

Galveston Children's Report Card
2002

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This report has been prepared with assistance from Galveston County Health District; Galveston Independent School District; Galveston Partnership for Better Living; Galveston County League of Women Voters; University of Texas Medical Branch (Department of Preventive Medicine and Community Health, the Office of University Advancement, the Office of Biostatistics, and the 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, Rosenberg Library, 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.

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INTRODUCTION

This fifth annual Report Card continues our efforts to monitor the condition of our children in the City of Galveston. Maintaining a baseline against which to grade ourselves in the future, the report card provides a roadmap for professional caregivers and for volunteers, parents, and citizens concerned about our children.

In *Galveston Children's Report Card 2002*, we present an overview of the health and quality of life of Galveston's children. This updated report brings together more than 40 key indicators of our children's education, safety, economic security, health, and behavior—all within the demographic context of our unique city.

Of particular interest is a repeat of the adolescent risk behavior survey conducted in 2000. This survey, completed by more than 1,600 adolescents, updates 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.

Also added to the Report Card are comparisons with League City and Texas City for some indicators. These help us understand our children in the broader context of the county. We added these two cities because both have populations of more than 40,000, which should yield indicators that have statistical stability similar to that of the City of Galveston.

We continue reporting summaries of the goals and objectives for the education, health, and safety of our children. The Galveston Independent School District (GISD) established the education 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*. These objectives provide many specific benchmarks against which to assess our progress. In the text, goals are shown in boxes, and objectives are set in italics.

This Report Card assigns letter grades based on percent attainment of stated objectives. Grades for education, health, risky or violent behavior, and substance use are determined as follows: 90% or above is an A, 80%-89% is a B, 70%-79% is a C, 60%-69% is a D, and less than 60% is an F; the percent for the grade represents the percent of the goal. In addition, we append a list of goals and objectives stated by *Healthy People 2010* for which no local data are being collected currently. When no stated objectives are known, comparisons over time or among the City of Galveston and Galveston County, the State of Texas, and the United States are shown.

For purposes of comparison, the indicators are presented for Galveston's three principal ethnic groups: non-Hispanic blacks, Hispanics, and all others (primarily non-Hispanic whites, plus relatively small numbers of Asians, Native Americans, and multiple race codes). For some indicators, "all others" is subdivided.

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. Freedoms of Information laws govern their use. These were gathered largely from the Internet or by special tabulations from the Texas Department of Health, the Galveston Independent School District, and the Galveston County Health District.

Some of the indicators for adolescents are based on the Youth Risk Behavior Surveillance survey (YRBS). The 2001 YRBS survey was a complex probability sample of the United States and selected school districts. The survey is fully documented by the Centers for Disease Control and Prevention (CDC) Surveillance Summaries, June 28, 2002/Vol. 51/No. SS-4. The corresponding Galveston survey involved a sample of more than 70% of high school students. The survey methodology was presented in the *Galveston Children's Report Card 2000*. The 2002 survey followed the same pattern and was administered anonymously in classrooms on a single day in May 2002. Answers to YRBS questions reported in the 2000 and 2002 Report Cards refer to all activities, and are not limited to those occurring in school. The 2002 questions are the same as those used in the 2001 CDC YRBS survey.

Many indicators that would be desirable are not included because the data are either unavailable or unreliable because of 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, note that rates calculated from small numbers are highly influenced by random variance. As a result, the rates may vary dramatically from year to year. This applies to all rates based on fewer than 25 events.

The reported indicators do not completely define the condition of our city's children, and 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 and 2)

According to the U.S. Bureau of the Census, the population of the City of Galveston numbered 57,247 on April 1, 2000, and has declined from 59,070 on April 1, 1990. Census 2000 showed that 13,379 Galveston residents were younger than 18 years, and the distribution was nearly equal among the following three ethnic groups: non-Hispanic black (31.4%), Hispanic (31.4%), and all other non-Hispanic (37.2%). The distribution is similar in both age groups 1 to 4 years and 5 to 17 years. Table 1 shows the ethnic distribution for the 903 babies born in 2000: black (30.9%), Hispanic (33.2%), and all others (35.9%).

Galveston's ethnic composition of children differs somewhat from that of League City, where 5.7% are non-Hispanic black; 15.8%, Hispanic; and 78.5%, non-Hispanic all others. Texas City's composition is similar to that of Galveston with 29.9% non-Hispanic black, 26.9% Hispanic, and 43.2% non-Hispanic all others.

Family characteristics and educational levels achieved by parents (Table 2)

Half of the adolescent respondents report living with both parents. For non-Hispanic whites, Hispanics, and others, the percentage of adolescents living with both parents is about 53% or higher. The percentage drops to 30% for non-Hispanic black children.

Most of the adolescent respondents reported that their parents had at least a high school education. Overall, more than 70% of non-Hispanic children report both parents have graduated from high school, but only 44% of Hispanic children report both parents have graduated from high school.

An overwhelming majority (89% or more) of high school students expect to attend college, regardless of ethnicity or race. This is similar to that reported in the Report Card 2000.

Part 2. Education (Tables 3 through 8)

Galveston Independent School District Goal: Improve student achievement.

The Galveston Independent School District (GISD), Galveston Catholic School system, Trinity Episcopal School, Odyssey Academy Charter School, and other small private and religious schools serve the City of Galveston. The District enrolls more than 9,300 students. Most of the city's high school graduates receive their diplomas from GISD.

Galveston ISD currently enrolls slightly more than 2,500 high school students (attending Ball High School and the Alternative School). In 2000, GISD graduated 468 of its 484 seniors, its largest graduating class in several years (Tables 3 and 4). However, for the past 3 years, approximately one third of the high school students in GISD have been in the 9th grade. Thus, although the percentage of 9th graders declined from 41% in 1995-96 to 34% in 2001, this distribution remains disproportionate.

Table A. Percent of GISD high school students by class and year

Year	Grade 9	Grade 10	Grade 11	Grade 12
2000-01	34.0	27.1	20.0	19.0
1999-00	34.6	24.2	21.9	19.4
1998-99	33.6	27.3	22.1	17.0
1997-98	36.9	25.6	19.9	17.6
1996-97	38.6	26.2	21.8	13.5
1995-96	40.6	27.1	18.1	14.2

Note: These data are computed from Table 3. Row percentages may not add to 100% because of rounding.

Healthy People 2010 Objective 7-1: To increase high school completion to 90%.

The Texas Education Agency (TEA) regulates the calculation of attendance, dropout, completion, and graduation rates (Table 6). Attendance rates for GISD have varied between 93% and 94% for the past 6 years. This is slightly below the statewide rate of between 95% and 96%. Compared with last year, the annual dropout rates have increased for two of the three ethnic groups in Galveston and showed a slight decrease only for the third group (Hispanics). While the dropout rate for the entire state dropped from 1.6% to 1.3%, the GISD dropout rate increased from the previous year (from 1.2% to 1.6%) and now exceeds that of the state.

The 1999 GISD high school completion rate continues to increase from previous years to 93.4% in 2000, compared with 89.1% in 1998 and 78.8% in 1997. The stated objective for *Healthy People 2010* is a completion rate of 90%, and we are pleased to note that GISD has met that objective; moreover, the completion rate for GISD exceeds that for Texas (92.8% in 2000). Our 4-year graduation rates have risen from 53.6% in 1997 to 77.9% in 2000. This is slightly below the Texas rate of 80.7%. Interestingly, these rates are also reflected in the general population, where 74.4% of Galveston residents age 25 and over reported to the 2000 Census that they had graduated from high school.

The GISD Education Objective [by 2003-04]: In three years, 85% 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% correct.

The Texas Assessment of Academic Skills (TAAS) test results are shown in Table 7. The 2000-01 GISD Improvement Plan states an objective of an 85% passing rate for all students within 3 years. While non-Hispanic white children have consistently met this objective over the past few years 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% in 1994 to 76.5% in 2001. However, only 67.7% of Hispanic 10th graders have a passing rate for all TAAS tests, whereas 79.9% of Hispanic 8th

graders and 76.3% of Hispanic 4th graders passed. Unfortunately, black children have not been as successful. A dramatic increase in passing rates for black children has taken place in individual test subjects, but in each grade the passing rates are still far below 85%. Approximately 67% of black 10th and 4th graders, and 47% of black 8th graders passed all of their TAAS tests.

School performance as rated by the TEA's Accountability Rating System improved significantly from 1997 to 2002 (Table 8). This year 5 elementary schools received accountability ratings of "acceptable" and 3 received ratings of "recognized." One elementary school, Rosenberg, received a "low performing" rating. Austin Middle School and Central Middle School were ranked as "acceptable." Ball High School was ranked as "recognized," and Weis Middle School was ranked as "recognized." Overall, GISD is rated as "acceptable."

Part 3. Safety and Economic Security (Tables 9 through 12)

From 1997 to 2001, the number of completed investigations for abuse and neglect conducted by Galveston County Children's Protective Services (CPS) rose from 1,092 to 1,727 (Table 9). Confirmed cases of abuse and neglect rose sharply from 319 in 1997 to 545 in 1998, and declined to 386 in 2001. The rate of confirmed victims in Galveston County for 2001 is 7.8 per 1,000 children, which is higher than that of the state (7.2 per 1,000).

Between 1998 and 2001, the number of completed investigations varied from 1,786 to a high of 1,935, but the proportion of investigations with confirmed abuse or neglect declined from 30.5% to 22.4%. While still unacceptably high, the Galveston County percentage compares favorably with that for Texas, which remains above 25 percent.

The unemployment rate for the City of Galveston was steady at 7.8% in 2001, after a consistent decline from 1996 through 2000 (Table 10). The national unemployment rate rose to 4.8%. Our city's unemployment rate continues to exceed that of the county, the county rate exceeds that of the state, and the Texas rate exceeds that of the United States.

A major effect of high unemployment is children who are economically disadvantaged or living in poverty. While nearly 50% of Texas' children are economically disadvantaged, more than 61% of Galveston's children are economically disadvantaged. During the 1999 year, 32.1% of Galveston's children were classified as living in poverty. This percentage is markedly higher than the poverty rates for League City (4.9%), Texas City (20.5%), Texas (20.2%), and the United States (16.1%).

The number of licensed day care facilities has stayed relatively stable over the past 5 years (ranging from 149 in 1997 to 155 in 2001). The capacity of these facilities has increased steadily (Table 11) to 10,288 places for an estimated 51,587 children in the county. 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 12 through 20, 22)

Healthy People 2010 Goals

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
19. Promote health and reduce chronic disease associated with diet and weight
24. Promote respiratory health through better prevention, detection, treatment, and education efforts
22. Improve health, fitness, and quality of life through daily physical activity
25. Promote responsible sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications

Note: Each objective pertains to a specific goal, and one goal may have more than one objective.

Environment and Community (Table 12)

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 1997 through 2001 indicate a substantially higher percentage of Galveston children tested and found to have elevated levels of lead in their blood than the percentages for all county and Texas children.

Adolescent mothers (Tables 13 and 14)

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

City of Galveston data cannot directly address this objective because we do not have data for total pregnancies (including miscarriages, abortions, fetal deaths, and live births). According to the Galveston County Health District, the Galveston County pregnancy rate for women aged 15 through 17 years was 46.3 per 1,000 in 1998 through 2000 combined, and 41.2 per 1,000 for year 2000 alone.

Births in the city to mothers younger than 18 years dropped from 10.0% in 1994 to 7.1% of all births in 2000. The proportions of births to mothers younger than 18 years for the county and the state were 5.3% and 5.7%, respectively. Although the city's percentage of births to adolescent mothers remains above those of the county and the state, the trend since 1994 does indicate considerable progress over the past several years.

Galveston's youth report either having gotten pregnant or having gotten someone pregnant at a rate about three times the national goal (126 per 1000). Approximately, 11% of girls report having gotten pregnant, and 14% of boys report having gotten someone pregnant. The reported rates are high for all grades and ethnic groups. The Galveston rates are also much higher than those for Houston (6.3%), Texas (7.4%), and the nation (4.7%).

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

At the end of 9th grade, only 54% of children report having been abstinent. This declines to 26% at the end of 12th grade. Only 29% of senior girls and 22% of senior boys are abstinent. Overall for grades 9 through 12, the rates are 47% of girls and 37% of boys. These rates are somewhat lower than those for Houston (50%), Texas (50%), and the nation (54%).

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

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

In 2002, approximately two thirds of adolescents who have had sexual intercourse reported using a condom the last time they had sexual intercourse. Among girls the percentage was 61.3% and among boys it was 73.8%; therefore, girls achieved the HP 2010 objective. The rate is highest in 9th grade (77%) and lowest in 12th grade (59.1%), although senior girls also exceed the objective (55.3%). The usage rates for Galveston are higher than those for Houston (65.1%), Texas (55.4%), and the nation (57.9%).

AIDS infection

Healthy People 2010 Objective 13-01: To reduce AIDS among adolescents to 1.0 new case per 100,000.

According to the Galveston County Health District, no new AIDS cases were reported among Galveston County adolescents from 1998 through 2000, and only 5 cases have been reported among county adolescents since 1983. However, two county residents in the group aged 13 through 19 years were reported with HIV infections in 2000, and two more were reported in 2001.

Immunizations (Table 15)

Healthy People 2010 Objective 14-22: To achieve and maintain effective vaccination coverage levels for universally recommended vaccines for 90% of children 19-35 months.

Healthy People 2010 Objective 14-23: To maintain vaccination coverage levels for 95% of children in kindergarten and 1st grade.

For the City of Galveston, the most recent data available on the immunization status of children aged 2 years are for 1998, when the percentage of those children who were adequately immunized was 51%. This level of vaccination coverage in the city was lower than that of the county in 1998 (61.5%) but is higher than the city's percentage in 1994 (47.5%). The target is 90%, and the City of Galveston falls far short of that vaccination level. City of Galveston and county immunization levels at age 2 years appear to be lower than national levels for recent years, which ranged between 76.2% and 80.6%. However, the national rates are obtained through telephone surveys, and county rates are assessed by conducting chart reviews. This difference in how data are obtained may account for some of the discrepancy between immunization levels for Galveston County and the nation.

For children aged 5 years, the coverage levels are not as low: the percentages for adequate immunization in the city improved to 91.0% for 2001. The level for the county in 2001 is 91.4%, which is only 96% of the target vaccination coverage. The state coverage levels for children aged 5 years were essentially unchanged at 90% or 91% from 1997 to 1999.

Access to health care (Table 16)

Table 16 provides available information on health insurance coverage for children in the City of Galveston and in Galveston County.

Mortality (Table 17)

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

Forty-two deaths of infants from 1996 through 2000 give the City of Galveston an infant mortality rate of 9.1 per 1,000 live births, more than twice that of the target (4.5). The rate for the City of Galveston is also higher than rates for the county (7.5) and for Texas (6.4). Black infants had the highest mortality rate (13.0), followed by Hispanic (10.4) and all other infants (5.1).

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.

From 1996 through 2000, a total of 71 children aged 1 through 14 years died in Galveston County: 19 black, 19 Hispanic, and 33 others. Among these deaths were 14 children of the City of Galveston: 5 black, 6 Hispanic, and 3 others.

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

Major causes of deaths in this age group include accidents, homicide, and suicide. For these three causes alone the Galveston County mortality rate was 58.4 per 100,000 for the period 1996 to 2000 combined. The City of Galveston had a considerably lower rate, but this rate is very unstable because of the community's small size.

Prenatal care (Table 18)

Healthy People 2010 Objective 16-06: To increase to 90% 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. The percentage of new mothers in the City

of Galveston who received timely prenatal care increased from 82.8% in 1994 to 89.9% in 2000. A lower percentage of black mothers receive early prenatal care compared with the other two ethnic subgroups; the year 2000 percentage of 84.6% for black mothers remains below the Healthy People 2010 goal. The percentage for women in Galveston receiving timely prenatal care exceeds those for the county and the state.

Low birth weights (Table 19)

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

From 1994 to 2000, the number of infants born to residents of the city with low birth weights remains at nearly 100. The previously reported declines for black infants have been wiped out as the rate has risen to 15.4%. Similar increases have been noted for Hispanic births (8.3% from 6.8%) and all others (9.6% from 6.5%). Unfortunately, the proportion of low birth weight births to city residents remains higher than those of the county, the state, and the objective. Despite our high levels of prenatal care, 11% of the city's newborn infants weighed less than 5.5 pounds, compared with the objective of 5%. The county and state percentages (8.1% and 7.4%, respectively) also exceeded the target.

Healthy People 2010 Objective 18-01: To reduce the suicide rate among adolescents aged 15-19 years to 5.0 per 100,000.

Among the county's youth aged 15 through 19 years during the period from 1995 through 1999, accidents, homicides, and suicides accounted for 62 deaths (12.4 per year). At 66 deaths per 100,000, this rate is 60% higher than the target of 39.8. By ethnicity, these deaths of adolescents included 8 blacks, 10 Hispanics, and 44 others. Of adolescent deaths from 1995 through 1998, suicide accounts for 14 deaths (data not shown).¹

¹ Source of suicide data: Expert Health Data Programming, Inc., Epigram Mortality data for Texas from Texas Department of Health Vital Statistics and TAMU Texas State Data Center. <http://www.ehdp.com/vn/ro/av/txu1/eg1/index.htm> (9/5/2001).

Nutrition and Overweight (Table 20)

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

In 2002, nearly 7.2% of Galveston high school students surveyed in the Youth Risk Behavior Survey reported having heights and weights that indicated they were obese. All ethnic groups exceeded the Healthy People 2010 Objective (5%). In grades 9 through 11, the percentage was less than 7%; but in grade 12, the proportion was 10.4% (12.6% for boys and 8.6% for girls). Note that for grades 9 through 11, girls are below the target (less obesity) while boys exceed the target for all grades and ethnic groups. The proportions were less than those for Houston (12.6%), Texas (14.2%), and the nation (10.5%). Put simply, our teenage girls have met the target, but the 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 2002, only 9.4% of Galveston high school students surveyed in the Youth Risk Behavior Survey reported eating five or more portions of fruits or vegetables or both per day. This was most common among non-Hispanic blacks and least common among non-Hispanic whites. In grades 9 through 12, the percentage varied between 8% and 10.5%. The Galveston proportions were substantially less than those for Houston (24.3%), Texas (19.9%), and the nation (21.4%). Some small changes were made in the question format, so it is possible that the Galveston proportions may not be comparable to those of other areas.

Physical activity (Table 21)

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

In 2002, nearly 54% of Galveston high school students surveyed in the YRBS survey reported being enrolled in physical education (PE) class, which achieves the target level. All ethnic groups have met the goal. The achievement is largely due to the 78.2% enrollment by 9th graders. Unfortunately, it declines to 26.6% in 12th grade. The overall rate is up from the 2000 level of 38.8% and exceeds the overall enrollment percentages for Houston (49.8%), Texas (48%), and the nation (51.7%).

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

Among participants in PE classes, 37% exercised at least 20 minutes during class, considerably below the target of 50%. This percentage is also lower than the rate in 2000. The overall rate in Galveston was significantly lower than 76% in Houston and 83% in the United States, which are both also significantly higher than the target.

Watching television (Table 22).

Healthy People 2010 Objective 22-11: To increase to 75% 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 respondents to the YRBS survey, 49.5% watch television for more than 3 hours per day, virtually the same as in 2000. The rates were 50.7% for Houston, 51.9% for Texas, and 38.3% for the nation. Clearly this is inconsistent with the HP 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).² This yields an asthma death rate of 5.2 per 100,000, which is much higher than the target limit of 0.1 deaths per 100,000

Sexually transmitted diseases (Table 23)

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

In the City of Galveston, reported cases of infection with *Chlamydia trachomatis*³ among adolescents aged 15 through 19 years were high during 1997 and 1998, with 180 and 170 cases, respectively. The number of cases dropped to 132 in 1999 and then rose again to 170 cases in 2000. In 2001, reported cases totaled 199, the highest levels since 1996. This means that at least 4.9% of adolescents in our city had *C. trachomatis* infections in 2001, nearly two percentage points above the target.

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

While gonorrhea rose dramatically from 43 cases in 1996 to 159 cases in 1998, it has been steady at about 100 cases subsequently. However, this still represents an incidence rate of more than 2,300 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 for *C. trachomatis* and gonorrhea. Both the county and state have achieved the target level for *C. trachomatis* but far exceed the target for gonorrhea.

² Source of asthma data is the same as for the suicide data.

³ The *Healthy People 2010* specifies 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 not reported only from family planning and STD clinics, the rates for Galveston are not completely comparable to the target set by *Healthy People 2010*.

Part 5. Behavioral and Social Indicators

Healthy People 2010 Goals	
15. Reduce injury, disability, and death due to unintentional violence	injuries and
26. Reduce substance abuse to protect the health, safety, and life for all, especially children	quality of
27. Reduce illness, disability, and death related to tobacco use exposure to secondhand smoke	and

Seat belt use (Table 24)

Healthy People 2010 Objective 15-19: To increase use of safety belts to 92% for 9th through 12th grade students.

Approximately 87.5% of Galveston's high school students wear a seat belt when in a car driven by someone else. This represents 95% of the target. The rates of seat belt use are similar in Galveston, Houston, Texas, and the United States. In contrast, 96.3% of Galveston adolescents rarely or never wear a bicycle helmet. This is higher than the percentages for Houston (87.9%), for Texas (92.4%), and for the nation (84.7%).

Youth Violence (Tables 25 through 27)

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.

Galveston boys and girls in grades 9-12 report having been forced to have sexual intercourse (9.6% and 11.5%, respectively). For boys, the rate is higher than rates for Houston (7.5%), Texas (4.8%), and the nation (5.1%). For girls, the rate is similar to those for Houston (10.2%), Texas (11.5%), and the nation (10.3%). All of these rates are many times higher than the national objectives.

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

Galveston girls (12.3%) and boys (14.5%) 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 of Houston (8.5%), Texas (10.8%), and the nation (9.8%). For boys, this rate is also higher than those for Houston (9.5%), Texas (8.7%), and the nation (9.8%). All of these rates are many times higher than the national objective.

Healthy People 2010 Objective 15-38: To reduce physical fighting among adolescents to 32 percent.

Galveston girls and boys in grades 9-12 report having been in a physical fight at least once in the past year (8.0% and 17.9%, respectively). For both girls and boys, these rates are much lower than those for Houston (33.9%), Texas (32.6%), and the nation (33.2%). Remarkably, in Galveston physical fighting is reported to occur at a rate less than half the national objective.

Not only are our children fighting less, they are at a lower risk of injury from a physical fight in 2002 (3%) than they were in 2000 (5.9%). The current risk of injury is lower in Galveston than in Houston (4.8%), Texas (3.7%), and the nation (4%). This advantage for Galveston applies to both girls and boys.

The risk of injury through other violence remains high, as 18.7% of adolescents in Galveston report having carried a weapon (gun, knife, or club) in the past year. This is slightly higher than the rate for Houston (15.7%), Texas (17.9%), and the nation (17.4%).

Thirty-five juveniles were arrested for violent crimes in 1999, lower than the number in 1996 (164) but higher than the numbers in 1998 (25) and in 1997 (24). The number of arrests increased from 1998 to 1999 among all populations. The number of arrests for the county rose also in 1999 to 111. Figures for the state showed a decline in all populations, resulting in an 11% decrease in total arrests for juveniles younger than 18 years during 1999. Juvenile arrest data for 2000 and 2001 were not submitted by the Galveston Police Department to the Texas

Department of Public Safety. Data related directly to the Healthy People 2010 objectives are not available.

Use of alcohol (Tables 28 and 29)

Healthy People 2010 Objective 26-06: To reduce to 30% 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, 40.1% of respondents reported riding in a car or other vehicle with someone who had been drinking alcohol. The same rate was reported in 2000. This frequency in Galveston is similar to those for Houston (38.6%) and Texas (39.7%) but higher than that reported for the United States (30.7%).

Not only are our children riding with someone who has drunk alcohol, nearly 20% have driven after drinking in the past month. The same rate was reported in 2000. This is more common in Galveston than in Houston (13.8%), Texas (16.3%), or the nation (13.3%).

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

In our city, 76.3% of high school students have had at least one drink of alcohol, which is roughly five percentage points above the target. This is a reduction from the 2000 total of 82.5%. The city percentage is similar to that of Houston (75.2%), Texas (80.7%), and the nation (78.2%).

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% (or reduce to 11% currently using alcohol).

Approximately 50.7% of high school students in Galveston had used alcohol in the month before the survey, an improvement from 54% in 2000. The percentage of Galveston students currently using alcohol is similar to the Texas and national percentages (48.6% and 47.1%) and higher than that for Houston (43.9%). 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%.

Binge drinking is defined as consuming 5 or more alcoholic beverages within a couple hours. Nearly a third of Galveston high school students reported binge drinking in the past month (28.9%). Although this is better than the 32.4% in 2000, binge drinking in Galveston is 14 times greater than the national target. This behavior occurs less often in Houston (25.4%), while the practice in our city is similar to that of Texas and the nation (31.3% and 29.9%).

Illegal use of other substances (Tables 30 and 31)

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%.

During the past 30 days, 29.1% of Galveston high school students used marijuana one or more times. Current marijuana use is higher in Galveston than in Houston (20.4%), Texas (21.4%), and nationwide (23.9%). Again, however, all four percentages far exceed the objective.

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%.

Approximately 8% of Galveston's high school students have used inhalants in their lifetimes both in 2000 and 2002. This percentage is similar to that for Houston (8.7%) and lower than those for Texas (13.9%) and the United States (14.7%). Although the 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.

Use of cigarettes (Table 32)

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

The initiation of cigarette smoking in Galveston has declined from 62.3% to 55.3% between 2000 and 2002. These rates are lower than those in Houston (62.2%), Texas (66.1%), and the nation (63.9%). In Galveston, 16.2% 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 12th grade, where 24.8% have smoked at least one cigarette in the past month. The current use of tobacco in our city is similar to the statewide rate (16%) but lower than the rates in Houston and the nation (21.8% and 28.5%, respectively).

Approximately one third of students who smoked cigarettes regularly purchased them in a store or gas station (34.5%). This fraction has declined substantially from 2000, when the rate was nearly 48%. However, access to cigarettes in stores is markedly higher in Galveston than in Houston (25.7%), Texas (18.6%), or the nation (19.1%).

Use of smokeless tobacco and cigars (Table 33)

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

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

Approximately 4.2% of high school students in Galveston report the use of smokeless tobacco. This is more common among young men (7.3%) than among young women (1.5%). The rates are higher in Galveston than in Houston (3.5%) but lower than in Texas (8.8%) and the nation (8.2%). All of these rates are much higher than the Healthy People 2010 objective.

In Galveston, 12.4% of youths surveyed reported having smoked at least one cigar in the past 30 days. This is twice as common among young men (16.7%) as among young women (8.8%). The current use of cigars in our city is similar to that in Houston, Texas, and the nation

(12.2%, 15.6%, and 15.2%, respectively). These rates are 50% to 100% higher than the Healthy People 2010 objective.

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

The Report Card has been published annually for 5 years. As we stated at the outset, the goal of this report card is to use numerical indicators to identify areas of strength and areas that need improvement. Thirty-seven indicators are shown in Table B. The grades are based on the percentage achieved of the previously stated objectives. An A indicates 90% or higher achievement of the objective; an F indicates less than 60%. Table B 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. The GISD completion rates (higher than 90%) exceed the national target and earn an A. In addition, the 4-year graduation rate has risen consistently for all reporting groups, including the economically disadvantaged. For the Class of 2000, the rate of 77.9% was just below that for the State of Texas (80.7%).

With respect to performance on the TAAS tests, we earned A's for non-Hispanic white students in the 4th, and 8th, and 10th grades. Hispanic students received a B in 4th grade, a D in 8th grade and a B in 10th grade. Unfortunately, black students have lagged behind, receiving C's in 4th and 10th, and an F in 8th grade. The GISD has almost achieved its objective of an overall rating of "Recommended."

The grades for health are less satisfying. Early prenatal care continues to be better in the City of Galveston than in the county and the state, receiving an A for nearly achieving the *Healthy People 2010* objective by 2000. We received an A for the immunization of children aged 5 years. The poor performance for immunization of children aged 2 years and the rates of *C. trachomatis* among teenagers constitute bad news. We have failed our children with respect to gonorrhea infection rates, low birth weight rates, infant deaths, and elevated blood

lead levels.

Youth violence is an important concern and focus of attention for Galveston. Data from the 2002 Youth Risk Behavior Surveillance survey indicates that reports of being injured or involved in a physical fight are down from the 2000 survey and are lower than the levels reported for Houston, Texas, and the United States. While this is encouraging, the reports by Galveston youth of carrying weapons are of concern as a sign of significant risk for violent confrontations among youth. Furthermore, our children are acting violently toward friends. It is impossible to tell how the self report of violence and weapons carrying affects arrest rates, because no juvenile arrest data have been reported by the Galveston Police Department since 1999. At that time, both violent and nonviolent arrests had decreased dramatically compared with previous years.

The lifetime prevalence of alcohol usage by high school students received a B. Riding with drivers who have been drinking received a C. We have been unsuccessful in helping our children with respect to recent use of alcohol, binge drinking, and the use of marijuana. Cigarettes in Galveston are much more accessible in stores and gas stations than they are in Houston or the country.

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 the goals and objectives will require finding the resources within GISD and the City of Galveston to repeat and extend such surveys.

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.

Table B. Report Card for the Children of Galveston Island

Indicator	Years	Grade	Detail Table
Education – Galveston Independent School District			
Completion rates, overall	2000	A	6
Black	2000	A	6
Hispanic	2000	A	6
White	2000	A	6
10 th grade passing all TAAS tests, overall	2001	B	7
Black	2001	C+	7
Hispanic	2001	B-	7
White	2001	A	7
8 th grade passing all TAAS tests, overall	2001	C	7
Black	2001	F	7
Hispanic	2001	D	7
White	2001	A	7
4 th grade passing all TAAS tests, overall	2001	A	7
Black	2001	C+	7
Hispanic	2001	B+	7
White	2001	A	7
Rating for Galveston Independent School District	2001	Acceptable	8
Health			
Elevated blood lead, younger than 6 years	1997-2001	F	12
Immunizations, age 2 years	1998	F	15
Immunizations, age 5 years	2001	A	15
Infant deaths	1996-2000	F	17
Early prenatal care	2000	A	18
Low birth weight	2000	F	19
Obesity	2002	D	20
Physical Activity	2002	A	21
Chlamydia infections	2001	C	23
Gonorrhea infections	2001	F	

Table B. Report Card for the Children of Galveston Island (con't.)

Indicator	Years	Grade	Detail Table
Risky or violent behavior			
Seat belt use	2002	A	24
Physically injured by boy or girl friend	2002	F	25
Forced to have sexual intercourse	2002	F	25
Physical fighting	2002	A	26
Substance use			
Rode with driver who had been drinking	2002	C	28
Lifetime alcohol use	2002	B	29
Recent alcohol use	2002	F	29
Binge drinking	2002	F	29
Recent marijuana use	2002	F	30
Recent cigarette use	2002	A	32

Table C. 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% for children and youth aged 17 years and under*
- 9-1. To increase the proportion of pregnancies that are intended to 70% 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%*
- 28-4. Reduce blindness and visual impairment in children and adolescents*
- 28-11. Reduce otitis media in children and adolescents.*

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7. Students passing TAAS test by grade level, 1994 through 2002, in percent
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