



RAPID-Harris County Survey Project Three-Year Cumulative Report

Prepared by:
Elizabeth Gregory, Zachary Hough, Itzel Martinez

CUMULATIVE REPORT

MARCH 2026

RAPID-Harris County

The Harris County Department of Economic Equity and Opportunity (DEEO) and the UH Institute for Research on Women, Gender & Sexuality (UH-IRWGS) partnered with the RAPID Survey Project at Stanford University to hear from families with children under 6, from 2023 through 2024, in the context of the COVID-19 pandemic and its aftermath. In 2025, UH-IRWGS continued the work for DEEO, focusing on immigrant parents, to understand the needs of the 41% of Harris County children under 6 who have at least one immigrant parent (American Community Survey [ACS], Ruggles et al. 2024). This report summarizes the major findings of the 3-year study.

Study Context

The work conducted using the Stanford model from March 2023 to December 2024 included four recruitment surveys (one a pilot), five ongoing surveys (O1-O5), and a maternal health supplemental survey, all taken online wherever respondents were, in English or Spanish. These survey rounds occurred roughly every three months. They each explored different topics related to family well-being, including finances, child care, health, etc., along with some repeated questions. Some questions allowed open-ended responses. Though the sample (total respondents = 1,221) was nonrandom and relatively small (a dynamic built into the survey's initial format and low gift card compensation), those who responded provided useful insights.

Between March and December 2025, we moved to a facilitated model focused on immigrant and refugee (I&R) parents, which employed both surveys and interviews—taken online while on site in community centers with translators available—and offered increased compensation for parents' time, in order to deepen understanding of their experience (total respondents = 373). While some of the concerns voiced were specific to immigrants, others echoed those of the wider group. Across both phases, total respondents numbered 1,594.

In what follows, topics that yielded notable findings in the various survey rounds (Recruitment, O1-O5, Maternal Health, I&R) are discussed individually, in the order of data collection, tracking how patterns emerged across phases where applicable. An overview of the demographics of respondents in the 2023-2024 surveys appears in Table 1. Methodological details are provided at the end of the report.

Demographics of RAPID-HC 2023-2024 surveys

Total Respondents 1,221; 91% female (1,112)
Precinct distribution: 1: 22.85% | 2: 29.81% | 3: 29.81% | 4: 17.53%

	RAPID Sample*		2024 ACS	
	Frequency	Percent	Frequency	Percent
Race/Ethnicity				
NH-White	316	25.88	55,411	21.16
NH-Black	209	17.12	48,799	18.63
Hispanic	566	46.36	129,465	49.44
NH-Other	130	10.65	28,213	10.77
Total	1,221	100.00	261,888	100.00
Income Relative to Poverty Level				
0 to 0.99	275	27.17	57,660	22.07
1 to 1.99	300	29.64	56,232	21.52
2 to 2.99	145	14.33	40,876	15.65
3+	292	28.85	106,486	40.76
Total	1,012	100.00	261,254	100.00
Employment Status				
Employed	522	51.68	211,413	80.73
Unemployed	113	11.19	11,227	4.29
Not in Labor Force	375	37.13	39,248	14.99
Total	1,010	100.00	261,888	100.00
Employment Status (Female Only)				
Employed	447	48.8	90,812	69.36
Unemployed	105	11.46	8,142	6.22
Not in Labor Force	364	39.74	31,996	24.42
Total	916	100.00	130,920	100.00

*Not all respondents answered all questions, so sums vary.

Table 1

FINDINGS

1. Child Care

Across the first two years of surveys, 60% of respondents overall reported using some form of non-parental child care (NPCC), in line with the national average of 55% (Hanson & Bobrowski 2024).

In the early Recruitment surveys, 57% of respondents reported using NPCC—at a Center or with a relative or friend. Use patterns varied by income, ethnicity, and other factors.

- Higher family income predicted greater use of NPCC (particularly center-based care, reflecting the high cost of formal child care services) as did Hispanic/Latine ethnicity (particularly informal care - both paid and unpaid).
- Parents with college degrees were more likely to use NPCC than those without (specifically, center-based care), whereas immigrant primary caregivers are less likely to use NPCC of any kind than non-immigrants (Fig. 1).

While many people both foreign and native-born had difficulty affording paid care and many expressed either distrust of caregivers and/or a desire to care for their own children, foreign-born parents were 22 percentage points less likely to use NPCC than native-born parents.¹

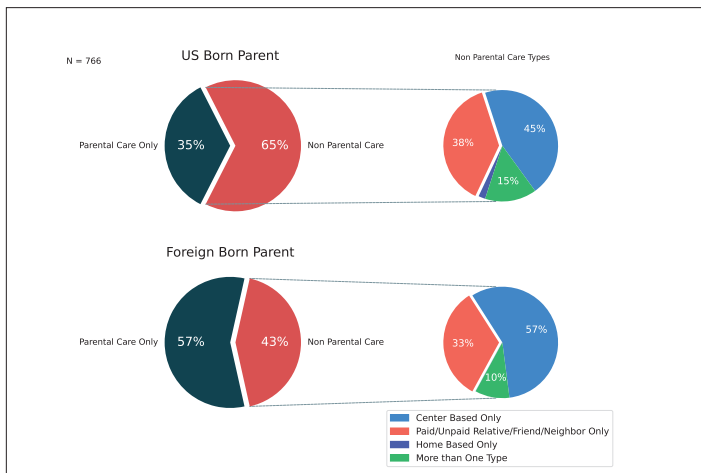


Figure 1

This was in important part due to a major infrastructure difference: *many immigrants do not have relatives here*. Lack of local access to grandmothers and other relatives who can provide child care support puts many immigrant families at a financial disadvantage because as a result of that gap mothers are less able to work. This brings in fewer dollars for the family and often isolates women and their kids at home, making them more vulnerable to abuse. At the same time, their reduced ability work deprives employers of potential workers and means less money spent in community businesses.

Multiple respondents both native- and foreign-born, expressed desire that center child care be made less expensive and more flexible:

“Childcare needs to be more affordable for everyone. It’s so hard to work just to pay for someone to watch your kid.”

“I want to send my young baby to child care and it is very expensive.”

“I want government funded child care so I can go to work. [Or conversely], lower taxes or a larger child tax credit would enable me to stay home with my children without so much financial stress, which is most important because I have a toddler with a disability.”

“Free child care would bring more stability and ability for me to be employed.”

“Child care [is my biggest challenge] because nice daycares close before I get off shift at the hospital and the 24hr centers are sketchy and don’t focus on education.”

When asked about the contributions of family child-care providers, parents emphasized both affordability/necessity and the benefits of skilled teachers:

“Our family’s current child care is provided by my mother, the children’s grandmother. Although we pay her for taking care of the children while we are at work, what we pay her is far less than what we would pay at any child care facility. If my mother was not able to care for our children, we would not be able to afford to send them to child care and make ends meet.»

“My children’s grandparents help watch the youngest child while I work. This saves me money from paying another daycare.”

¹ For the first two recruitment surveys: 582 (72.39%) were US born, and 222 (27.61%) foreign-born.. For all 2023-2024 recruitment:: 867 (71.48%) were US born, 346 (28.52%) foreign born, 8 not listed.

“My 4 y/o daughter is much more emotionally mature than other kids her age. She expresses her emotions better. She’s more focused. I think a lot of this is due to the quality of her day care.”

“[Our child care providers] keep our child safe away from home, and they educate him. I feel confident that he will be ready for Kindergarten academically as well as socially and emotionally.”

In the [Q4 survey](#), two-thirds (65.52%) of participants reported receiving some form of help from their children’s grandparents during the pandemic, with the leading type of help received being child care (38% of all respondents, 59% of the two thirds who received some form of help). Elders died of COVID-19 at the highest rate—globally, in the US, and in Harris County (75% - 80% of total deaths), meaning that, *for many families, already scarce child care resources were further reduced by that global catastrophe.*

Participants in the [Immigrant & Refugee \(I&R\) study](#) also reported that lack of child care is a barrier to employment and that it leads to isolation for many, insofar as

- it prevents many mothers from entering the workforce, prevents their enrollment in ESL classes or continuing education programs, and reinforces their financial dependency on their spouses;
- it limits time spent outside the home by both children and parents as well as opportunities for engagement with the community or social circles.

“In our country, studying and such things for women were forbidden, but here, thank God, these things exist, I can go and study ... In Kabul, people think “If I go to America, how will it be?” But here, it’s so different [than I imagined]. I expected more. I wanted to work and earn my own income. Yes. But now I can’t, I must care for [my] children.”
—(Afghani immigrant)

But not all families feel that way; some prefer to stay at home with children:

“No [child care]... [It was] my decision to raise my kids by myself or to share responsibility with my husband. ... even before I married. Because it’s a good investment. I want to have happy and well-protected children. ... If I am not around, my husband will be there. If my husband is not there, I will be there. So, no child care.”
—(Ethiopian immigrant)

In interviews, immigrant parents expressed mixed feelings about child care, with two ideas often appearing simultaneously:

- Need/desire for child care for financial stability
- Distrust of child care centers/providers.

Potential sources of distrust might include:

- Cultural and/or personal beliefs about the importance of family child care
- Fear of child mistreatment in care and/or general fear about safety/crime
- Concerns about children losing language or values
- Fear of being in public because someone in family is undocumented.

For several respondents, fears about child care intersected with broader anxieties about safety in America (crime, mass shootings, child abuse/moral concerns).

“I still feel [my child is] very helpless. To leave him in a place that, whoever is working, I’m worried. ... As he does not speak. If something happens to him, and they don’t tell me? That’s why I decided to stay home, until the baby is at least one.”
—(Cuban immigrant)

While most immigrant parents described significant barriers that prevented them from enrolling their child in non-parental child care, a small minority (9%) did report having a child currently in care. Reflections below offer insight into what parents value about their child care arrangements.

“My son, he was like nine months ... And they provide me daycare over there [at my job]. And I start working.”
—(Afghani immigrant)

“So, I got a good daycare facility nearby. So, when she was two and a half years old, she just went to the daycare; that’s when she improved a lot in her language and her behavior—there are so many improvements.”
—(Indian immigrant)

2. Finances

Questions asked across the 2023-24 phases revealed that financial strain was persistent (Fig. 2) and, in many cases, an intensifying challenge for families, often leading to mental distress.

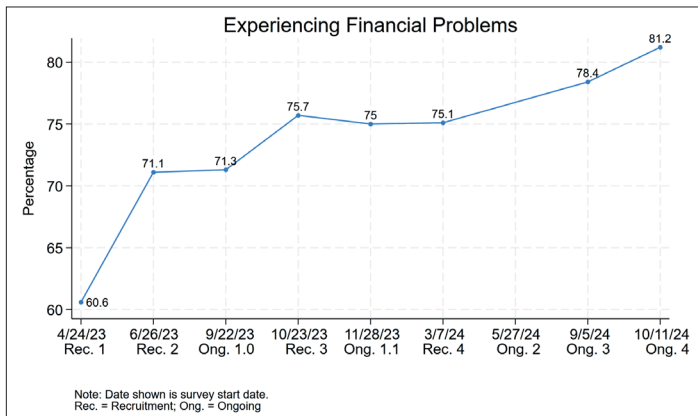


Figure 2

Recruitment surveys revealed persistent economic inequities across demographic groups, by race, ethnicity, and language, affecting financial stability. Non-Hispanic Black and Hispanic respondents reported more difficulty paying for basics than Non-Hispanic Whites with similar income. These differences may reflect variation in inherited wealth, property, or other assets and/or access to more help from relatives, as well as historical and current inequities in access to public services, like a strong education, etc. Respondents who took the survey in Spanish reported less debt, potentially reflecting limited access to credit and/or less willingness to borrow or interact with banks.

"[It is] harder to save, so more difficult to create an emergency fund for serious needs like my son's current medical diagnosis. Many maintenance issues with the house/car have been put aside. More difficult to prepare for the big-ticket items like insurance. Contributes to the stress and tension within the family."

In the O2 survey, material hardship and access constraints became more apparent. 21% reported receiving help paying for bills—84% of those from family and friends—and 28% reported receiving other forms of aid from local organizations (some overlap). Additional resource gaps were notable: 27% did not have access to a vehicle, and 24% of households did not have access to a checking account. Food insecurity was common, with 41% of households reporting that food sometimes ran out and they could not afford to purchase more. Likewise, 39% reported they sometimes could not afford to eat balanced meals.

"The prices of items have skyrocketed in the past 3 years ... SNAP has changed the eligibility requirements which has made it harder for families to become eligible for benefits even though the cost of living and food has gone up."

Regarding housing, over half of respondents in O2 reported owning their own home (55%), while renting was the second most common status (39%). Among non-owners, 87% reported home ownership being a goal. For those aiming to own their home, the largest reported barrier was being unable to afford a down payment (74%) with the second most reported barrier being the lack of affordable homes available for sale (50%) (Fig. 3).

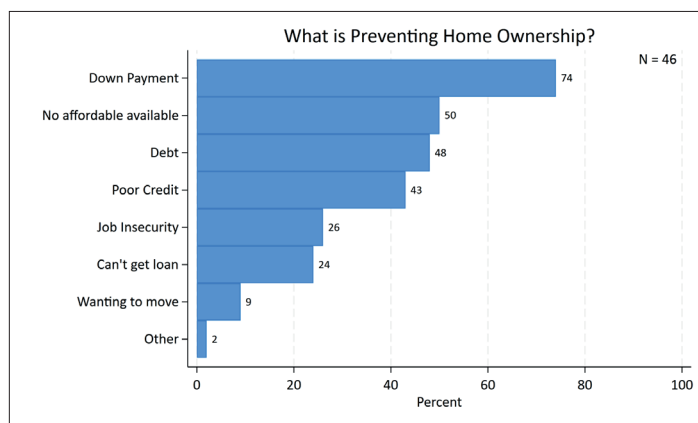


Figure 3

"Housing prices are probably one of the biggest concerns in most households, especially one-income households with stay-at-home parents that cannot afford daycare."

"Why aren't there more ways to get renters into homes? A mortgage would be the same as our monthly rent yet we don't qualify for most. If we have enough money to pay rent, we should be able to get an equivalent mortgage."

By O4, close to 60% of households reported having some form of debt. This is approximately a ten-percentage-point increase when compared to the same individuals in the recruitment surveys. The majority of respondents (81%) reported at least minor financial problems, while 25% had major to extreme financial problems. Two-thirds (66%) found it at least somewhat hard to pay for basic items, with food (72%), utilities (56%), and housing (52%) reported most frequently as difficult to afford.

“Everything is going up but our pay. And sometimes they say we make too much. But we are struggling every day and now we have to use credit cards just to buy food and gas and now school clothes and supplies.”

“I feel like I’m working to just survive and I’m not able to make memories with my family because I just need to feed them. This is not the way I ever imagined living.”

Among O4 households, 48% lost a job or experienced a reduction in income due to the pandemic and over half (51%) reported that the pandemic caused financial difficulties for their household.

Responses from the [I&R study](#) further illuminated the lived experience of financial strain. Immigrant participants described challenges including unemployment or prolonged stay-at-home status (particularly for mothers providing child care), underemployment or downward mobility from the jobs they held in their home country, lack of child care, inadequate health insurance, housing instability, and high living cost relative to wages. Immigration-related work restrictions were also noted by some. Many reported that financial instability leads to stalled integration and emotional distress. Even those emphasizing their gratitude for being in the U.S. expressed that economic insecurity places limits on long-term planning and stability. “Stability” is the primary desire expressed across cases.

“Since I had my baby... we’re ... kind of stuck. ... I’ve been thinking [about] selling ... food, something, so we can have a little extra, buy a few more things. Because if not, we’re always going to stay the same.”

— (Mexican immigrant)

3. Employment

Across all recruitment surveys from 2023-2024, **47%** of respondents reported they were employed (part or full time) with 18% seeking work (65% in the workforce) and **35%** out of the workforce/staying home. 47% employed is low relative to the County overall, where **60%** of women with children under 6 in Harris County are employed (per ACS, Ruggles et al. 2024), with 6% looking for work (66% in the workforce) and **33%** out of the workforce/staying home. *The difference may be attributable to the fact that unemployed people have more time to take surveys.*

The [I&R surveys](#) give a more detailed look into the issues barring immigrant women from employment, exacerbated as noted earlier by lack of family nearby. But issues like lack of access to affordable paid care also affected many native-born women’s access to employment, so the findings are widely relevant.

The I&R surveys were administered in community centers during workday hours, so the population involved was largely composed of stay-at-home mothers, part-time workers, unemployed people, and workers on nonstandard schedules, and it had a notable gender division—both in terms of who responded (86% are female and 14% male) and their employment status (Table 2):

Employment Status of I&R Respondents, by Gender

Employment Status	Gender			
	Male		Female	
	Percentage	Number	Percentage	Number
Full-time	48.94	23	9.29	29
Part-time	29.79	14	19.87	62
Stay at Home (Not Seeking)	4.26	2	37.82	118
Unemployed	6.38	3	16.03	50
Temporarily Out of Work (Furloughed)	4.26	2	3.85	12
Student	0		3.21	10
Other	6.38	3	9.94	31
Total (%)	100	47	100	312

Table 2

79% of male respondents reported **working—including 49% full time and 30% part time**, while 6% were unemployed and seeking work, 4% furloughed (**89% in the workforce overall**); 4% were stay-at-home dads not seeking work, and 6% were “other.”

29% of female respondents reported **working—including 9% full time and 20% part time**, while 16% were unemployed and seeking work, 4% furloughed (**49% in workforce overall**); 38% were stay-at-home moms (SAHMs) not seeking work; and 13% were “other” or in school. [The distinction between unemployed and SAHM is blurry: while some SAHMs may wish to stay home, others may not seek work due to lack of good, affordable childcare and/or linguistic or other barriers.]

This level of mothers’ workforce participation parallels national workforce participation rate data for foreign-born mothers with young children. For those with kids under 3 that’s 50% for foreign-born mothers vs. 70% for native-born (BLS 2025). **Likewise, in Harris County overall** per the American Community Survey, almost **74% of native-born mothers** of children under 6 were in the workforce (68% employed, 7% looking for work) **vs. 55% of foreign-born** (49% employed and 6% looking). Among fathers of children under 6, **96% of native-born dads were in the workforce**—identical to the **96% of foreign-born dads** (ACS, Ruggles et al. 2024).

Working mothers indicated that their salaries were essential to their families:

"[I work in fast food and share childcare with my husband.] I'd consider put my children in a daycare that I can afford. I want to because I want to work extra. I want to have two jobs ... I want to take English classes and I want to take extra works." —(Thai immigrant)

On the skills front, both female and male immigrants often have difficulty finding jobs that match their skills (Table 3), often due to language barriers as well as differing professional accreditations.

Respondents' Employment / Skills Match, by Gender

Able to Find Employment/ Matching Skills (excluding those not seeking work)	Gender			
	Male		Female	
	Percentage	Number	Percentage	Number
Yes	45.45	20	44.49	113
No	54.55	24	55.51	141
Total (%)	100	44	100	254

Table 3

"I was, a lawyer ... So, when I come here, everything is in English. So, I was unable to continue my education ... now I am a nursing student. I am still struggling. Sometimes my English is making me too frustrated ... I am a mom of four. I have a responsibility at home and nursing school." —(Ethiopian immigrant)

"In Afghanistan, [my husband] was a doctor... pediatrics ... but unfortunately here they don't accept his credentials ... [he now works in] manual labor ... Walmart ... he had a clinic. It was a very big psychological blow. ... I also used to teach in Afghanistan ... if my language problem is solved, [I would like] ... a job that's useful." —(Afghani immigrant)

4. Health

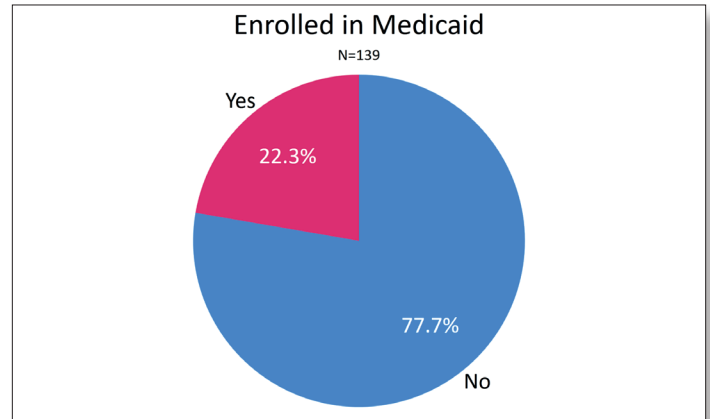


Figure 4

Findings from the Q1 survey highlighted the importance of public health insurance for families, especially during COVID-19. The Q4 survey data showed that 78% of households reported that a member had contracted COVID-19, and 18% of households reported at least one member experiencing long-term symptoms even after recovering. In O1, approximately 22.3% of respondents reported being enrolled in Medicaid (Fig. 4). Among those enrolled, **88%** reported being at least somewhat concerned about how the end of pandemic-era continuous enrollment might affect their household.

When asked about the impact of the end of continuous Medicaid coverage, several respondents described disruptions in insurance coverage and administrative challenges. One participant explained:

"Was told I wouldn't be affected and then one day I was taken off and had to reapply. It took almost 2 months for them to put the kids back on. With no changes in my income I woulda thought it would be easy but it wasn't."

Others emphasized how coverage instability affected access to care for children:

"My son needs specialists and now we have to fight to make sure he can see them."

"We recently got COVID and the doctor that I took my kids to said they were not doing free COVID testing anymore. So with money being so tight I had to buy one at the pharmacy and pretty much assume we all had it because I cannot afford to get a test for everyone. And I'm unaware if Medicaid will cover the COVID vaccine once my kids are able to get it."

Gaps in insurance coverage intersected with pandemic-related and other illnesses, creating ongoing physical, emotional, and financial stress for families.

Findings from the I&R study further illustrate gaps in health insurance access and the stress associated with health care costs, and these struggles may also reflect the experience of non-immigrants, since many native Texans also cannot access affordable health care. (Per the Census, in 2024 Texas had the highest percentage of uninsured of any state at 16.7%, with 13.5% of U.S. citizens lacking coverage and 13.6% of all children). Health insurance gaps were most notable among participants from México, Guatemala, and Colombia, differing from Afghan participants, who can often access Medicaid through refugee resettlement benefits. Of Hispanic participants, 43% reported being uninsured (Fig. 5) and others indicated they were underinsured, or reliant on children’s coverage (Medicaid/CHIP is available for US-born children but not for parents or non-U.S. born children). Healthcare cost was reported as a major source of stress, particularly for families managing chronic illness, disability, or postpartum depression.

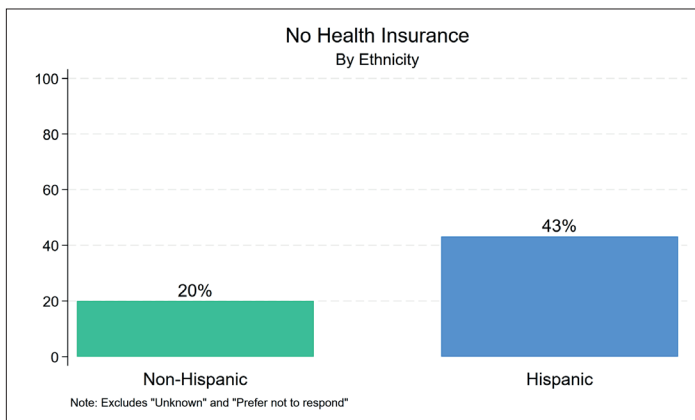


Figure 5

Lack of health care to manage illness may lead to prolonged periods out of the workforce, directly affecting the family’s economic stability. Simultaneously, lack of care negatively affects employers who cannot count on a steady workforce.

“...my husband was at home, suddenly he sick. He took the money from the bank ... he has loan, he has car payment, he has insurance for car, he has utility, everything is a lot, ... [W]e scared how should [we] pay, yeah, it’s hard. Because we don’t have any like ...money for saving.”
 —(Afghani immigrant)

“I suffer from kidney stones, and the pain was so intense. My husband told me, “Let’s go to the doctor.” And I said no, no. Let’s wait. ... Honestly, I took everything for the pain. God was good and it went away. But I was this close to going. ... I’m even afraid of going for a regular check-up because I feel like a bill will come. And how are we going to pay it if we don’t have money?”
 —(Mexican immigrant)

These comments highlight how gaps in insurance coverage and concerns about medical costs can discourage families from seeking care, even when experiencing serious health issues.

5. Maternal Health

Building on the broader health findings, the data from the supplemental survey on maternal health provided more specific insights. The majority of respondents reported that their births occurred in public hospitals (73%), followed by private hospitals (26%), with home births being rare (2%). More than a quarter (26%) of mothers did not have health insurance before their most recent birth (all hospitals are required to accept patients who are in active labor for delivery care, per the Emergency Medical Treatment and Labor Act, but people without insurance cannot access prenatal care unless they apply for Medicaid, which is available to all pregnant citizens, and to noncitizens through the CHIP Perinatal program—though not all will feel comfortable accessing that). Among those with coverage, the most common type was insurance through an employer or union at 75%.

Maternal complications were relatively frequent: nearly 30% of mothers experienced complications during their most recent birth. Postpartum well-being varied, with 28% of mothers rating their mental health and emotional well-being as below average or very poor in the first two months after birth. Physical health concerns were slightly less common, with 15% reporting below average or very poor physical health during the same period. Social support gaps were also evident: 23% of mothers reported having no one to talk to about how they felt after their most recent birth, and 10% of mothers reported lacking a safe support system entirely.

“My pregnancy [had] no complications until I was pressured to be induced and the process began, it all felt like a nightmare. I was in pain and even when I cried there was no sympathy ... my doctor and nurses in the delivery room told me to stop.”

“My first pregnancy was traumatic. Emergency c-section. Second pregnancy resulted in stillbirth and grief. Third was perfect due to my doctor and my husband supporting me.”

Access to midwifery care was limited. One-third of mothers would have liked to have a midwife, but only 11% were able to have one. For those who were unable to obtain a midwife, the top three reported reasons were insurance not covering (60%), cost (56%), and lack of information (52%).

“The health insurance system was a nightmare when it came to receiving benefits for home birth care. My insurance company did not cover either of my home births and that caused a financial strain on my family. There needs to be some reform that allows for expanded coverage for midwifery care.”

The interview portion of the I&R study offers a more nuanced understanding of maternal well-being, including the medical, psychological, and economic challenges that shape it. As one participant shared:

“When I got pregnant, my pregnancy was high-risk ... At six months, I had a threatened miscarriage. Then later I had a risk of preterm labor. I got pre-diabetes, I got pyelonephritis—fluid in my kidneys. I went through a lot. I was basically in the hospital after seven months. She was born early, actually. And I was really sick. I didn’t want to eat anything.”

[Afterward] I got depression. Medicaid gave me some mental health support ... Sometimes I feel like I still have it ... I feel... like a person who doesn’t contribute anything ... I think it’s the economy that pushes you into depression. Because you’re torn between working and caring for your baby.” —(Mexican immigrant)

6. Mental Health

Survey data from the [recruitment](#) and [O1 surveys](#) show increasing levels of mental health issues over time (the pink extensions), with the same people reporting (Figs. 6 & 7).

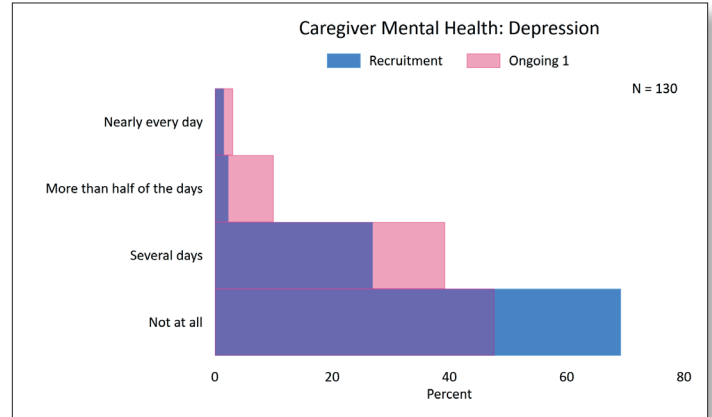


Figure 6

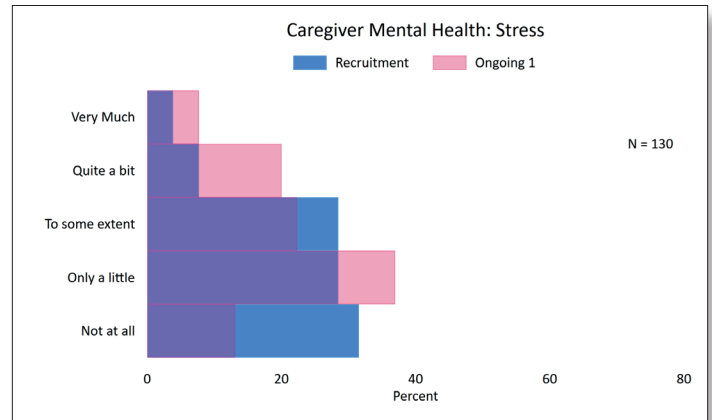


Figure 7

Multiple factors seem to have played into this shift. Comments from parents reflected concerns with school shootings, rising financial instability, changing rules around reproductive care, and extreme weather.

Among I&R respondents, mental health concerns were pervasive but often **expressed indirectly** through the language of stress, fear, anxiety, isolation, and overwhelming feelings rather than clinical terminology. Structural pressures like financial instability, immigration uncertainty, language barriers, lack of child care, health insecurity, and downward mobility, were closely tied to these emotional experiences.

Recently arrived respondents more often expressed stress related to displacement from their home country and adjustment to life in the US, while longer-term residents described anxiety linked to economic instability and legal vulnerability.

Survey responses indicate that stress (63%) and loneliness (57%) at varying levels were the most commonly experienced emotional states for immigrants and refugees (Fig. 8). 77% said they were experiencing some level of mental health symptoms.

Mental health challenges can also affect parents’ ability to maintain employment, pursue education, and sustain financial stability.

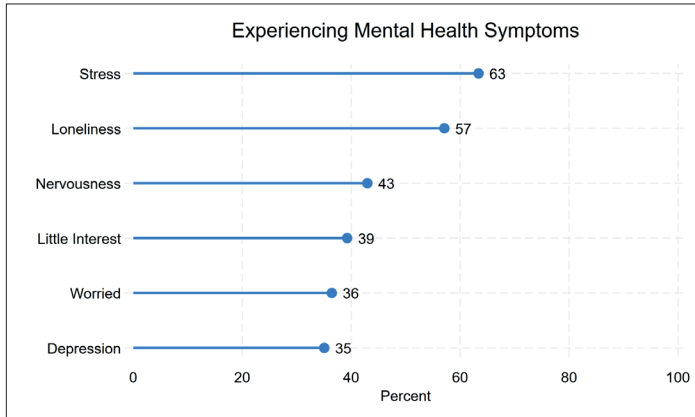


Figure 8

While the UH-IRWGS team did not ask about immigration status, one response in particular indicated concerns about the deportation campaign in the summer of 2025. This effort is traumatizing many Texas families, including children, many of them American citizens, who will deal with the effects for years to come.

“With everything that’s happening right now, the community is scared. We’re worried, afraid. The children are learning to be afraid, that we can’t go outside ... my girl from Mexico has been a little scared because of everything she sees in the news ... She asks me questions, but honestly, I don’t know how to explain it to her. My younger boy doesn’t know what’s happening yet. But they ask why we don’t go out much [cries] ... explaining these things to the children, that they don’t have to say where their parents are from, or that they have to hide.”
—(Mexican immigrant)

7. Children’s Well-Being

“Ever since COVID my child is extremely shy and timid. It takes a while for her to warm up to people and this concerns me when it comes to [her] getting to know others and expressing her own concerns when her parents are not around.”

Data from the Q3 survey highlights children’s daily routines, social interaction, and time spent on different activities. The majority of children engaged in structured and unstructured activities outside and inside the home:

- 94% of kids spent some time playing outdoors each day (48% 1 hour, 29% two hours, 18% more than 2).

- 94% spent some time interacting with a screen (phone, TV and/or computer), with 47% reported spending 1 hour/day on average, 23% spending 2 hours, and 23% spending 3 or more hours—including 3% that spent 8 or more hours with a screen.
- 97% of parents spent some time each day playing, singing or reading with their children under 6, with 52% spending 1 to 2 hours/day on average; and 45% spending 3 hours or more.

Families also reported preferences for community activities. The most favored destinations included public parks/playgrounds (91%), followed by visits to friends and family (63%), public libraries (62%), museums (53%), and restaurants (51%).

Less frequently preferred locations included: child care or schools (34%), amusement parks (32%), natural bodies of water like lakes or oceans (28%); and malls (26%).

Parents reported reliance on trusted sources for guidance regarding their child’s physical health and emotional well-being. Doctors were the most cited source (86%), followed by friends and family (65%), online searches (51%), child care providers and teachers (35%), social media (21%), and faith leaders (8%).

8. Parents’ Views on Children’s Education

The Q1 survey explored parental perspectives on school issues and curriculum. More parents disagreed than agreed on whether a TEA takeover should be allowed – but one third was still undecided (Fig. 9).

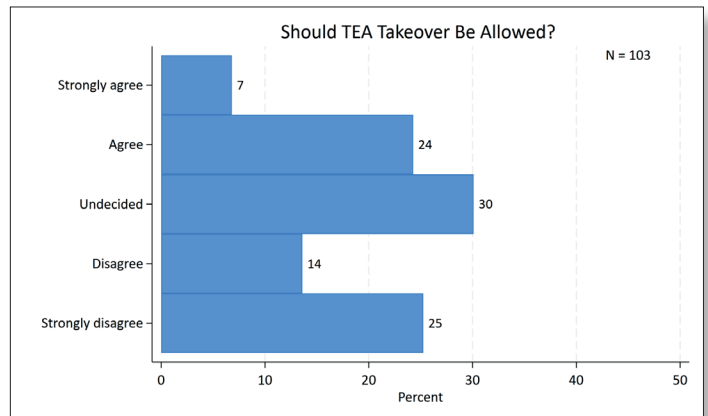


Figure 9

“We are struggling and feel abandoned by the public school system in Houston.”

40% of respondents liked the idea of schools going to a 4-day week. Advantages cited were improved work-life balance and reduced child burnout. The leading disadvantage was difficulty finding and paying for child care if children were not in school during work hours.

Parents also raised concerns regarding curriculum and learning resources. Comments included:

"I feel the new [curriculum] is experimenting on my child that was already behind from the pandemic."

"Not enough Spanish teachers and curriculum."

"I'm worried about censorship of books."

"The lack of diversity [in books]- the lack of going to a school library. I have to supplement and take her to the public library (this isn't necessarily a bad thing just ... inconvenient)."

These findings connect to how parents in [the I&R study](#) were also attentive to both their children's academic progress and broader cultural and linguistic needs. Immigrant respondents consistently reported a desire for children to both learn English and maintain the family's native language because it is seen as necessary for their cultural identity.

"We use both [languages]. Sometimes I'm talking [with my oldest daughter], because I want to improve my English ... But sometime because it's necessary for them to [not] forget their own language, native language, I'm talking in Dari to them." —(Afghani immigrant)

Despite these efforts, only 22% indicated that their children were enrolled in a bilingual or dual language program, suggesting limited availability of programs and limited child fluency in the native language. 13% were enrolled in ESL programs, but those programs focus on acquiring English, and not on maintaining the family's language of origin—highlighting challenges to accessing language-supportive education.

These findings suggest that while parents are actively engaging in their children's learning and cultural development, structural constraints may limit opportunities to fully support children's education and cultural continuity.

9. Family and Community Stressors

Data from the [Q5 survey](#) highlights the emotional and social pressures shaping family life and community experiences. Parents reported frequent positive engagement with their children: over 90% of parents indicated showing affection more than 10 times in the past month, saying "I love you," showing physical affection, and providing supportive or understanding interactions.

At the same time, family conflict was present. Half of respondents (50%) reported yelling at or insulting their partner at least once the previous month, while 36.7% reported being on the receiving end of such behavior. When asked what might reduce conflict,

the top three responses were: lower levels of worry and stress (35%), being able to meet housing costs (19%), and being able to meet children's social and emotional needs (19%).

Parents also expressed concerns about broader community safety. 88% of parents were at least somewhat concerned about their child's safety due to mass shootings, and 55% indicated that more needs to be done to prevent mass or school shootings.

"[I'm concerned about] safety for kids, gun control"

"More guns do not keep kids safe. Taking guns out of the hands of the dangerous keeps kids safe."

Experiences of discrimination were also reported: 43% of families had experienced racial discrimination, most commonly in workplaces or schools.

Parents in the [I&R study](#) also showed concerns related to safety and discrimination. For this population, safety extended beyond the absence of the wars many of them had fled to include housing stability, neighborhood conditions, freedom from discrimination, legal protections, financial security, health access, and environmental risk (including extreme weather events). Many participants describe feeling safe inside their homes or apartment complexes while remaining fearful of outside factors.

"It's unsafe here. And there are a lot of homeless people. It's an unhealthy environment. It's not clean. By unsafe, I mean we feel unsafe here." —(Afghani immigrant)

"At night it gets somewhat dangerous. There's shootings a lot, there are a lot of fights at night like after ten. And that scares me ... mostly the fear for [my] baby, because the window is close to the street." —(Mexican immigrant)

10. Extreme Weather Impact

Survey data from the [Q3 survey](#) revealed widespread experience with extreme weather events among respondents. *Nearly all participants (99%) had experienced a hurricane, a tropical storm, or both; 49% experienced flooding, and 39% had lived through a tornado.*

Participants' perceptions of extreme weather and climate change highlighted both environmental and intergenerational concerns. 46% viewed the frequency of such events as evidence of human failure to care for the planet; 36% felt that extreme weather made their families less secure economically and socially; 35% felt things would be worse for their kids than for themselves; 35% were frightened by the future; and 25% reported that climate concerns made them hesitant to have more children.

Follow-up data from the [Q4 survey](#) examined direct experiences during Hurricane Beryl and its consequences for families. Nearly

half of respondents (49%) reported feeling “not very prepared” or “not prepared at all” for the storm. Most households experienced disruptions: 89% lost power, with 87% without electricity for 2 or more days and 16% without power for more than 8 days. Phone and internet outages were also widespread, affecting 78% of households, with 87% lasting two or more days.

“We lost roughly \$2,000 worth of food. We had to sleep in our car for 10 days (utilizing about \$400 worth of gas).”

“Extreme weather events tear families apart. There’s no room to save for extreme weather events so the money you do have will be spent, and then after the event has happened, society expects you to blend back into life as if it never happened.”

Hurricane Beryl had significant psychological effects. 71% of households reported that the storm negatively affected their children’s well-being, including disrupted sleep, increased fear, tantrums, or the need for extra comfort. Similarly, 85% of participants reported negative effects on their own well-being. Beyond immediate impacts, 27% of respondents reported feeling less safe in Houston and considering relocation after the hurricane.

Interviews with I&R parents provided additional insight into lived experiences and perceptions of extreme weather and climate change. Parents described fear, uncertainty, and lessons learned.

“There was a natural disaster last year—a bad hurricane. It was my first time, and I was very scared. I sat by the window all night, because our car was under water ... [I learned] that in America, everything needs to be insured—house, car, everything.” —(Afghani immigrant)

“[We experienced] flooding. Then we lost power. But it’s okay—we’re okay. I think material things don’t matter in the end. I think being okay, having health, is everything in the end ... But it’s—at the same time I see it this way: [these events are] also consequences of [actions by] human beings, like environmental contamination. I think that in some way nature is reclaiming what we’re doing.” —(Guatemalan immigrant)

11. Aspirations

The O5 survey asked about parents’ aspirations for their children. 87% of parents indicated that they would like their children to go to college and earn a degree, though some worried about cost. Many mentioned wanting them to be happy and/or financially secure, sometimes linking the two.

“I want them to be happy and be successful. I want them not to worry about the food they are going to eat because their finances will not be a struggle for them. I want them to get married and have children and enjoy life.”

“To learn to think critically. To be kind to others. To pursue college and grad school (if she wants). To find a career that she’s happy/satisfied in. I know that we need to save for college but, honestly, we don’t have that type of money.”

12. Immigrant and Refugee Parents’ Specific Concerns

This section highlights key findings from the I&R study, including four themes that were not fully captured under the earlier headings and are unique to this population:

- Resettlement is an ongoing process, not one event.
- Language (learning and retention) is both a barrier and a pathway.
- Structural constraints limit access to opportunity despite perceived freedom.
- Community spaces are critical.

a. Resettlement is an ongoing process, not one event.

In interviews across all communities of origin, for both immigrant and refugee families, arrival is described as an early period of confusion, fear, and isolation (due to language barriers and lack of transportation, income, and access to many family members or community), followed by gradual improvement, rather than full resolution. Even participants who have been in the U.S. for years continue to describe precarity related to finances, language, benefits, housing, immigration status, or safety. Stability is framed as partial and aspirational.

“It took a long time [to settle], I think. And still sometimes I feel like it’s ongoing. Not the same intensity as at first, but still, less now, but I think it’s still going on.” —(Afghani immigrant)

"I'm still adjusting ... in the very beginning, we had lots of struggles. We wanted to buy a car. But ... we didn't have a car insurance. Then, we wanted to purchase car insurance, but we ... didn't have a driver's license here. It's very difficult to know where to start. And we didn't know who to ask ... Everything was difficult. ... I have adjusted better [but I] don't really understand... how things work. The welfare system and health insurance are difficult to understand."
 —(Thai immigrant)

"I thought ... that I could learn English in one year and then start studying. But things didn't go as I had planned. Maybe it's my fault for not adjusting sooner, or maybe it's just genuinely hard here. It's a bit harder [to raise children] compared to when I was in Malaysia or Iran or Afghanistan."
 —(Afghani immigrant)

b. Language is both a barrier and a pathway.

Limited English proficiency constrains employment and as a result healthcare access (which is often tied to employment), social connection, and ability to navigate bureaucracies. English learning, conversely, is widely described as empowering, a pathway to independence, belonging, future mobility, and economic stability. Among those surveyed, only 23% were fluent in English (Fig. 10). English fluency correlated to a 27% greater likelihood of those surveyed finding a job that matched their skills (Fig. 11).

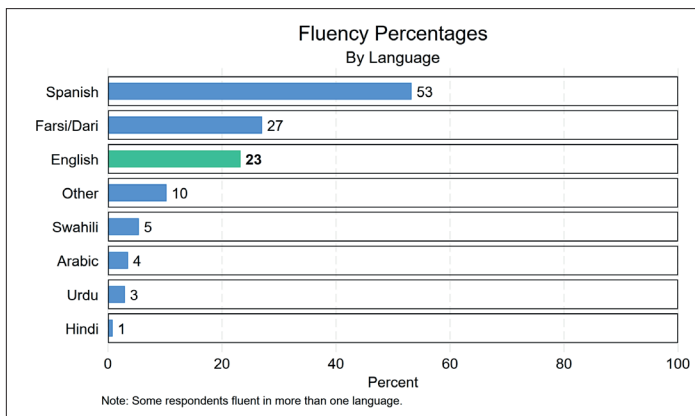


Figure 10

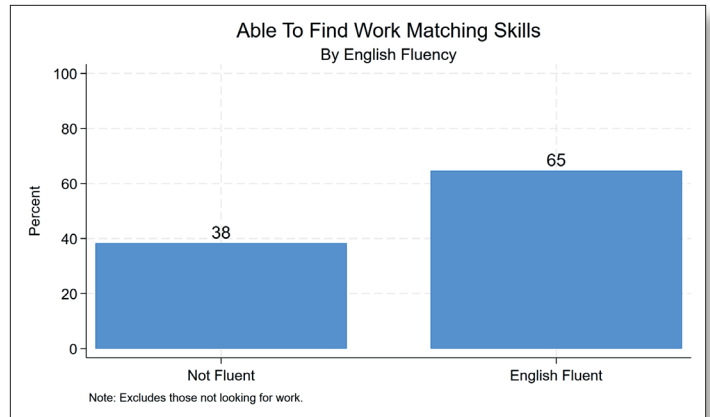


Figure 11

"It's a little bit hard... Yes, because that time my English is not good. When I go to the doctor, literally I cry. Yeah. Because we didn't understand anything"
 —(Pakistani immigrant)

"I sit with my baby [watching cartoons]. We'll see Ms. Rachel and her other learning cartoons. Well, I am learning with those programs. I am practicing. I decided that I am going to learn English ... to improve [my]self, to get ahead."
 —(Mexican immigrant)

Varying levels of English proficiency within a family also may affect family dynamics. Children's rapid language acquisition often reverses family roles, with children assisting parents (serving as "language brokers"). While this may confuse family structures in various respects, it also may put an additional burden of responsibility on children (particularly elder children) (Pandya, 2023).

Across all groups interviewed, participants reported that language functions in two ways:

- English is necessary for survival and economic mobility
- Maintaining family's native language is necessary for cultural identity

"Because I have kids, I don't go out much. But at Connect Community, there are some things. On Tuesdays, for example, [teachers] come here for language classes. There are women who teach us yoga and exercise and things like that. It's really nice here because it's close to me, and we all go there and enjoy it. It's near my house."
 (Afghani immigrant)

"I just enrolled in English classes here at Baker Ripley and we're just starting. I've only been going for three weeks. [It's going] well." —(Mexican immigrant)

c. Structural constraints limit access to opportunity despite perceived freedom.

Participants frequently described the U.S. as a place of greater freedom, especially for women, while simultaneously noting that child care responsibilities, language barriers, limited legal protections, lack of transportation, distrust of daycare, financial strain, and benefit gaps prevent women from fully accessing education or work.

"[America gives] safety. That we are in this home, we are at peace. We don't feel danger ... I don't have income. We're unemployed, so we can't say income [makes us feel secure]. Yes [if I had income, I would feel safer]." —(Afghani immigrant)

"Well, I think like every migrant—[I'd like] to be able to get papers. I feel that we are very hardworking people, and I feel that [lack of papers] limits us a lot. And someday to have my papers, to have my business, to give my children the best education possible, and to keep working. Honestly, I'm very happy. I love this country, I take care of it, and I try to do things the best way possible . . . But all of this will come in its own time." —(Mexican immigrant)

"The good thing is life here is safe. ... The bad thing is... most women in here is like they don't have good job and also our family is not here." —(Afghani immigrant)

"In the U.S. you can be free. There aren't religious hardships. You can live and dress as you want—wear hijab or not, no one bothers you. I can live my own way. It feels like freedom. As for disadvantages, ... some incidents [worry me] ... for example, shootings or gun violence. Criminals doing bad things." —(Afghani immigrant)

d. Community spaces are critical.

Formal resettlement support is often time limited, but community centers, faithbased organizations, ethnic networks, neighbors, friends, and ESL classes (BakerRipley, Connect Community, Prestige Learning Institute, Bilingual Education

Institute, etc.) play a central and ongoing role in emotional well-being, information sharing, and coping.

"We're almost always here at Ripley ... We like it because there's a lot of support for the kids and also for the moms. There are many classes for the kids and they're accessible, really accessible." —(Mexican immigrant)

"I have many friends. From my own country and also foreigners. From the United States ... when we arrived, they were introduced by the agency ... we met [others] and became friends. Mostly through Connect. They are good people, very kind. With good behavior and manners." —(Afghani immigrant)

"No [I don't feel like I belong], not at all ... But, when I come to the Thai temple, I feel good and belonged. I like it that I meet other Thai people, I speak Thai, and I can get some advice and suggestions." —(Thai immigrant)

However, some interview participants were unable to engage with community spaces because of child care responsibilities, busy schedules, language barriers, or fear of leaving their homes, leading to feelings of isolation and depression.

"No [community]. Only go hospital, come back home. Go pick up my children school and stay home. That's it." —(Somali immigrant)

"People really get depressed [here]. Visiting doesn't happen at all, at all. Everyone is busy with their lives." —(Afghani immigrant)

"I really want to get to know other cultures. Unfortunately, I don't understand their language ... my [Afghan] friends are housebound, they don't go anywhere. They all have children." —(Afghani immigrant)

49% of survey respondents reported receiving assistance from organizations and programs for immigrants. Of those that did not receive assistance, 81% would like more information and resources.

Conclusion on Findings

The findings from our multi-phase surveys and interviews highlight the challenges and resilience of families in Harris County. Financial strain was pervasive across all survey rounds, intensified by the COVID-19 pandemic, rising housing costs, deportation efforts, rising inflation, and limited access to public supports. Health and maternal well-being are affected by gaps in insurance coverage, and concerns about health care costs impact ability to work and mental health—creating further physical, emotional, and financial stress. Child care access remains a critical barrier, shaping parents' employment opportunities, social engagement, and children's development.

Young children's well-being is shaped by daily access to core resources—including healthy food and environment, stable and responsive caregiving, regular doctor visits and health care as needed, access to play and educational opportunities, family and cultural interactions, and a feeling of security in their homes and communities. While families overwhelmingly want to supply their children with such resources, systemic constraints and lack of investment in infrastructure that would help families do so means that many parents are not able to fulfill that desire consistently. For instance, Texas ranks #47th among states in overall educational investment per student, meaning that educational opportunities for many young children are limited. Families also navigate community stressors, safety concerns, discrimination, and extreme weather events.

Despite these obstacles, families demonstrate resilience through strong parent-child interactions, engagement in community spaces, and efforts to maintain cultural continuity.

Economic Effects

These shortfalls in services affect the economic picture for both families, parents' employers, and the whole region. **Lack of affordable child care** blocks workforce participation for many mothers of children under 6 (in Harris County 26% of native-born mothers of kids under 6 are not in the workforce, as are 45% of foreign-born). Access to such care would allow mothers to be employed if they so chose—leading to increased resources for the family and reduced isolation—while helping children have expanded social interaction and prepare for Kindergarten. Expanding the workforce to include more mothers would also grow the local economy, both through their increased incomes, purchases, and taxes paid and through supplying employers with a bigger labor pool, at a time when many industries face labor shortages, at diverse skills levels.

The **lack of consistent access to English as a second language (ESL) classes** established through trusted community organizations for immigrants and refugees also negatively affects workforce. Such classes function as upskilling opportunities, which speed immigrant integration into the workforce, helping both families and employers. Equally importantly, they also create accessible, community-based spaces that reduce social isolation and provide structured pathways toward social mobility for families new to the Harris County community.

Lack of access to affordable health care is a third factor negatively affecting workforce participation for many, easily rectifiable by expanding access to Medicaid through the Affordable Care Act, which would provide Texans with services they are already paying for through their taxes, but not receiving—effectively a donation to other states. Such a change would assist many families to avoid missing work due to illness as well as to avoid long-term health issues (helping themselves and their employers). At the same time it would help the many struggling hospitals throughout the state deliver services of all kinds to Texans, and the billions of dollars it would bring in would also expand the economy.

Lack of access to affordable housing, strong educational resources, and livable wages, as well as the presence of less material barriers like discrimination, were also problems mentioned by respondents or notable in the data, all of which constrain the long-term thriving of many families in this region.

The difficulties that families report facing in Texas are part of the background to many people's decisions not to have children, decisions that also impact workforce prospects long term.

METHODOLOGY

The RAPID Survey Project, based at the Stanford Center on Early Childhood, launched nationally in April 2020 in response to the COVID-19 pandemic. Since then, the RAPID group has fielded differing versions of the survey in collaboration with local organizations and/or governments. The UH-IRWGS served as the Harris County DEEO's local implementation partner, managing recruitment/outreach and question selection and providing independent analytics on the resulting de-identified survey data. We developed upon RAPID's question base and methodology to meet the needs of Harris County, in English and Spanish.

During the first project year (mid-March 2023 to mid-March 2024), the study received responses from 940 participants. The data collected in this period included most of the Recruitment surveys and the first ongoing survey (O1). By the second project year (mid-March 2024 to mid-March 2025), the total number of confirmed participants reached a total of 1,221. Data collected during this time included the final Recruitment survey and the remaining ongoing surveys (O2-O5), as well as the Maternal Health Supplemental Survey.

Timeline of surveys:

- Recruitment surveys: April, June, October 2023 and March 2024
- O1: September and November 2023
- O2: May 2024
- O3: September 2024
- O4: October 2024
- Maternal Health: October 2024
- O5: November 2024

Building on Stanford’s model, we utilized convenience sampling for survey recruitment. In this nonrandom sampling method, participants were recruited through community partners identified by Harris County and UH-IRWGS, with the help of an Advisory Council made up of community partners and County staff. We worked to reach respondents in all four Harris County precincts, in all zip codes, with a range of income levels and backgrounds. However, as with all surveys that can’t require participation, we were limited to hearing from parents who had time and were comfortable with answering online surveys. While not all voices are represented, the intent was to get a window into the issues facing Harris County families across as many categories as feasible.

Recruitment methods varied by partnering organizations and locations. Over 15 local partner organizations aided in survey outreach and recruitment. Figure 12 illustrates the distribution of recruitment partners. Some organizations shared fliers by email or handed fliers to clients, some utilized posters with QR codes, some featured the project in newsletters or mentioned it in child-centric events, such as reading-times at libraries. These methods were also used to encourage participation in the follow-up surveys after initial recruitment. To avoid bot attacks, we discouraged the use of sharing on social media platforms.

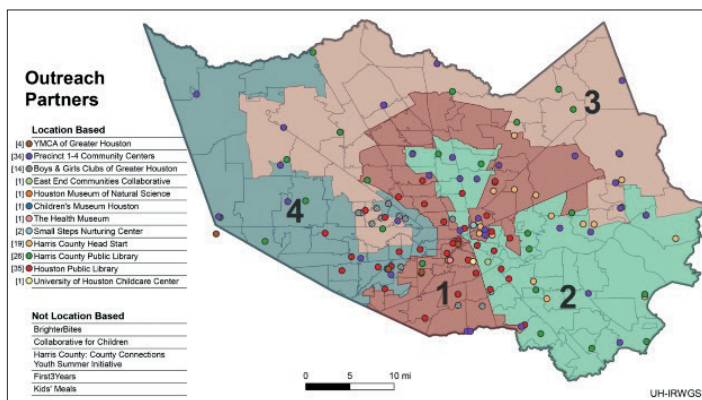


Figure 12

As mentioned above, the Stanford model did not allow a random selection of participants; so, while the sample may resemble the racial/ethnic and geographic composition of Harris County parents of young children, it cannot be considered representative of it. The complexities of gathering representative data through surveys or interviews from precarious or under-resourced populations are well known, since many may be working multiple jobs and not have time to take surveys, or have other reasons for not wanting to share their information with data collectors.

The time pressures on parents of young children (already multitasking) add another layer of complexity to the project.

As a result, working parents, among the world’s busiest people, may be under-represented. Additionally, a large section of the population of Houston parents is undocumented, and since they tend to be less likely to participate in such studies, their concerns are not proportionately recorded but may be imputed in some degree.

In December 2024, Stanford concluded its involvement with the Harris County RAPID project, consistent with their planned timeline. In the third and final project year, UH-IRWGS expanded the project’s focus to ensure that the concerns of immigrant and refugee parents were represented in the data—since approximately 41% of Harris County children under age six have at least one immigrant parent (ACS, Ruggles et al. 2024). To better understand the needs, challenges, and strengths within this population, UH-IRWGS conducted a final round of surveys augmented by interviews, the latter selected by availability.

To make it more likely that parents would be interested in participating, we reached out through new service providers likely to be viewed as trusted partners by immigrant families (Connect Community, Baker Ripley, Rupani Foundation, FAMHouston, HISD Multilingual, and Wat Buddhavas of Houston). These partnerships allowed us to contact refugees and immigrants from a number of communities in settings already familiar to them. Any accompanying children could stay with their parents while they completed a survey or interview. On some days, Connect Community was able to offer child care so that parents could participate while their children were supervised.

Overall, 373 surveys and 40 interviews were completed in the I&R study phase (bringing the total respondents for the full study to 1,594). Surveys were available in English, Spanish, Dari, Swahili and Arabic, and interviews were conducted in English, Spanish, Dari, and Thai. Translators were available on site to facilitate as needed. Participants who spoke both English and their native language could choose the language they felt most comfortable in. These surveys and interviews were anonymous and did not ask sensitive information, such as documentation or immigration status. Protecting respondent confidentiality and building trust were our main priorities through the data-collection process. Participants who completed a survey or interview received compensation for their time.

Surveys and interviews were conducted during the day. Consequently, individuals who were working at that time and possibly had children in center-based child care were less likely to be among our respondents. Participation was more feasible for individuals who were available and able to travel to the data-collection site and who felt comfortable sharing information about their experiences. As a result, those facing the highest levels of instability or fear are underrepresented. Nonetheless, the perspectives gathered are meaningful, shedding light on many of the issues affecting immigrants in Harris County.

Some of the immigrants interviewed were refugees, who often have different access to benefits and assistance than non-

refugees. Refugees may qualify for government-assistance programs upon arrival, including food assistance, medical coverage, and short-term rent assistance. However, accessing and maintaining these benefits frequently requires navigation assistance, due to eligibility shifting over time, documentation difficulties, language barriers, transportation issues, and administrative challenges.

Immigrants who do not have refugee status may have more limited or no eligibility for public benefits, depending on their

immigration status, length of time in the U.S., or specific benefit rules. Like the differences in background stories, differences in access to benefits also inform the narratives in this study.

Overall, the data succeeds in opening a window on the vast constraints faced by families with young children in Harris County, as well as the strong commitment to helping children flourish expressed by their parents.

WORKS CITED

Bureau of Labor Statistics. "Labor Force Characteristics of Foreign-Born Workers Summary." News Release, May 20, 2025.

Hanson, Rachel, and John Bobrowski. *Early Childhood Program Participation: 2023*. National Center for Education Statistics, October 2024.

Pandya, Nishant, MD. "Why We Shouldn't Ask Kids to Interpret for Their Parents." Children's Hospital Association, October 26, 2023.

Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia A. Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari C.W. Williams. *IPUMS USA: Version 16.0* [dataset]. Minneapolis, MN: IPUMS, 2025. [ACS 2024]

<https://doi.org/10.18128/D010.V16.0>

THANKS

Deep appreciation to all the parents of young children in Harris County [HC] who took the RAPID-Harris County surveys and shared their stories over the past three years. And many thanks to the wonderful community partners who assisted with outreach to those parents.

In the 2023-2024 phase, those included: Avance Houston, Brighter Bites, Children's Museum Houston, Collaborative for Children, Connect Community, Culture of Health—Advancing Together, East End Communities Collaborative, First3Years, Goose Creek ISD, Habitat for Humanity, HC Bright Beginnings, HC Early REACH, HC Head Start, HC Precincts 1-4 Community Centers, HC Public Library, The Health Museum, Houston Public Library, Houston Area Women's Center, Houston Museum of Natural Science, Kids' Meals, Small Steps Nurturing Center, PUSH Birth Partners, UH Childcare Center, UH Healthy Start, YMCA of Greater Houston.

In the 2025 phase, our principal community collaborators were BakerRipley, Connect Community, DAYA, FAMHouston, HISD Multilingual, the Rupani Foundation, and Wat Buddhavas Sunday School. Additionally, we were aided in this phase by the expertise of Professors Chatwara Duran and Zelma Oyarvide Tuthill.

Much gratitude to all of the individuals who worked with us in the agencies listed, for their generosity and insights, and for all the great work they do to create meaningful community for families in Harris County.

