiality. Although we report rates for mortality and other indicators for which the number of cases is small, note that rates calculated from small numbers are highly influenced by random fluctuations. As a result, the rates may vary dramatically from year to year. This applies to all rates based on fewer than 25 events.

For purposes of comparison, most indicators are presented for Galveston's three principal ethnic groups: non-Hispanic blacks, Hispanics, and all others (primarily non-Hispanic whites and small numbers of Asians, Native Americans, and multiple race codes). The census data are divided into the following: black alone, Hispanic-any race, non-Hispanic white, Asian alone, and other. While Asian alone and black alone may include some Hispanics these are thought to be few in number for Galveston. Therefore, the category "Other" for census data is constructed by subtracting Asian alone, black alone, Hispanic any race, and non-Hispanic white from the total. For other indicators, "all others" is sometimes subdivided.

The reported indicators do not completely define the condition of our city's children. We have not attempted to explain or offer reasons for what they show. Rather, these indicators represent a broad range of quantitative measures that must be evaluated carefully and placed in context by the personal insights and wisdom of the many groups that work for the benefit of our children.

## RESULTS

### **Part 1. Population and Family Characteristics (Tables 1 through 2)**

According to the U.S. Bureau of the Census, the population of Galveston County was 250,158 on April 1, 2000 (Table 1). The City of Galveston (57,247) has the largest population in the county, followed by League City (45,444) and Texas City (41,521). Hitchcock (6,386) and Santa Fe (9,548) are the least populated cities included in the Report Card.

Census 2000 showed that 13,380 League City residents were younger than age 18 years and the main ethnic group was non-Hispanic whites (72.6 percent). The remaining ethnic groups have about the same distribution for the population younger than 18 years: black alone (5.8 percent), Hispanic (16.3 percent), and Asian (3.1 percent). Galveston has 13,379 residents younger than 18 years and the main ethnic groups were non-Hispanic whites (27.9 percent), black alone (32.2 percent), and Hispanic (35.5 percent). The Asian only group in Galveston accounted for 2.9 percent of the age group younger than 18 years. Census 2000 showed that 5,886,759 Texas residents were younger than 18 years, and the distribution was 42.6 percent non-Hispanic white, 40.5 percent Hispanic, 12.8 percent black alone, and 2.4 percent Asian alone. The distribution is similar in age groups for both 1 to 4 years and 5 to 17 years. Santa Fe has the most homogeneous child population in the county: 84 percent non-Hispanic white, 14 percent Hispanic, and 1 percent all others. Friendswood is nearly as homogeneous with 82.4 percent non-Hispanic white, 10.4 percent Hispanic, 2.9 percent black alone, and 2.4 percent Asian alone.

Between 1997 and 2002, City of Galveston residents had 5,510 babies, or about 1,100 per year (Table 2). These were evenly divided among whites (33.5 percent), blacks (27.8 percent), and Hispanics (34.1 percent), with about 5 percent born to Asians and others (4.7 percent). In League City, residents gave birth to 3,873 babies during 1997-2002. In Texas City, residents gave birth to 3,655 babies born during this period. Altogether in the county, 22,324 babies were born: white (54.2 percent), black (17.4 percent), Hispanic (25.2 percent), and all others (3.2 percent). For the 363,414 babies

born in 2000 in Texas: white (37.9 percent), black (11.3 percent), Hispanic (49.3 percent), and all others (3.6 percent). The birth rate of Galveston County (17.8 births per 1,000 population) is higher than that of Texas (17.4). However, Dickinson leads the cities of Galveston County with a birth rate of 27.8, followed by Santa Fe (22.5) and Hitchcock (21.9). Galveston has a birth rate of 19.2, and Friendswood has the lowest birth rate in the county (9.2 per 1,000 population).

## **Part 2. Education (Tables 3 through 11)**

Nine independent school districts serve Galveston County: Clear Creek, Dickinson, Friendswood, Galveston, High Island, Hitchcock, La Marque, Santa Fe, and Texas City. In 2002-2003, the largest was Clear Creek ISD, which enrolls 32,000 students, some of whom reside in Harris County as well. Galveston ISD was the second largest (9,119), followed by Dickinson ISD (6,256), Texas City ISD (5,701), Friendswood ISD (5,367), Santa Fe ISD (4,453), La Marque (3,883), Hitchcock ISD (1,140), and, finally, High Island ISD (256), which is the smallest school district of the county (Table 3). The state of Texas has enrolled more than 3.9 million students each year since 1999, passing the 4 million mark in 2001.

The Texas Education Agency (TEA) regulates the calculation of attendance, dropout, completion, and graduation rates (Tables 5 and 6). These are specifically defined on the TEA website (<http://www.tea.state.tx.us/perfreport/aeis/2002/glossary.html>). Friendswood ISD has led the county with attendance rates above 96 percent in every year except 2000-2001 (Table 5). In contrast, Galveston ISD has had the lowest attendance rate in the county, varying between 93 percent and 94 percent for the past five years. This is below the statewide rate between 95 percent and 96 percent.

*The Galveston ISD Education Objective [by 2003-04]: In three years, 85 percent of the students from each ethnic subgroup at each of the grade levels, tested by TAAS, will pass [reading, writing and math] with a score of at least 70 percent correct.*

The Texas Assessment of Academic Skills (TAAS) test results are shown in Table 6. While non-Hispanic white children have consistently met the objective since 1997 and

scores in general have improved in many areas for the other two ethnic groups, improvement is still needed. Hispanic children have steadily improved their passing rates in all tests combined, from 42 percent in 1994 to 81.3 percent in 2002. Unfortunately, black children have not been as successful. Approximately 73.3 percent of black students in Galveston ISD passed all of their TAAS tests in 2002. Hitchcock ISD has the lowest percent passing for all races: 57.6 percent African Americans, 64 percent Hispanics, 83.1 percent white, and 69.5 percent of all the students tested passed the TAAS test in 2002. Friendswood ISD has the highest percent passing for all races: 91.7 percent African Americans, 91 percent Hispanics, 95.1 percent white, 96.6 percent Asian, and 94.8 percent of all the students passed the TAAS test in 2002.

Beginning in 2003, a new set of tests, the Texas Assessment of Knowledge and Skills (TAKS), was administered. TAKS is a comprehensive testing program for public school students in grades 3-11, which replaces the Texas Assessment of Academic Skills (TAAS) and is designed to measure to what extent a student has learned, understood and is able to apply the important concepts and skills expected at each tested grade level. A more detailed explanation of the TAKS, as well as the passing criteria, can be found at the TEA website (<http://www.tea.state.tx.us/perfreport/aeis/2003/glossary.html>). The percent of students tested who passed the TAKS, according to the Panel Recommendation, compared with the percent of students who passed TAAS shows the new test is considerably more difficult. For all of the school districts, the percent passing TAKS was significantly lower than the percent passing TAAS. The ISDs can be clustered in three groups: Clear Creek and Friendswood above 60 percent passing; Dickinson, Galveston, High Island, Friendswood and Texas City between 38 percent and 50 percent passing; and Hitchcock and La Marque below 30 percent passing at the panel recommended score. Friendswood had the best performance at 71.7 percent, and Hitchcock had the worst at 22 percent passing.

*Healthy People 2010 Objective 7-1: Increase high school completion rate to 90 percent*

All ISDs in Galveston County had exceeded this objective by 2002 (Table 7). Six ISDs, Dickinson, High Island, Hitchcock, La Marque, Friendswood and Texas City had over 95 percent complete a high school education. The Texas completion rate has continued to rise from 91.4 percent in 1998 to 95.0 percent in 2002.

No objectives exist at present for four-year graduation rates. The four-year graduation rates for Galveston ISD have risen from 65.8 percent in 1998 to 74.4 percent in 2002, but these remain below the Texas rate of 82.8 percent as well as being among the lowest rate in the county. This relatively low graduation rate for the City of Galveston holds true for all ethnic groups and the economically disadvantaged.

Commended Performance on TAKS, the highest performance level, could only be achieved by students who missed no more than 2 to 6 questions on the test depending on subject and grade, scoring above 85 percent on the subject. Friendswood ISD led the county with 10.7 percent, while Hitchcock fell behind with 0.6 percent students receiving Commended Performance (Table 8). Galveston was third in the county (3.8 percent), just below the state of Texas (4.7 percent).

An independent evaluation of college readiness is provided by the SAT/ACT, which are not mandatory. In 2001, of the 45.3 percent Galveston ISD seniors who took the SAT/ACT, only 37.7 percent met or exceeded criterion (Tables 9 and 10). In 2002, of the 48.7 percent of Galveston seniors who took the SAT/ACT, only 29.9 percent met or exceeded criterion. Approximately 60 percent of Texas seniors take the test, and only one quarter met or exceeded criterion in 2001 and 2002. Considered together, Galveston seniors as are similar to their statewide counterparts in meeting or exceeding criterion. Clear Creek ISD led the county in 2001, with percent of students tested (86.9 percent) and students who met or exceeded criterion (45.2 percent). However in 2002, Friendswood ISD led the county with percent of students tested (82.5 percent) and students who met or exceeded criterion (44.9 percent). To meet criterion, students must score at least a composite score 24 on the ACT and at least 1110 total on the SAT.

The TEA classifies both ISDs and campuses as exemplary, recognized, acceptable, or low performing. In 2002, Friendswood continued its tradition as an exemplary school district (Table 11). The recognized districts were Clear Creek, High Island, La Marque, and Texas City. The others were deemed acceptable. Because of the introduction of TAKS, campuses were not categorized in 2002, but kept their 2001 status. Friendswood, Clear Lake, and La Marque High Schools were deemed exemplary. Six high schools were recognized, and Dickinson and Hitchcock were considered acceptable.

### **Part 3. Safety and Economic Security (Tables 12 through 14)**

From 1998 to 2003, the number of completed investigations for abuse and neglect conducted by Galveston County Children's Protective Services (CPS) varied between 1,651 and 1,935 (Table 12). CPS investigation data for individual cities within the county are not available. Confirmed cases of abuse and neglect ranged from 474 to 386 between 1998 and 2003. The rate of confirmed victims in Galveston County for 2003 (9.2 per 1,000 children) is higher than that of the state (8.3 per 1,000). Between 1998 and 2003, the number of completed investigations varied from 1,786 to a high of 1,864, but the proportion of investigations with confirmed abuse or neglect declined from 30.5 percent to 24.4 percent. While still unacceptably high, the Galveston County percentage is similar to that for Texas, which remains about 25 percent.

The 2003 average monthly unemployment rate for the City of Galveston rose to 10.6 percent after a consistent decline from 1997 through 2001 (Table 13). The national unemployment rate rose to about 6 percent. La Marque, with the City of Galveston, continues to lead the county with an unemployment rate at 11.5 percent, the county rate (8.2 percent) exceeds that of the state (6.8 percent), and the Texas rate exceeds that of the United States (6.0 percent). League City (3.7 percent) and Friendswood (4.2 percent) had the lowest unemployment rates in the county in 2003.

Students who qualify for free or reduced lunch programs are defined as economically disadvantaged by TEA. The percentage of students who are economically disadvantaged in the City of Galveston (63.5 percent) in 2003 exceeds that for the rest of the county as well as for Texas (51.9 percent). In 2003, Friendswood had the lowest

percent of economically disadvantaged students (2.6 percent), followed by League City (13.9 percent).

Unemployment underlies poverty, which in turn drives the rates of the economically disadvantaged. The U.S. Census Bureau periodically estimates the proportion of children living in impoverished families for school districts. In 2000, more than 25 percent of Galveston ISD children came from impoverished families (Table 13). This was the largest proportion in the county, contrasting sharply with districts in the northern part of the county where less than 5 percent of the children come from impoverished families.

The number of licensed day-care facilities in the county has stayed relatively stable over the past six years (ranging from 156 in 1998 to 170 in 2003). City data are not available. The capacity of facilities increased in 2003 to 11,894 places for an estimated 51,330 children (Table 14). Capacity of registered family homes and 24-hour day care has decreased since 1997; however, this is partially offset by the addition of listed homes beginning in 1999.

## Part 4. Health (Tables 15 through 27)

### *Healthy People 2010 Goals<sup>1</sup>*

8. Promote health for all through a healthy environment
9. Improve pregnancy planning and spacing and prevent unintended pregnancy
13. Prevent human immunodeficiency virus (HIV) infection and its related illness and death
14. Prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases
16. Improve the health and well-being of women, infants, children, and families
18. Improve mental health and ensure access to appropriate, quality mental health services
24. Promote respiratory health through better prevention, detection, treatment, and education efforts
25. Promote responsible sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications

### **Environment and Community (Table 15)**

*Healthy People 2010 Objective 8-11: To eliminate elevated blood lead levels in children aged 1-6 years.*

Data from blood lead tests reported from 1998 through 2003 indicate a substantially higher percentage of City of Galveston children tested and found to have elevated levels of lead in their blood than for all county and Texas children. In 2003, the percentage of children tested in Galveston who had elevated levels of blood lead (19 percent) was higher compared with Texas City (2.9 percent), Galveston County (13.9 percent), and Texas (2.4 percent).

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<sup>1</sup> Each objective pertains to a specific goal, and one goal may have more than one objective.

In 2003, Galveston County had only 2 days in which air quality was classified as unhealthy or worse, whereas Brazoria County had 12 such days and Harris County had 15. The ozone standard was exceeded 8 days in Texas City and 12 days in the City of Galveston. The ozone standard is met or exceeded at 85 parts per billion.

**Live births, fetal deaths, reported abortions, total pregnancies, female population, and pregnancy rate for females younger than 18 years (Table 16)**

*Healthy People 2010 Objective 9-07: To reduce pregnancies among adolescent females aged 15-17 to 43 pregnancies per 1,000 (or 4.3 percent).*

In 2002 in Galveston County, 11 mothers younger than 15 years and 156 mothers aged 15 to 17 years gave birth; most of those mothers were Hispanic (7 younger than 15 years and 63 aged 15 to 17 years). Pregnant teen mothers had 4 fetal deaths (stillborns), 2 Hispanic and 2 “others”. Abortions have varied between 33 and 66 for each year for teen mothers aged 15 to 17 years. Total pregnancies for mothers younger than 18 years varied from a high of 290 in 1998 to a low of 200 in 2001.

In 2002 in Galveston County, the female population aged 15 to 17 years was estimated to be 5,735. That year, the pregnancy rates for mothers aged 15 to 17 years was 34.5 per 1,000 females for “all teen mothers”; 55.1, for “black teen mothers,”; 57.8, for “Hispanic teen mothers”; and 19.8, for “all other teen mothers.” These pregnancy rates for the county are lower than that of the *Healthy People 2010* objective.

**Adolescent mothers (Tables 17 and 18)**

Births in Galveston to mothers younger than 18 years dropped from 8.8 percent in 1998 to 5.7 percent of all births in 2002 (Table 17). Births in League City to mothers younger than 18 years were 1.7 percent in 2002; in Texas City, 6.1 percent. The proportions of births to mothers younger than 18 years for the county and the state were 4.3 percent and 5.3 percent, respectively. Although Galveston’s percentage of births to adolescent mothers remains higher than those of the county and the state, the trend since 1998 indicates considerable progress over the past several years.

The Galveston Youth Risk Behavior Surveillance survey found that 16.9 percent of Galveston's adolescents reported having either gotten pregnant or having gotten someone pregnant, which is at a rate about three times the national goal (Table 18). Approximately 18.7 percent of girls report having gotten pregnant, and 15.2 percent of boys report having gotten someone pregnant. The reported rates are high for all grades and ethnic groups, with all others having the highest rate at 42.1 percent total. The Galveston rates are also much higher than those for Texas (4.6 percent), and the nation (4.2 percent).

*Healthy People 2010 Objective 9-09: To increase sexual abstinence to 75 percent of boys and girls (aged 15-17 years)*

At the end of ninth grade, only 53 percent of children report having been abstinent. This declines to 21.3 percent at the end of twelfth grade. Only 24.6 percent of senior girls and 17.9 percent of senior boys are abstinent. These rates are markedly lower than those for Texas (48.7 percent), and the nation (53.3 percent).

*Healthy People 2010 Objective 9-09e: To increase condom use at last intercourse to 49 percent of unmarried girls (aged 15-17 years)*

*Healthy People 2010 Objective 9-09f: To increase condom use at last intercourse to 79 percent of unmarried boys (aged 15-17 years)*

In 2004, approximately 71 percent of adolescents who have had sexual intercourse reported using a condom the last time they had sexual intercourse. The percentage among girls was 62.7 percent and among boys, 78.2 percent; therefore, girls achieved the HP 2010 objective and boys are fairly close. The rate is highest in tenth grade (75.6 percent) and lowest in twelfth grade (68.6 percent), although senior girls also exceed the objective (59.5 percent). The usage rates for Galveston are higher than those for Texas (62 percent) and for the nation (63 percent).

## Immunizations (Tables 19 and 20)

*Healthy People 2010 Objective 14-23: To maintain vaccination coverage levels for children in licensed day care facilities and children in kindergarten through the 1st grade (95 percent for each vaccine).*

*Healthy People 2010 Objective 14-24a: Increase the proportion of children aged 19-35 months who received the recommended vaccines to 80 percent.*

Beginning in 2001, the Healthy People definition of adequate immunizations was changed from 4-3-1 to 4-3-1-3-3. This change has resulted in an apparent reduction in coverage. Then, in 2002, the definition was changed again to 4-3-1-3-3-1<sup>2</sup>. We will use the new definitions this year. For the city of Galveston, the most recent data available on the immunization status of children aged two years are from 2000, when the percentage of those children who were adequately immunized was 68 percent for the 4-3-1 definition, 56.7 percent for the 4-3-1-3-3 definition, and 53.3 percent for 4-3-1-3-3-1 (Table 19). This level of vaccination coverage in the city was lower than that of the county for 4-3-1 (66.5 percent), for 4-3-1-3-3 (60.7 percent), and for 4-3-1-3-3-1 (53.8 percent) but is higher than the city's percentage in 1994 (47.5 percent). The target is 80 percent, and the city of Galveston falls far short of that vaccination level. City of Galveston and county immunization levels at age two appear to be lower than national levels for recent years, which ranged between 73.2 percent and 80.6 percent. Although national rates are obtained through telephone surveys, the county rates are obtained by conducting chart reviews. This difference in how data are obtained may account for some of the discrepancy in immunization levels between Galveston County and the nation. When the definition of adequate immunization is held fixed, we find that steady progress has occurred; however, *Healthy People 2010* remains a goal

For children aged five years, the coverage levels are not as low: the percentage for 4-3-1 immunizations in the city improved to 92.0 percent in 2003, but the percentage

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<sup>2</sup> 4-3-1 means 4 diphtheria-pertussis-tetanus (DPT), 3 polio, and 1 measles-mumps-rubella (MMR). 4-3-1-3-3 adds to 4-3-1, 3 Haemophilus influenzae type B (HIB) and 3 hepatitis B. 4-3-1-3-3-1 adds to 4-3-1-3-3, 1 Chicken Pox (VZV).

for 4-3-1-3-3 is 79.3 percent and for 4-3-1-3-3-1 is 78.0 percent (Table 19). For the county that year, the levels were as follows: for 4-3-1 (94.5 percent), for 4-3-1-3-3 (87.4 percent), and for 4-3-1-3-3-1 (85.5 percent)..

Day-care facilities of Galveston County have also shown improved levels of coverage since 1998. The current level for the county is 82.4 percent with lowest level in League City (77 percent).

An advantage of the county method of assessment is that it allows evaluation of individual schools. This method reflects not only actual immunization levels but also the quality of record keeping. The data are shown for a sample of schools in Table 20. In 2003, Hughes Road Elementary in Dickinson had the lowest levels for the school for children at age two years: for 4-3-1 (40.0 percent ) and for 4-3-1-3-3 (36.0 percent). For children at age five years, Stewart Elementary in Hitchcock had the lowest levels for 4-3-1 (80.0 percent) and Parker Elementary in Galveston had the lowest for 4-3-1-3-3 (60.0 percent). When the children were at age two years, immunization records at Rosenberg Elementary in Galveston show only 52.0 percent were adequately immunized for 4-3-1 and only 44.0 percent for 4-3-1-3-3. In addition, records at Rosenberg show for children age five years the following percentages for adequate immunization: for 4-3-1 (84.0 percent)but for 4-3-1-3-3 (76.0 percent).

### **Mortality (Tables 21 and 22)**

*Healthy People 2010 Objective 16-01: To reduce the infant death rate to 4.5 per 1,000 live births.*

Ten deaths of infants born to city residents in 2002 give the city of Galveston an infant mortality rate of 10.8 per 1,000 live births, more than twice that of the target (4.5). The rate during 2002 for the city of Galveston is also higher than rates for League City (4.6), the county (9.6), and the state of Texas (6.4). Texas City's nine infant deaths give that city a mortality rate of 14.1 per 1,000 live births.

Here the births and deaths are assigned to place of residence. The small number of deaths in each year means that a statistical analysis is required to adjust for random variation. This analysis led to several conclusions about infant mortality rates among

children of the city and the county. The most striking is the infant mortality rate among children born to city residents is significantly higher than the rate in the rest of the county. Moreover, although the rates in the rest of the county (as in the state and nation) have declined significantly over a 12-year period, we have seen no statistically significant change in the infant mortality rate for residents of the city over the same period. It has been suggested that the city of Galveston, because of the presence of UTMB, attracts a relatively large number of high-risk infants. In one approach to examine the impact of high-risk births at UTMB, all live births less than 500 grams were removed from the data set and the analysis was repeated. However, the significant improvement found in the balance of the county was not found among city residents.

The second major finding is that in both the city and the county, blacks have a significantly higher infant mortality rate than all others. Hispanics also have significantly higher infant mortality rates than all others. For the period 1997 to 2002, the rates per 1,000 live births are 13.2 for blacks, 11.6 for Hispanics, and 6.3 for all others (Table 21).

*Healthy People 2010 Objective 16-02: To reduce child deaths aged 1-4 years to 18.6 per 100,000; aged 5-9 years to 12.3 per 100,000; and aged 10-14 years to 16.8 per 100,000, respectively.*

In 2001, 11 children aged one through 14 years died in Galveston County: three blacks, zero Hispanics, and eight others. Among these deaths were two children of the City of Galveston, which were two others. These numbers have decreased from 1999, when a total of 18 children aged one through 14 years died in Galveston County: five black, five Hispanic, and eight others. Three of these children were of the City of Galveston: one black and two Hispanic.

*Healthy People 2010 Objective 16-03: To reduce adolescent deaths aged 15-19 years to 39.8 per 100,000.*

In Galveston County, by ethnicity for 1999, the deaths of adolescents included three blacks, three Hispanics, and seven others, adding up to 13 total deaths of teenagers aged 15 to 19 years. Four of those deaths are from the City of Galveston: two black, two Hispanic, and 0 other. By 2001, in Galveston County, teen deaths dropped to 11: four

black, four Hispanic, and three other. Four of those deaths are accounted for in the City of Galveston: one black, two Hispanic, and one other (Table 22).

### **Prenatal care (Table 23)**

*Healthy People 2010 Objective 16-06: To increase to 90 percent the proportion of pregnant women who receive early and adequate prenatal care.*

Prenatal care received during the first trimester of pregnancy improves the chances of an infant being born at term with a normal birth weight. In the city of Galveston, the percentage of new mothers who received early prenatal care has continued to hold at about 90 percent since 2000. A lower percentage of black mothers receive early prenatal care compared with the other two ethnic subgroups; the year 2002 percentage of 86.5 percent for black mothers remains below the *Healthy People 2010* goal. The percentage of women in the city of Galveston receiving timely prenatal care exceeds that of both the county and the state. The lowest levels of early prenatal care was found among blacks mothers in all three of the largest cities in the county, as well as in Texas.

### **Low birth weight (Table 24)**

*Healthy People 2010 Objective 16-10: To reduce the proportion of low birth weight to 5.0 percent (95.0 percent of births should be above 5.5 lbs).*

The number of infants born to residents in Galveston County with low birth weights has varied from a low of 266 in 1998 to a high of 341 in 2002. Black residents of the county have the highest rate, which varied from 10.2 percent in 1998 to 15 percent in 2002. Low-weight Hispanic births have varied 6.1 percent to 7.3 percent. From 1998 to 2002, the number of infants with low birth weights born to residents of the city of Galveston has varied from 89 to 97. The previously reported declines for resident black infants have been wiped out as the rate has risen to 15.9 percent in 2002. Low-weight Hispanic births have varied from 7.3 percent in 1998 to 8.0 percent in 2002 and all others from 10.4 percent to 9.1 percent.

Unfortunately, the proportion of low-birth-weight births to city residents remains higher than those of the county and the state, and double that of the objective. Despite our high levels of prenatal care, 10.5 percent of city residents' newborn infants weighed fewer than 5.5 pounds, compared with the objective of 5 percent. Although the city of Galveston has the highest percent of low-birth-weight births, Texas City (9.7 percent) and League City (7.1 percent) are not too far behind. The county and state percentages (8.8 percent and 7.7 percent, respectively) also exceeded the target.

### **Sexually transmitted diseases (Table 25)**

*Healthy People 2010 Objective 25-01: To reduce Chlamydia trachomatis infections among adolescents to 3.0 per 100.*

In 1998, the city of Galveston had 170 reported cases of infection with *Chlamydia trachomatis*<sup>3</sup> among adolescents aged 15 through 19 years. The number of cases dropped to 132 in 1999 and then rose again to 170 cases in 2000. Reported cases totaled 199 in 2001, dropped slightly to 192 in 2002, and dropped again to 176 in 2003. This means that at least 4.3 percent of adolescents in our city had *C. trachomatis* infections in 2003, nearly two percentage points above the target. The county rate of *C. trachomatis* was only 2.2 percent but was still higher than the state's rating of 1.5 percent.

*Healthy People 2010 Objective 25-02: To reduce gonorrhea among adolescents to 19 new cases per 100,000.*

Although gonorrhea rose dramatically from 43 cases in 1996 to 159 cases in 1998, this number of cases decreased and has remained at around 100 to 90 cases from 1999 to 2002, dropping eventually to 43 in 2003. However, this still represents an incidence rate of 1,000 reported cases per 100,000, which is more than 100 times greater than the national objective. The city of Galveston has higher rates than both the county and state

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<sup>3</sup> *Healthy People 2010* specify that reported STD cases come from family planning clinics and STD clinics, which will presumably have higher incidence than will be found among the general population. Since the city of Galveston STD cases are reported only from family planning and STD clinics, the rates for Galveston are not completely comparable to the target set by *Healthy People 2010*.

for *C. trachomatis* and gonorrhea. Both the county and the state have achieved the target level for *C. trachomatis*, but far exceed the target for gonorrhea.

**Children’s Health Insurance (Table 26)**

To qualify for CHIP, a child must be a Texas resident, a U.S. citizen or legal permanent resident (the citizenship or immigration status of the parents does not affect the child’s eligibility and is not reported on the application form), younger than age 19 years, be uninsured for at least 90 days (although several exceptions to this requirement exist), and living in a family that meets CHIP income requirements. Estimated eligibility income guidelines are shown in Table A (although applicants must mail their applications to determine actual eligibility).

Table A. CHIP Income Requirements

Family Size	Family Income			
	Monthly		Yearly	
1	Up To	\$1,552	Up To	\$18,620
2	Up To	\$2,082	Up To	\$24,980
3	Up To	\$2,612	Up To	\$31,340
4	Up To	\$3,142	Up To	\$37,700
5	Up To	\$3,672	Up To	\$44,060
6	Up To	\$4,202	Up To	\$50,420
7	Up To	\$4,732	Up To	\$56,780
8	Up To	\$5,262	Up To	\$63,140

More information on CHIP can be found at:

<http://www.texcarepartnership.com/CHIP-CHIP-Page.htm>.

For Galveston County, average monthly enrollment was 4,305 in 2002, decreasing to 3,235 by July 2004. For Texas, average monthly enrollment was 505,691 in 2002, decreasing to 380,909 by July 2004. During 2002 and 2003, the number of Galveston County children enrolled in CHIP exceeded the estimated number eligible for CHIP. The decrease in CHIP enrollment in Galveston County and in Texas from 2003 to 2004 is a direct result of HB 2292, passed by the Texas legislature. Implementation of this bill decreased the number of children eligible for CHIP and made application more difficult.

Families were required to renew CHIP twice a year instead of once; premium costs increased; deductions (e.g., child care expenses) previously allowed in determining family income level for eligibility were eliminated; and an assets test was implemented. Revision of federal poverty income level (FPL) guidelines also decreased CHIP enrollment.

**Food Stamps (Tables 27)**

To qualify for food stamps, households must meet certain tests, including resource and income tests. Households have to meet income tests, with some exceptions (Table B). In 2001, the number of participants receiving food stamps in Texas was 1,394,384 increasing to 1,884,734 by 2003. For Galveston County, 13,295 participants received food stamps in 2001, increasing to 17,837 by 2003. City numbers are not available.

Table B. Food Stamps Income Test

People in Household	Gross Monthly Income Limits	Net Monthly Income Limits
1	\$973	\$749
2	\$1,313	\$1,010
3	\$1,654	\$1,272
4	\$1,994	\$1,534
5	\$2,334	\$1,795
6	\$2,674	\$2,057
7	\$3,014	\$2,319
8	\$3,354	\$2,580
Each additional person	+ \$341	+ \$262

More information can be found at

[http://www.fns.usda.gov/fsp/applicant\\_recipients/fs\\_Res\\_Ben\\_Elig.htm](http://www.fns.usda.gov/fsp/applicant_recipients/fs_Res_Ben_Elig.htm).

**Part 5. Prevention, Behavioral, and Social Indicators (Tables 28 through 42)**

**Healthy People 2010 Goals**

- 15. Reduce injury, disability and death due to unintentional injuries and violence
- 19. Promote health and reduce chronic disease associated with diet and weight
- 22. Improve health, fitness and quality of life through daily physical activity
- 26. Reduce substance abuse to protect the health, safety and quality of life for all, especially children
- 27. Reduce illness, disability and death related to tobacco use and exposure to secondhand smoke

The Galveston ISD is unique in Galveston County in conducting biannual surveys of high-school students. The YRBS survey is developed by the Centers for Disease Control and Prevention. Its use permits comparisons of Galveston ISD with Texas and the nation as well as comparisons of its own achievements over time. The survey is specially linked to many Health People 2010 objectives.

**Family characteristics and educational levels achieved by parents (Table 28)**

Half of the Galveston ISD adolescent respondents report living with both parents. For non-Hispanic whites, Hispanics and others, about 60 percent of adolescents live with both parents. The percentage drops to 30 percent for non-Hispanic black children.

Most of the adolescent respondents reported that their parents had at least a high school education. Overall, more than 75 percent of non-Hispanic children report both parents have graduated from high school, but only 49 percent of Hispanic children report both parents have graduated from high school.

An overwhelming majority (90 percent or more) of high-school students expect to attend college, regardless of ethnicity or race. This percentage does not differ significantly with grade or ethnicity. This is similar to that reported in the 2000 and 2002 Galveston YRBS surveys.

### **Seat belt and helmet use (Table 29)**

*Healthy People 2010 Objective 15-19: To increase use of safety belts to 92 percent for 9<sup>th</sup> through 12<sup>th</sup> grade students.*

Approximately 91.9 percent of Galveston's high-school students wear a seat belt when in a car driven by someone else, which meets the target of 92 percent. The rates of seat belt use are similar in Galveston and Texas (92.1 percent) and are higher than that in the United States (81.8 percent). In contrast, 94.2 percent of Galveston adolescents rarely or never wear a bicycle helmet. This is slightly higher than the percentages for Texas (92.0 percent) and for the nation (85.9 percent).

### **Youth Violence (Tables 30 through 32)**

*Healthy People 2010 Objective 15-35: To reduce the annual rate of rape or attempted rape to 0.7 per 1,000 adolescents aged 12-19 years.*

A total of 8.1 percent of Galveston ISD boys and girls in grades 9-12 report having been forced to have sexual intercourse. In Galveston, the rate for girls (8.1 percent) is lower than those for Texas (11.2 percent) and the nation (11.9 percent). The rate for the boys in Galveston (8.1 percent) is higher than those for Texas (4.4 percent) and the nation (6.1 percent). Overall, Galveston's rate (8.1 percent) is higher than that for the state (7.7 percent) but lower than that for the nation (9.0 percent). All of these rates are 100 times the HP 2010 objective.

*Healthy People 2010 Objective 15-37: To reduce physical assaults to 1.4 percent of adolescents aged 12-19 years.*

Galveston girls (10.2 percent) and boys (16.9 percent) in grades 9 through 12 report having been physically hurt on purpose by their boyfriend or girlfriend. For girls, this rate is higher than rates for Texas (7.7 percent) and the nation (8.8 percent). For boys, this rate is also higher than those for Texas (9.3 percent) and the nation (8.9 percent). All of these rates are many times higher than the national objective (Table 30).

*Healthy People 2010 Objective 15-38: To reduce physical fighting among adolescents to 32 percent (Table 31).*

In Galveston, 24.2 percent of girls and 41.2 percent of boys in grades 9 through 12 report having been in a physical fight. For girls, the rate is higher than that for Texas (22.9 percent) but lower than that for the nation (25.1 percent). For boys, the rates are higher than those for Texas (39.7 percent) and for the nation (40.5 percent). In Galveston, physical fighting is reported to occur 32.1 percent in 2004, an increase from 31.6 percent in 2002, meeting the national objective.

Even though our children are fighting more, the overall the risk of injury from a physical fight has changed only slightly from a rate of 5.6 percent in 2002 to a rate of 5.8 percent in 2004. The current risk of injury is higher in Galveston than in Texas (3.5 percent) and in the nation (4.2 percent). This disadvantage for Galveston applies to both girls and boys.

The risk of injury through other violence remains high, as 18.4 percent of adolescents in Galveston report having carried a weapon (gun, knife, or club) in the past month. This is slightly higher than the rates for Texas (16.4 percent) and the nation (17.1 percent). However, adolescents are safer on school property, with only 8.7 percent having carried a weapon in the past month; nonetheless, this rate is still higher than those for Texas (5.8 percent) and for the nation (6.1 percent).

Children are always safer on school property than off it. All of the indicators of violence in the Galveston YRBS survey are lower on than off school property (Table 31 and 32). For example, the rate of reported weapon carrying on school property is less

than half the rate otherwise reported. However, it remains higher than the rates for Texas and for the United States.

In Galveston, 12.5 percent of girls and 20.2 percent of boys in grades 9-12 report having been in a physical fight on school property. For girls, the rates are higher than those for Texas (7.8 percent) and for the nation (8.0 percent). For boys, the rates are higher than those for Texas (18.3 percent) and for the nation (17.1 percent). In 2004 in Galveston, physical fighting on school property is reported to occur at a rate of 16.1 percent, an increase from 15.5 percent in 2002.

Children also have a higher chance of being injured on school property; the rate increased from 9.4 percent in 2000 to 11.3 percent in 2002, then dropped to 10.9 percent in 2004. The rate of being injured on school property during a fight is higher in Galveston than in Texas (7.7 percent) and in the nation (9.2 percent).

The possibility of witnessing a physical fight between students in Galveston decreased dramatically from 94.0 percent in 2000 to 75.5 percent in 2002, then increased slightly again to 77.3 percent in 2004. White males (82.1 percent) and black females (77.1 percent) had a higher risk of seeing a fight in 2004. Females in the 11<sup>th</sup> grade had the highest rate at 81.8, while males in the 9<sup>th</sup> grade had the highest rate of witnessing a fight.

### **Nutrition and Weight (Table 33)**

*Healthy People 2010 Objective 19-03b: To reduce the proportion of overweight or obesity in adolescents (aged 12-19) to 5 percent.*

In 2004, the reports of height and weight from nearly 14.8 percent of Galveston high-school students who responded to the YRBS survey indicated they were overweight (Table 33). All ethnic groups exceeded the Healthy People 2010 Objective (5 percent). The proportions were lower than those for Texas (16.4 percent) and higher than those for the nation (13.5 percent). Put simply, our teenagers, both girls and boys, need to slim down.

*Healthy People 2010 Objective 19-06-07: To eat at least five portions of fruits and vegetables. No numeric target proportion has been set.*

In 2004, only 6.3 percent of Galveston high-school students responding to the YRBS survey reported eating five or more portions of fruits or vegetables (or both) per day. Eating five or more portions was most common among others (12 percent) and least common among non-Hispanic whites (3.8 percent). In grades 9 through 12, the percentage varied between 6 percent and 7 percent. The Galveston proportions of fruit and vegetable consumption were substantially smaller than those for Texas (17.5 percent) and for the nation (22.0 percent). Some small changes were made in the question format, however, so the Galveston proportions may not be comparable to those of other areas.

#### **Physical activity (Table 34)**

*Healthy People 2010 Objective 22-09: To increase the proportion of adolescents in 9<sup>th</sup> through 12<sup>th</sup> grade who participate in daily school physical education to 50 percent.*

In 2004, nearly 49.1 percent of Galveston high-school students surveyed in the YRBS survey reported being enrolled in physical education (PE) class. Thus, for this indicator, Galveston comes close to the target level. Only non-Hispanic blacks, with 56.7 percent enrolled in PE, have met the goal. Ninth graders have the highest enrollment at 72.7 percent, which declines to 25.3 percent for 12<sup>th</sup> graders. The overall rates are up from the 2000 level of 38.8 percent but down from the 2002 level of 53.9 percent. Galveston is similar to the overall enrollment for Texas (51.9 percent), and the nation (55.7 percent).

*Healthy People 2010 Objective 22-10: To increase the proportion of adolescents in 9<sup>th</sup> through 12<sup>th</sup> grade who spend at least 50 percent of school physical education class time being physically active to 50 percent.*

Among participants in Galveston PE classes, 37.1 percent exercise at least 20 minutes during class. This percentage falls considerably below the target of 50 percent and is lower than the rates in 2000 (73.7 percent) and 2002 (39.7 percent). The overall rate in Galveston is significantly lower than those for Texas (84.5 percent) and the United States (80.3 percent), both of which are significantly higher than the target.

### **Watching television (Table 35)**

*Healthy People 2010 Objective 22-11: To increase to 75 percent the proportion of children and adolescents who view two or fewer hours of television per day.*

The effects of excessive television watching may be unfavorable to both health and behavior. Of the G-YRBS respondents, 33.6 percent watch television for more than 3 hours per day, virtually the same percentage as in 2000 but slightly lower than that in 2002 (49.5 percent). The rates were 44.1 percent for Texas, and 38.2 percent for the nation. Clearly, these are all inconsistent with the Healthy People 2010 objective.

*Healthy People 2010 Objective 24-01: To reduce asthma deaths among children aged 14 years and under to 1.0 per million [or 0.1 per 100,000].*

From 1995 through 1998, only one death from asthma occurred among children aged 14 years and younger (data not shown).

## **Alcohol use (Tables 36 and 37)**

*Healthy People 2010 Objective 26-06: To reduce to 30 percent the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.*

During the preceding 30 days, 38.5 percent of respondents reported having ridden in a car or other vehicle with someone who had been drinking alcohol. A similar rate (39.9 percent) was reported in 2002. This frequency in Galveston is higher than those for Texas (32.9 percent) and the United States (30.2 percent).

Not only are our children riding with someone who has consumed alcohol, nearly 18 percent have driven after drinking in the past month. This shows a slight decline since 2000 and 2002. This behavior is much more common in Galveston than in Texas (12.1 percent) or the nation (12.1 percent) (Table 36).

*Healthy People 2010 Objective 26-09: To increase to 29 percent the proportion of High School Seniors who have never had an alcoholic beverage (or a target of 71 percent ever having a drink).*

In our city, 76.5 percent (roughly five percentage points above the target ) of high-school students have had at least one drink of alcohol. This is a slight reduction from the 2000 total of 82.5 percent and the 2002 total of 77.1 percent. The city percentage is similar to those of Texas (76.9 percent) and the nation (74.9 percent).

*Healthy People 2010 Objective 26-10: To increase the proportion of adolescents not using alcohol during the past 30 days among adolescents aged 12-17 years to 89 percent (or reduce to 11 percent currently using alcohol).*

Approximately 51 percent of high-school students in Galveston had used alcohol in the month before the survey, an improvement from 54 percent in 2000. The percentage of Galveston students currently using alcohol is higher than the Texas and national percentages (43 percent and 44.9 percent, respectively). All of these far exceed the target level.

*Healthy People 2010 Objective 26-11: To reduce the proportion of adolescents aged 12-17 years engaging in binge drinking of alcoholic beverages during the past 30 days to 2.0 percent.*

Binge drinking is defined as consuming five or more alcoholic beverages within a couple of hours. Nearly a third of Galveston high-school students reported binge drinking in the past month (29.5 percent). Although this is better than the 32.4 percent in 2000, binge drinking in Galveston is 14 times greater than the national target. This behavior is similar to that of Texas and the nation (25.7 percent and 28.3 percent, respectively [Table 37]).

### **Illegal use of other substances (Tables 38 and 39)**

*Healthy People 2010 Objective 26-10b: To reduce the proportion of adolescents aged 12-17 years reporting use of marijuana in the past 30 days to 0.7 percent.*

During the past 30 days, 24.3 percent of Galveston high-school students used marijuana one or more times (Table 38). Current marijuana use in Galveston is similar to that in Texas (20.4 percent) and in the nation (22.4 percent). Again, however, all percentages far exceed the objective. During the past 30 days, 7.1 percent of Galveston high-school students have used marijuana on school property, almost double the rate as students in Texas (4.8 percent) and nationwide (5.8 percent). This has not changed since 2000.

*Healthy People 2010 Objective 26-15: To reduce the proportion of adolescents aged 12-17 years who used inhalants in the past year to 0.7 percent.*

Approximately seven percent of Galveston's high-school students have used inhalants in their lifetimes in 2004, an increase from the 4.6 percent rate of 2002 (Table 39). This percentage is lower than those for Texas (12.5 percent) and the United States (12.1 percent). Although the G-YRBS reported "ever using inhalants" and the objective is restricted to use in the past year, we clearly have a considerable distance to go toward achieving the objective.

Approximately six percent of Galveston's high-school students in 2004 have used methamphetamines, 3.3 percent have used heroin, and 8.9 percent have used cocaine in their lifetimes. These numbers are generally similar to those in Texas and the United States.

#### **Use of cigarettes (Table 40)**

*Healthy People 2010 Objective 27-02b: To reduce use of cigarettes in the past month among 9<sup>th</sup> through 12<sup>th</sup> grade students to 16 percent.*

The initiation of cigarette smoking in Galveston has declined from 62.3 percent to 48.3 percent between 2000 and 2004. These rates are lower than those of Texas (59.4 percent), and the nation (58.4 percent). In Galveston, 18.3 percent of youths surveyed reported having smoked at least one cigarette in the past 30 days. Thus we have nearly achieved the goal. Unfortunately, this is not true in twelfth grade, where 21.4 percent have smoked at least one cigarette in the past month. The current use of tobacco in our city (18.3 percent) is lower than the statewide (24.3 percent) and national rates (21.9 percent). Current cigarette use on school property has decreased over the years from 9.5 percent in 2000, to 7.8 percent in 2002, and finally to 7.1 percent in 2004. Galveston's rate is higher than that of Texas (6.2 percent) but lower than that of the nation (8 percent).

Approximately 25 percent of students who smoked cigarettes regularly purchased them in a store or gas station. This fraction has declined substantially from 2000, when the rate was nearly 48.6 percent. However, access to cigarettes in stores is markedly higher in Galveston than in Texas (16.6 percent) or the nation (18.9 percent).

#### **Use of smokeless tobacco and cigars (Table 41)**

*Healthy People 2010 Objective 27-02c: To reduce use of spit tobacco in the past month among 9<sup>th</sup> through 12<sup>th</sup> grade students to 1 percent.*

*Healthy People 2010 Objective 27-02d: To reduce use of cigars in the past month among 9<sup>th</sup> through 12<sup>th</sup> grade students to 8 percent.*

Approximately 4.7 percent of high-school students in Galveston report the use of smokeless tobacco. This practice is more common among young men (8.4 percent) than among young women (1.4 percent). The rates are lower in Galveston than in Texas (6.8 percent) and in the nation (6.7 percent), but they all are much higher than the Healthy People 2010 objective.

In Galveston, 12.2 percent of youths surveyed reported having smoked at least one cigar in the past 30 days. This occurs twice as often among young men (16.6 percent) as among young women (8.3 percent). The current use of cigars in our city is similar to that of Texas and the nation (approximately 14 percent). The use of current smokeless tobacco on school property is 3.3 percent, which is lower than the rates of Texas (4.1 percent) and the nation (5.9 percent).

## **HOW ARE WE DOING? TRENDS, COMPARISONS, AND OUR GRADES**

The report card has been published annually for seven years. As we stated at the beginning, the goal is to use numerical indicators to identify areas of strength and areas that need improvement. Twenty-nine indicators are shown in Table C. The grades are based on the percentage achieved of the previously stated objectives. An “A” indicates 90 percent or higher achievement of the objective; an “F” indicates less than 60 percent. Table C serves as a report card for Galveston’s children.

While the Texas Education Agency rates the Galveston Independent School District as “Acceptable,” the district can be proud of its accomplishments. If the goal is 100 percent completion rates, all Galveston County ISDs and Galveston ISD, in particular, earn an “A”. In addition, the four-year graduation rate has risen consistently for all reporting groups, including the economically disadvantaged. For the Class of 2002, the rate of 74.4 percent was below that for the State of Texas (82.8 percent).

Galveston ISD set a goal of an 85 percent pass rate on the TAAS tests for all groups by 2003-2004. We exceeded target for white (92.1 percent) and Asian (94.8 percent) students. Hispanic and economically disadvantaged students received an “A” as well. African American students received a “B”. Galveston ISD receives a “B” with an 82.3 percent pass rate in 2002. Galveston ISD has nearly achieved its objective of an

overall rating of “Recognized.”

The new TAKS tests represent a marked increase in the standard of performance expected. Currently, none of the ISDs are performing at the Panel Recommendation levels. This will represent a significant challenge to the county’s educators.

The grades for health are more complex. The county has made ongoing and effective strides in reducing the teenage pregnancy rate to 34.5 per 1,000 girls age 15-17 years. This is below the Healthy People 2010 target of 43 per 1,000. Early prenatal care continues to be better in the city of Galveston than in the county and the state, receiving an “A” for achieving the *Healthy People 2010* objective by 2001.

We received a “B” for children aged five years being adequately immunized with 4-3-1-3-3-1. The performance for immunization of children aged two years has continued to increase, failing with only 53.3 percent being adequately immunized with 4-3-1-3-3-1. While we receive an “F” for the current standard, it is important to recognize the attempt at countywide and citywide immunization raised the rate from 50.8 percent in 1998 to nearly 70 percent in 2000, using the old standard. While work remains to be done, the job can clearly be accomplished. The rates of *C. trachomatis* among teenagers have decreased, but we still receive a “C”. We have also failed our children with respect to gonorrhea infection rates and elevated blood lead levels.

Of particular concern are the unacceptably high rates of babies born with low birth weights and infant deaths among city residents. While both of these rates have declined in the balance of the county, Texas, and the United States, they have remained high in the city. This holds true even if the very low weight infants (<500gm) are removed from the analysis.

The Galveston ISD biannual survey allows us to examine teenage behavior in some detail. Comparisons over time and to Texas and the nation are possible with this survey. The most important fact is that children report being safer in school than in general in every category. They use seat belts and generally are not engaged in physical fighting any more than students in the rest of the country. In both cases they have achieved the HP 2010 goals.

Unfortunately, when it comes to substance use, our children are similar to the state and nation. Teenagers throughout the country, including Galveston, drink too much

alcohol and use marijuana and other controlled substances too much. On the other hand, cigarette smoking and tobacco use is on the decline.

Four *Healthy People 2010* goals and many objectives remain for which no data are available. Surveying children in our schools has proved feasible in the past; to evaluate these goals and objectives will require finding the resources within Galveston ISD and the city of Galveston to repeat and extend such surveys.

**Table C. Report Card for the Children of Galveston Island**

<b>Indicator</b>	<b>Year</b>	<b>Grade</b>	<b>Detail</b>
<b>Education – Galveston Independent School District</b>			
Attendance rates, overall	2002	A	5
Drop out rates, overall	2002	A	5
Completion rates, overall	2002	A	6
4-year Graduation rates, overall	2002	C	6
TAAS pass rate	2002	B	7
African American	2002	C	7
Hispanic	2002	B	7
White	2002	A	7
Asian	2002	A	7
Economically Disadvantaged	2002	C	7
Rating for Galveston Independent School District	2002	Acceptable	11
<b>Health</b>			
Elevated blood lead, younger than 6 years	2003	F	15
Teenage Pregnancy Rate	2002	A	16
Immunizations, age 2 years (New 4-3-1-3-3-1)	2000	F	23
Immunizations, age 5 years (New 4-3-1-3--31)	2003	B	23
Immunizations, child care (New 4-3-1-3-3-1)	2003	C	24
Infant deaths	2002	D	21
Early prenatal care	2002	A	17
Low birth weight	2002	F	20
Chlamydia infections	2003	C	27
Gonorrhea infections	2003	F	27
<b>Prevention, Behavioral, and Social Indicators</b>			
Seat belt	2004	A	29
Physical fighting among adolescents	2004	A	31
Current alcohol use	2004	F	37
Current marijuana use	2004	F	38
Lifetime inhalant use	2004	F	39
Current cigarette use	2004	B	40
Current smokeless tobacco use	2004	F	41
Current cigar use	2004	D	41

**Table D. Healthy People 2010 Goals and Objectives for Which No Data Are Available**

**Goals**

1. Improve access to comprehensive, high-quality health care services
10. Reduce food-borne illnesses
21. Prevent and control oral and craniofacial diseases, conditions, and injuries and improve access to related services
28. Improve the visual and hearing health of the Nation through prevention, early detection, treatment, and rehabilitation

**Objectives**

- 1-4. To increase the proportion of persons who have a specific source of ongoing care to 97 percent for children and youth aged 17 years and under*
- 9-1. To increase the proportion of pregnancies that are intended to 70 percent among 15-19 year olds*
- 10-1. Reduce infections caused by key food-borne pathogens*
- 21-1. To increase the proportion of children aged 2-17 years who use the oral health care system each year to 56 percent*
- 28-4. Reduce blindness and visual impairment in children and adolescents*
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