

2015
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Assessing the Well-Being of Children in Dallas County
and the North Texas Corridor

Published by Children's HealthSM

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Assessing the Well-Being of Children in Dallas County and the North Texas Corridor



What is the *Beyond ABC* report?

Beyond ABC is a comprehensive community report on the quality of life for children in Dallas, Collin, Cooke, Denton, Fannin and Grayson counties.

In this report, we examine four key factors that determine the shape of a child's quality of life today and influence their opportunities tomorrow – children's health care, education, economic security and safety. Children's HealthSM strives to be a champion of change in the well-being of children in our community.

2015 beyond a b c

Assessing the Well-Being of Children in Dallas County
and the North Texas Corridor

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What's new in 2015 *Beyond ABC*?

This year's edition of *Beyond ABC* includes all six of the North Texas counties that we previously covered in two alternating-year editions: Dallas, Collin, Denton, Cooke, Fannin and Grayson, with five years of trending data for each county. For the first time, we also have produced a complete edition of this report in Spanish. Both reports are available online at www.childrens.com/beyondabc.

Beyond ABC Online

In addition to the material printed in this report, you can access previously published information about children's well-being in Dallas County and the North Texas region by visiting www.childrens.com/beyondabc.

The link will take you to reports (in .pdf format) issued since 2010 that provide comprehensive information on the quality of life for children in Dallas, Collin, Cooke, Denton, Fannin and Grayson counties.





“It is up to us, as advocates for all children, to use the information presented here to make positive changes in the lives of the youngest members of our community. We hope that all who read this report will join with Children’s Health and commit to the mission of making life better for children in North Texas.”

Dear Friends and Supporters,

On behalf of Children’s Health, I am pleased to present the 14th edition of *Beyond ABC*, a comprehensive report on the quality of life for children in North Texas. The report examines four factors – pediatric health care, education, economic security and safety – that shape children’s quality of life and influence the opportunities they may have in the future.

This year, for the first time in a single report, we have gathered data for six counties in the Children’s Health service area: Dallas, Collin, Cooke, Denton, Fannin and Grayson. Also for the first time, we are producing this entire report in a Spanish language edition, in an effort to reach a wider audience in North Texas’ growing Hispanic community.

There is good news in this report: a decline in uninsured rates, a decline in teen pregnancies and sexually transmitted diseases, and a decline in commitments to the juvenile justice system. But there is still a great deal of work to be done to make life better for children in our community. For example, we found that the percentage of Texas physicians accepting all Medicaid and Children’s Health Insurance Program (CHIP) patients has fallen to only 31 percent, while North Texas has more children than ever who are living in poverty and struggling to get access to health care. Dallas, Collin and Denton counties have poor air quality, with frequent ozone pollution that is known to be a trigger for pediatric asthma. And while uninsured rates for children have fallen, 16 percent of Texas children still are uninsured, compared to a national rate of nine percent.

For more than a century, Children’s Health has led the way in serving the pediatric health care and wellness needs of North Texas. Today, that means pioneering innovative programs such as Telehealth in schools, Asthma Management and Weight Management. It means entering into a partnership with the Texas Hunger Initiative, opening the Rees-Jones Center for Foster Care Excellence and starting a pilot Wellness Care program for underserved mothers, infants and children receiving special food subsidies. Each one of these initiatives provides a bridge to a healthier future for hundreds of children whose greatest adversary is poverty.

This report provides an assessment of the well-being of children in Dallas County and the North Texas Corridor. It is up to us, as advocates for all children, to use the information presented here to make positive changes in the lives of the youngest members of our community. We hope that all who read this report will join with Children’s Health and commit to the mission of making life better for children in North Texas.

Christopher J. Durovich

Christopher J. Durovich
President and Chief Executive Officer
Children’s Health System of Texas

Children’s Health has a longstanding commitment to the community—

One that reaches into schools, social-service organizations, corporate boardrooms, city halls and legislative chambers. We serve as a voice for the voiceless, as an advocate for the children who have no vote and no lobbying group to speak on their behalf.



ABOUT CHILDREN’S HEALTH

Children’s Health is the leading pediatric health care system in North Texas, driven by its mission to make life better for children. Delivering a full spectrum of care, Children’s Health is led by the flagship hospital Children’s Medical Center Dallas and includes another full-service hospital, Children’s Medical Center Plano, and the Children’s Medical Center Research Institute at UT Southwestern, which performs transformative biomedical research. The system also includes multiple specialty centers, 20 Pediatric Group practices and a telemedicine network, as well as home health and physician services.

Children’s Health reaches even further into our communities with a growing affiliated network of more than 320 private pediatricians and multiple community health programs and initiatives that allow us to help children in community centers, schools and their homes.

AT A GLANCE

- Children’s Health handles more than 785,000 patient encounters annually.
- Children’s Medical Center Dallas is one of the premier pediatric hospitals in the United States.
- Named by *U.S. News & World Report* as one of the nation’s top pediatric providers
- The only pediatric academic medical center affiliated with UT Southwestern Medical Center
- Recipient of the prestigious Magnet designation for nursing excellence received by less than 7 percent of hospitals
- The only Level I pediatric trauma center in North Texas
- Eight disease-specific care certifications from The Joint Commission for conditions like asthma, autism and diabetes
- Children’s Medical Center Plano, a full-service pediatric hospital with expertise in nearly 30 different specialties, is the nation’s largest suburban group of pediatric specialists.



Children’s Medical Center Dallas



Children’s Medical Center Plano



Children’s Medical Center Research Institute at UT Southwestern



Children’s Health Specialty Centers (8)



Children’s Health Pediatric Group locations (20)



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The 2015 Advisory Board for *Beyond ABC: Assessing the Well-Being of Children in Dallas County and the North Texas Corridor*

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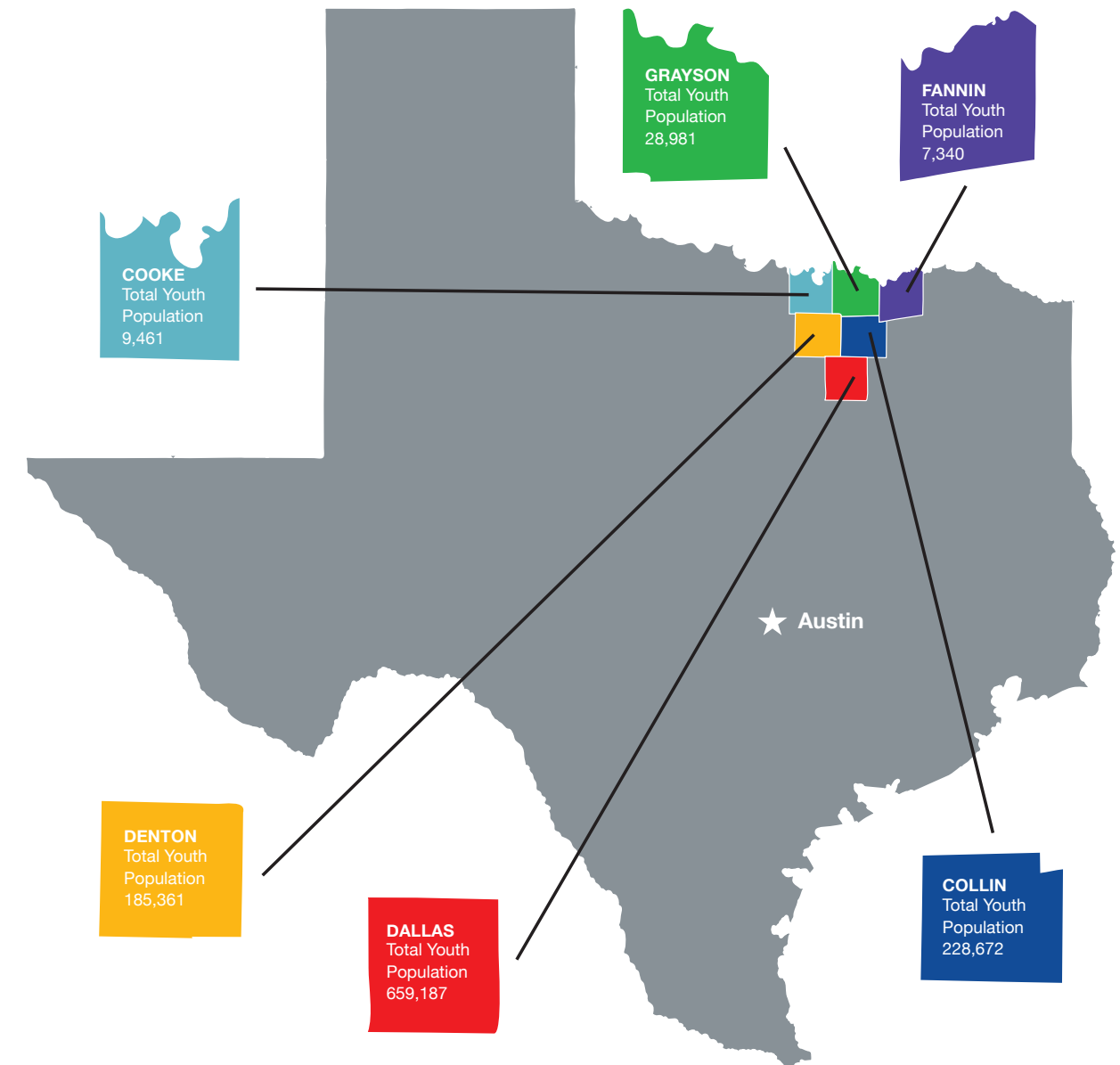
SPECIAL THANKS

The *Beyond ABC* staff would like to express our appreciation to Christopher Durovich, president and chief executive officer of Children's Health System of Texas, without whose support and encouragement this report would not be possible.

We also would like to thank the members of the 2015 *Beyond ABC* Advisory Board for lending their time and support to this project.

NORTH TEXAS COUNTIES AND THE METROPOLITAN AREA

Demographic Summary



Dallas County

TOTAL YOUTH POPULATION	PERCENT WHITE/CAUCASIAN	PERCENT BLACK/AFRICAN-AMERICAN	PERCENT AMERICAN-INDIAN	PERCENT ASIAN-AMERICAN	PERCENT PACIFIC-ISLANDER	PERCENT OTHER OR MULTIPLE RACES	PERCENT HISPANIC/LATINO	PERCENT OF ALL CHILDREN LIVING IN POVERTY	PERCENT OF WHITE/CAUCASIAN, NON-HISPANIC/LATINO CHILDREN LIVING IN POVERTY	PERCENT BLACK/AFRICAN-AMERICAN CHILDREN LIVING IN POVERTY	PERCENT OF HISPANIC/LATINO CHILDREN LIVING IN POVERTY
659,187	52.4%	22.6%	0.4%	4.5%	0.0%	20.2%	51.7%	28.9%	10.1%	34.8%	35.1%

According to the American Community Survey, Dallas County experienced a drop in the number of children under the age of 18 from 2009 to 2013.¹ The childhood population fell by 1.5 percent, from 669,551 in 2009 to 659,187 in 2013.

DALLAS
Total Youth
Population
659,187

Of the total number of children in Dallas County in 2013, 51.7 percent were Hispanic or Latino, and 19.1 percent were non-Hispanic whites. This is in contrast to 48.9 percent Hispanics or Latinos and 23.9 percent non-Hispanic whites in 2009. While the proportion of Hispanic or Latino children increased by 2.8 percentage points over the five-year period, the proportion of non-Hispanic whites decreased by 4.8 percentage points.

Changes in the racial makeup of Dallas County children were less pronounced than those in the ethnic makeup. Over the five-year period, the proportion of white children in Dallas County decreased by 1.2 percentage

points, and the proportion of black or African-American children increased by 1.8 percentage points. There also were increases in the proportion of Asian-American children and those whose race was classified as "Other."

From 2009 to 2013, the proportion of children living in poverty in Dallas County increased by 3.4 percentage points. The percentage of children living in households receiving Supplemental Security Income (SSI) also increased, from 19.5 percent of the total children in 2009 to 30.1 percent in 2013. There was a drop in the proportion of children enrolled in private schooling and a corresponding increase in the proportion enrolled in public schooling over the five-year period.

There also were slight changes in family structures over that time period. Notably, 61.6 percent of Dallas County children lived in two-parent families in 2013, down from 64.6 percent five years before. Of the 38 percent living in single-parent families, 8 percent lived in single-father families and 30 percent lived in single-mother families.²

¹ To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2009 and 2013.
² The phrase "single mother" is a colloquialism. The U.S. Census Bureau refers to these as single female-headed households with no husband present, which could include a grandmother or other female relative as head of household. The phrase "single-mother" and "single-father" have been adopted here for ease of reference.



Collin County

TOTAL YOUTH POPULATION	PERCENT WHITE/CAUCASIAN	PERCENT BLACK/AFRICAN-AMERICAN	PERCENT AMERICAN-INDIAN	PERCENT ASIAN-AMERICAN	PERCENT PACIFIC-ISLANDER	PERCENT OTHER OR MULTIPLE RACES	PERCENT HISPANIC/LATINO	PERCENT OF ALL CHILDREN LIVING IN POVERTY	PERCENT OF WHITE/CAUCASIAN, NON-HISPANIC/LATINO CHILDREN LIVING IN POVERTY	PERCENT BLACK/AFRICAN-AMERICAN CHILDREN LIVING IN POVERTY	PERCENT OF HISPANIC/LATINO CHILDREN LIVING IN POVERTY
228,672	70.0%	9.2%	0.5%	12.2%	0.1%	8.0%	19.3%	9.3%	4.6%	16.3%	22.4%

From 2009 to 2013, the child population of Collin County increased by 11.4 percent, the largest percent increase among the six counties.¹ Of the 228,672 children residing in Collin County in 2013, 19.3 percent were children who identify as Hispanic or Latino and 54.9 percent were non-Hispanic whites. This is in contrast to 17.2 percent Hispanic or Latino and 61.8 percent non-Hispanic whites in 2009.

COLLIN
Total Youth
Population
228,672

Changes also occurred in the racial demographics of children in Collin County. Specifically, whites fell in proportion from 74.4 percent in 2009 to 70 percent in 2013. The number of blacks or African-Americans, on the other hand, increased from 8.2 percent to 9.2 percent over the same time period. The number of Asian-American children and of children specified as "Other" races also increased by 2.4 percentage points and 4.7 percentage points, respectively.

Increasing population pressures were accompanied by the growing proportion of children living in poverty. In 2009, 7.4 percent of Collin County's children lived in households with income less than or equal to the poverty line. In 2013, this had increased to 9.3 percent, an increase of 1.9 percentage points. There also was a notable increase in the percentage of children living in households receiving Supplemental Security Income (SSI), cash assistance and SNAP, with the proportion swelling from 5.3 percent in 2009 to 9.1 percent in 2013.

There was an increase in the percentage of children enrolled in public schooling and a corresponding decrease in those enrolled in private schooling. From 2009 to 2013, the percent of children enrolled in public schooling increased from 83.5 percent to 86.6 percent, and the percent of children enrolled in private schooling decreased to 13.4 percent from 16.5 percent.

Changes in family structure were also observed over the course of five years. In 2013, 80 percent of children lived in households headed by two parents, down by 1.4 percentage points from 5 years ago. Of the 20 percent that lived in a single-parent household, 14.7 percent lived in a single-mother household and 4.9 percent lived in a single-father household.²

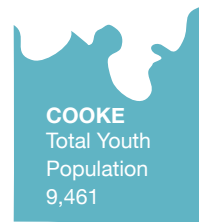
¹ To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2009 and 2013.
² The phrase "single mother" is a colloquialism; the U.S. Census Bureau refers to these as single female-headed households with no husband present, which could include a grandmother or other female relative as head of household. The phrase "single-mother" and "single-father" have been adopted here for ease of reference.



Cooke County

TOTAL YOUTH POPULATION	PERCENT WHITE/CAUCASIAN	PERCENT BLACK/AFRICAN-AMERICAN	PERCENT AMERICAN-INDIAN	PERCENT ASIAN-AMERICAN	PERCENT PACIFIC-ISLANDER	PERCENT OTHER OR MULTIPLE RACES	PERCENT HISPANIC/LATINO	PERCENT OF ALL CHILDREN LIVING IN POVERTY	PERCENT OF WHITE/CAUCASIAN, NON-HISPANIC/LATINO CHILDREN LIVING IN POVERTY	PERCENT BLACK/AFRICAN-AMERICAN CHILDREN LIVING IN POVERTY	PERCENT OF HISPANIC/LATINO CHILDREN LIVING IN POVERTY
9,461	86.2%	3.4%	1.1%	0.5%	0.1%	8.7%	27.0%	21.6%	17.7%	39.5%	29.7%

From 2009 to 2013, the number of children in Cooke County decreased from 9,893 to 9,461, a decrease of 4.4 percent, according to statistics produced by the American Community Survey.¹ Of the total number of children in 2013, 27 percent were Hispanics or Latinos, and 65.4 percent were non-Hispanic whites. This is in contrast to 22.3 percent Hispanics or Latinos and 69.9 percent non-Hispanic whites in 2009. While the proportion of Hispanics or Latinos increased by 4.7 percentage points over the five-year period, the proportion of non-Hispanic whites decreased by 4.2 points.



of white children increased by 10.6 percentage points and African-American children increased by 0.4 points, while Asian-American children decreased by 0.1 points and those classified as some other race decreased by 5.4 points.

From 2009 to 2013, the proportion of children living in poverty remained largely unchanged. However, the percentage of children living in households receiving public assistance such as Supplemental Security Income (SSI) or SNAP increased by 8.8 points. More than one in four children in Cooke County lived in households receiving some form of public assistance in 2013.

There also were small changes in school enrollments, in that the proportion of children enrolled in public schools increased by 0.9 percentage points and the proportion of children enrolled in private schools decreased by 0.9 points.

As for changes in family structure, there was a drop in the proportion of Cooke County children living in households with two parents. In 2013, 70.3 percent children lived in two-parent households, down from 73.2 percent five years ago. Of the 29.5 percent living in single-parent families in 2013, 8.3 percent lived in single-father families and 21.2 percent lived in single-mother families.²

¹ To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2009 and 2013.

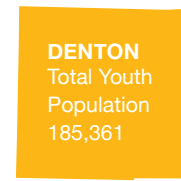
² The phrase "single mother" is a colloquialism. The U.S. Census Bureau refers to these as single female-headed households with no husband present, which could include a grandmother or other female relative as head of household. The phrase "single-mother" and "single-father" have been adopted here for ease of reference.



Denton County

TOTAL YOUTH POPULATION	PERCENT WHITE/CAUCASIAN	PERCENT BLACK/AFRICAN-AMERICAN	PERCENT AMERICAN-INDIAN	PERCENT ASIAN-AMERICAN	PERCENT PACIFIC-ISLANDER	PERCENT OTHER OR MULTIPLE RACES	PERCENT HISPANIC/LATINO	PERCENT OF ALL CHILDREN LIVING IN POVERTY	PERCENT OF WHITE/CAUCASIAN, NON-HISPANIC/LATINO CHILDREN LIVING IN POVERTY	PERCENT BLACK/AFRICAN-AMERICAN CHILDREN LIVING IN POVERTY	PERCENT OF HISPANIC/LATINO CHILDREN LIVING IN POVERTY
185,361	75.0%	8.4%	0.4%	6.8%	0.1%	9.2%	25.0%	10.2%	4.3%	17.7%	19.7%

According to five-year estimates produced by the American Community Survey (ACS), the number of children under age 18 in Denton County increased from 2009 to 2013 by 10.8 percent.¹ Of the 185,361 children present in 2013, 55.2 percent were non-Hispanic whites and 25 percent were Hispanics or Latinos. This compares to 21.7 percent Hispanics and 61.7 percent non-Hispanic whites in 2009.

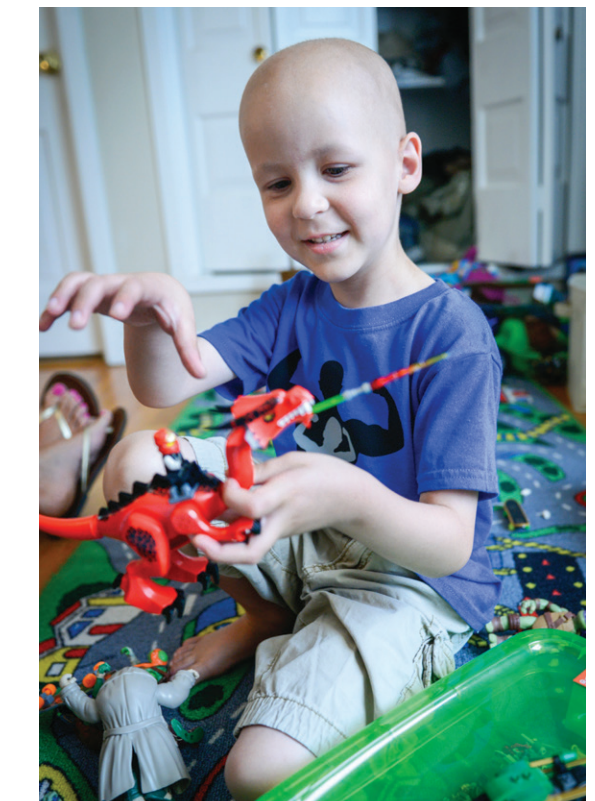


In 2013, 76.9 percent of Denton County's children were living in two-parent families – down from 77.4 percent in 2009. Of the 23.1 percent living in single-parent families in 2013, 17.8 percent lived in single-mother families and 5 percent in single-father families.²

¹ To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year Estimates for 2009 and 2013.
² The phrase "single mother" is a colloquialism. The U.S. Census Bureau refers to these as single female-headed households with no husband present, which could include a grandmother or other female relative as head of household. The phrase "single-mother" and "single-father" have been adopted here for ease of reference.

Changes in the ethnic makeup of the county's child population were larger in magnitude than those in the racial makeup. The racial demographics changed little over the past five years. Specifically, the percentage of children who were black or African-American increased from 7.9 percent in 2009 to 8.4 percent in 2013, and the percentage of children whose race was classified as white decreased somewhat from 75.6 percent in 2009 to 75 percent in 2013. Another noticeable change was an increase in the proportion of Asian-American children, from 5.2 percent of the total child population in 2009 to 6.8 percent in 2013.

From 2009 to 2013, the proportion of children living in poverty in Denton County increased by 1.29 percentage points. The proportion of children living in households with Supplemental Security Income (SSI) also increased by five points, from 8.3 percent of the total children in 2009 to 13.3 percent in 2013. The proportion of students enrolled in public and private schools, on the other hand, remained largely unchanged over the five-year period.



Fannin County

TOTAL YOUTH POPULATION	PERCENT WHITE/CAUCASIAN	PERCENT BLACK/AFRICAN-AMERICAN	PERCENT AMERICAN-INDIAN	PERCENT ASIAN-AMERICAN	PERCENT PACIFIC-ISLANDER	PERCENT OTHER OR MULTIPLE RACES	PERCENT HISPANIC/LATINO	PERCENT OF ALL CHILDREN LIVING IN POVERTY	PERCENT OF WHITE/CAUCASIAN, NON-HISPANIC/LATINO CHILDREN LIVING IN POVERTY	PERCENT BLACK/AFRICAN-AMERICAN CHILDREN LIVING IN POVERTY	PERCENT OF HISPANIC/LATINO CHILDREN LIVING IN POVERTY
7,340	87.3%	6.0%	0.8%	0.3%	0.0%	5.5%	14.6%	23.3%	19.4%	60.0%	31.1%

From 2009 to 2013, the number of children under 18 declined in Fannin County.¹ Specifically, the children's population fell from 7,403 in 2009 to 7,340 in 2013, a decline of 0.85 percent. Of the total number of children present in Fannin County in 2013, 14.6 percent were Hispanic or Latino and 75.9 percent were non-Hispanic white. This is in contrast to 11.5 percent Hispanic or Latino and 79.3 percent non-Hispanic white in 2009.



percentage points and that of Asian-American children decreased by 0.1 points. American Indian or Alaskan Natives decreased by 0.7 percentage points, and those with race classified as "Other" increased by 2.6 percentage points.

From 2009 to 2013, there was an increase in the proportion of children living in poverty in Fannin County. In 2013, 23.3 percent of Fannin County children were living in households with income equal to or less than the poverty level, up from 21 percent in 2009. There also was an increase in the proportion of children living in households receiving public assistance, from 22.9 percent in 2009 to 27.3 percent in 2013. The proportion of children enrolled in public schools increased by 2.8 percentage points, and the proportion enrolled in private schools dropped by 2.8 percentage points over the same time period.

In 2013, 67.2 percent of Fannin County children were living in a two-parent household, down from 71.8 percent in 2009. Of the 31.4 percent who lived in a single-parent household, 10.9 percent lived in a single-father household, and 20.5 percent lived in a single-mother household.² About 6.2 percent of Fannin County children had some sort of disability in 2013.

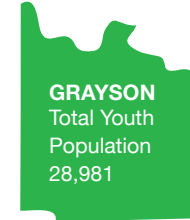
¹ To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2009 and 2013.
² The phrase "single mother" is a colloquialism. The U.S. Census Bureau refers to these as single female-headed households with no husband present, which could include a grandmother or other female relative as head of household. The phrase "single-mother" and "single-father" have been adopted here for ease of reference.



Grayson County

TOTAL YOUTH POPULATION	PERCENT WHITE/CAUCASIAN	PERCENT BLACK/AFRICAN-AMERICAN	PERCENT AMERICAN-INDIAN	PERCENT ASIAN-AMERICAN	PERCENT PACIFIC-ISLANDER	PERCENT OTHER OR MULTIPLE RACES	PERCENT HISPANIC/LATINO	PERCENT OF ALL CHILDREN LIVING IN POVERTY	PERCENT OF WHITE/CAUCASIAN, NON-HISPANIC/LATINO CHILDREN LIVING IN POVERTY	PERCENT BLACK/AFRICAN-AMERICAN CHILDREN LIVING IN POVERTY	PERCENT OF HISPANIC/LATINO CHILDREN LIVING IN POVERTY
28,981	80.6%	6.7%	1.2%	0.7%	0.0%	10.8%	19.4%	20.9%	16.2%	43.8%	25.4%

Over the period from 2009 to 2013, the child population in Grayson County remained virtually the same with nearly 29,000 children under 18. However, there was an increase in the proportion of children who identify as Hispanic or Latino. In 2013, 19.4 percent of children identified as Hispanic or Latino compared to 16.2 percent in 2009. That is nearly a 20 percent increase in the number of Hispanic or Latino children in Grayson County.¹



in Grayson County received public assistance, compared to 21.7 percent in 2009. The approximately 3,000 additional children reported for 2013 represents a nearly 50 percent increase in the number of children living in households that receive public assistance since 2009.

There also were slight changes to the racial makeup of Grayson County over the same time period. The proportion of children identified as white increased from 78.2 percent to 80.6 percent, as did the proportion of black or African-American children who saw a slight increase from 6 percent of the child population to 6.7 percent. The most noticeable decrease came from those identifying as other or multiple races; their proportion fell from 13.2 percent to 10.8 percent.

Finally, there were some changes to the general family structure in Grayson County from 2009 to 2013. The proportion of children living in married households decreased from 66.8 percent in 2009 to 61.7 percent in 2013. The proportion of children living in single-mother households increased from 25.7 percent in 2009 to 27.3 percent in 2013, as did the proportion for single-father households, which increased from 7 percent in 2009 to 9.7 percent in 2013.²

The proportion of Grayson County children living in poverty increased from 19 percent in 2009 to 20.9 percent in 2013. That is approximately 550 additional children in poverty in 2013 compared to 2009.

Far more noticeable than the increase in children living in poverty is the increased proportion of children living in households receiving cash public assistance, SNAP or Supplemental Security Income (SSI). In 2013, 32.5 percent of children



¹ To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2009 and 2013.
² The phrase "single mother" is a colloquialism. The U.S. Census Bureau refers to these as single female-headed households with no husband present, which could include a grandmother or other female relative as head of household. The phrase "single-mother" and "single-father" have been adopted here for ease of reference.



Health

Across the six-county region, the rate of children without health insurance increased in nearly every county in 2013. This followed a fairly steady decline in uninsured rates that the region has experienced since 2009.

Despite the decline, Texas continues to rank among the worst in the nation in uninsured rates for children, and all six counties report uninsured rates for children that are well above the national average of 7.6 percent.¹ In a similar fashion, the number of children enrolled in CHIP also decreased across the region in 2013, even as the number of children receiving Medicaid went up.

Unfortunately for many children in North Texas, the lack of health insurance makes it difficult to find a regular medical home. Recent research suggests that consistently visiting the same physician or physician's office is beneficial to children and increases their likelihood to receive preventive care and adopt healthy behaviors.² Preventive care also is linked to reduced childhood hospitalizations.³

Other indicators of overall health include access to early prenatal care and immunizations. In fact, early prenatal care has been shown to lead to increased immunization rates among the children of mothers who receive the care.⁴ Although the rates of early prenatal care improved in some counties, none of the counties have achieved the Healthy People 2020 goal of 77.9 percent.⁵

On the other hand, in 2012 (the last year for which CDC data was available) Dallas County reported an immunization rate of 73.2 percent at age 24 months, surpassing the state's 66.8 percent and the nation's 68.1 percent.⁶ The other five counties in the report do not currently track immunization of toddlers, which is an important marker for gauging the overall health of young children.

¹ Smith, J.C., & Medalia, C. (2014). *Health Insurance in the United States: 2013*. Retrieved from The United States Census Bureau Website: www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf
² Long, W.E., Bauchner, H., Sage, R.D., Cabral, H.J., & Garg, A. (2011). The Value of the Medical Home for Children Without Special Health Care Needs. *Pediatrics*, 87-98.
³ Gadomski, A., Jenkins, P., & Nichols, M. (1998). Impact of a Medical Primary Care Provider and Preventative Care on Pediatric Hospitalization. *Pediatrics*.
⁴ Kogan, M.D., Alexander, G.R., Jack, B.W., & Allen, C.M. (1998). The Association Between Adequacy of Prenatal Care Utilization and Subsequent Pediatric Care Utilization in the United States. *Pediatrics*, 25-30.
⁵ U.S. Department of Health and Human Services (2015). *2020 Topics & Objectives: Maternal, Infant, and Child Health*. Retrieved from HealthyPeople.gov: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>
⁶ The Centers for Disease Control and Prevention (2013). *Immunization Managers: NIS Table Data for 2012*. Retrieved from the Centers for Disease Control and Prevention website: <http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/data/tables-2012.html>

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Uninsured rates for children have generally declined over the past five years.

Diabetes is the most frequent chronic disease among children.

Since 2009, all six counties have seen fewer hospitalizations of children with asthma.



Children without Health Insurance

Percent of children (under age 19) without health insurance

While the rate of uninsured Texans has dropped slightly in recent years, Texas continues to outpace all others in having the highest proportion of population without health insurance. As of 2013, 22.1 percent of Texans were uninsured, compared to a nationwide average of 16.7 percent.¹ Children under the age of 18 in Texas also have a high rate of uninsurance (16 percent) compared to those in the rest of the United States (9 percent).²

Across the six-county region, the uninsured rates for children generally have declined over the past five years. The greatest decrease was in Dallas County, where it fell by 7.5 percentage points. Cooke and Fannin counties also observed declines of more than 3 percentage points in uninsured rates. The uninsured rates in Collin and Denton counties remained relatively stable with overall six-year fluctuations of less than half a percentage point. Furthermore, uninsured rates across the six counties reached a low point in 2012 for Dallas, Cooke, Fannin and Grayson counties before rising again in 2013.

	2008	2009	2010	2011	2012	2013
Dallas	22.7	21.6	18.0	16.4	13.5	15.2
Collin	11.7	11.6	10.3	9.7	10.7	11.4
Cooke	19.2	18.6	17.0	15.1	15.1	15.9
Denton	10.8	11.1	11.4	10.5	10.8	10.6
Fannin	18.3	17.6	16.5	15.3	15.1	15.1
Grayson	NA	NA	17.4	13.4	13.1	13.8

Data Source: U.S. Census Bureau; Small Area Health Insurance Estimates.

In 2013, Cooke County had the greatest proportion of uninsured children (15.9 percent), followed closely by Dallas (15.2 percent) and Fannin (15.1 percent) counties.

The uninsured rates in Collin, Denton and Grayson counties were relatively lower at 11.4 percent, 10.6 percent and 13.8 percent, respectively. None of the six counties in the region had an uninsured rate for children lower than the national average of 9 percent.

While the decline in the uninsured rate for children is attributable in part to the Affordable Care Act (ACA), these rates had been declining in the decade before the ACA became law.³ This is because public coverage programs in some states have been more generous to children's health insurance needs compared to those of adults.

Uninsured rates for children have generally declined over the past five years.

Nationwide, children's participation in health insurance programs has been rising since the passage of the Children's Health Insurance Reauthorization Act of 2009, reaching 88.1 percent in 2012.⁴ If the State of Texas were to decide to expand Medicaid to low-income families, children's coverage also would benefit.

Special Health Care Needs

Number of children receiving service and number of children on waiting list for Special Health Care Needs program

The Children with Special Health Care Needs (CSHCN) is a state-run service program serving Texas residents under age 21 who are below a certain income level (or of any age if diagnosed with cystic fibrosis). The program is designed to assist children suffering an extended medical condition that limits their functionality with major life activities, or those requiring more health care than does a typical child. Whatever the condition may be, it must include physical symptoms, since the program does not assist clients having mental, developmental, behavioral or emotional conditions without a physical component.

While in the program, clients receive a variety of services, including medical, dental, mental health, substance abuse and various therapies, as well as health care and insurance premium cost assistance. The patient's family also may benefit from the case management and family support services that the program provides.¹

Since 2009, there has been a drop in all but one county in the number of children receiving the service

		2009	2010	2011	2012	2013	2014
Dallas	Number	525	465	380	391	254	292
	Waiting List	109	171	148	104	102	90
Collin	Number	38	32	24	25	24	25
	Waiting List	14	22	31	24	20	17
Cooke	Number	1	1	1	1	1	1
	Waiting List	1	3	3	0	0	0
Denton	Number	36	30	27	22	20	18
	Waiting List	11	13	13	14	10	5
Fannin	Number	1	0	0	0	1	0
	Waiting List	1	1	0	0	0	1
Grayson	Number	7	4	3	1	1	1
	Waiting List	1	7	3	2	3	2

Data Source: Texas Department of State Health Services; PHSU Data Team, CSHCN Services Program.

(Cooke County has remained the same). Dallas County has dropped by 44.3 percent, Collin County by 34.2 percent and Denton County by half. The three smaller counties of Cooke, Fannin and Grayson serve too few children to get an accurate percentage of change.

While there has been a drop in the number of recipients of the program, most of the counties, including Collin, Fannin and Grayson, have seen an increase in children on waiting lists. This change is more evident for the other counties in the proportion of children on the waiting list compared to children

Since 2009, there are fewer recipients and more children on waiting lists.

in the program. The counties of Dallas, Collin and Denton have experienced clear increases in proportion from 2009 to 2014, of 10 percent, 47 percent and 17 percent respectively. In 2014 the counties of Fannin and Grayson had ratios of 1:0 and 2:1 (children on waiting list to children in program), compared to the 2009 ratios of 1:1 and 1:7. Cooke County had a 2014 ratio of 0:1 and a 2009 ratio of 1:1.



ACCESS TO CARE

Children Enrolled in CHIP

Number of children enrolled in the Children's Health Insurance Program (CHIP)

	2009	2010	2011	2012	2013	2014*
Dallas	56,490	59,424	62,504	66,334	63,980	58,138
Collin	8,386	9,507	10,723	11,294	10,624	9,441
Cooke	672	735	679	689	641	537
Denton	8,077	9,377	10,281	11,156	10,273	9,235
Fannin	501	518	551	572	560	479
Grayson	1,649	1,932	2,064	2,147	2,199	1,977

Data Source: Texas Health and Human Services Commission; Research and Statistics, Texas CHIP Enrollment Statistics. *2014 numbers are based on the most recent available data.

Children Enrolled in Medicaid

Number of children younger than 20 enrolled in Medicaid

	2009	2010	2011	2012	2013
Dallas	217,559	257,304	283,684	292,398	313,930
Collin	22,256	27,998	31,334	31,859	33,973
Cooke	2,538	2,938	3,160	3,140	3,456
Denton	22,582	27,013	30,884	31,510	34,584
Fannin	2,204	2,463	2,542	2,436	2,618
Grayson	8,090	9,638	10,265	10,463	10,906

Data Source: Texas Health and Human Services Commission; Research and Statistics, Texas Medicaid Enrollment Statistics.

The Texas Health and Human Services Commission regularly reports data on the Children's Health Insurance Program (CHIP), which provides health care to eligible children. The CHIP enrollment numbers shown here are from December of each year except 2014, which has numbers from April.

In Dallas, Collin, Denton and Fannin counties, CHIP enrollment reached its peak in 2012, after which it declined. The 2014 enrollment for Dallas County dropped to 58,138, down 12 percent from the 2012 numbers. Collin, Denton and Fannin counties' CHIP enrollment numbers have dropped by about 16 percent, 17 percent and 16 percent, respectively, since 2012. In Cooke County, while the enrollment numbers are small, the percentage decline is the most significant. CHIP enrollment numbers in Cooke County declined by more than 26 percent from their peak in 2010.

Data on Medicaid enrollments for children under the age of 19 also is reported on a monthly basis. The Medicaid numbers shown here are from December of each year, except for 2013, which has numbers from October. (The data for children enrolled in Medicaid

in 2014 was not available at the time that this report was compiled.) Across the six counties, Medicaid enrollments for children have generally increased since 2009, with the greatest percentage increase of more than 53 percent reported for Denton County, followed closely by 52 percent for Collin County. In Dallas County, the percentage of children enrolled in Medicaid increased by 44 percent since 2009.

Medicaid and CHIP both provide health coverage to children from low-income families. CHIP has a higher income eligibility threshold than Medicaid and provides coverage to children whose parents' income is too high to qualify for Medicaid but too low to afford private coverage. In Texas, a family of four must have an annual income of less than \$33,468 to qualify for Medicaid and less than \$49,959 to qualify for CHIP.¹

In 2013, a majority of enrollees in the CHIP program (58 percent) had family incomes between 101 percent and 150 percent of the Federal Poverty Level (FPL), which was \$23,850 for a family of four in 2014. About 30 percent had incomes between 151 percent and 185 percent of the FPL, and about 6 percent had incomes between

In Dallas County, the percentage of children enrolled in Medicaid increased by 44 percent since 2009.

186 percent and 200 percent of the FPL. Approximately 6 percent of enrollees had family incomes below 100 percent of the FPL.² Under the new guidelines of the Affordable Care Act (ACA), children who meet all other eligibility criteria and whose family incomes are less than 133 percent of the FPL qualify for Medicaid, not CHIP.



Children Enrolled in Medicaid and Receiving Texas Health Steps Medical Screening Services

Number of children who received medical screening services through Texas Health Steps (Medicaid)

Texas Health Steps provides medical services to children under the age of 20 who are enrolled in Medicaid. The services include comprehensive health and development history examination, physical examination, immunizations, laboratory screening, health education and dental referral.

The comprehensive health and developmental history examination encompasses four aspects: developmental, mental, nutritional and tuberculosis testing.

Under physical examination, a series of body measurements are made to track the recipient's physical development. The examination also includes a sensory screening of vision and hearing ability and an oral health screening. Immunizations are required at every Texas Health Steps medical checkup and are administered free of charge through the Texas Vaccines for Children (TVFC) program. The Texas Health Steps program also provides health education to parents to help them better understand their child's development.¹ A dental referral is made to establish a dental

	2009	2010	2011	2012	2013	2014
Dallas	154,644	184,895	204,701	218,857	230,188	233,287
Collin	13,904	17,423	20,698	23,022	23,559	23,740
Cooke	2,135	2,479	2,433	1,872	1,385	1,578
Denton	13,980	17,864	20,965	22,635	24,259	24,256
Fannin	1,504	1,628	1,621	1,484	1,672	1,645
Grayson	4,767	6,402	6,806	6,362	6,573	5,975

Data Source: Texas Health and Human Services Commission; Strategic Decision Support.

home at the age of 6 months, or earlier if the child is diagnosed with an adverse condition.

Doctors, physician assistants, dentists, nurses and nurse practitioners perform Texas Health Steps services at clinics, private hospitals and other places. Patients with special needs may have a case manager assigned who will visit the home to provide special health services.² Overall, the Texas Health Steps program provides important preventive care services that not only help reduce long-term costs of health care but also improve quality for its recipients.

A total of 290,481 children in the six counties received medical screening services through Texas Health Steps in 2014. More than 80 percent

The number of recipients in Dallas County has increased by more than 50 percent since 2009.

of these were in Dallas County. The number of recipients in Dallas County has increased by more than 50 percent since 2009. Over the last six years, the greatest percentage increase in the number of children receiving medical screening services occurred in Denton County (73 percent), followed closely by Collin County (70 percent). Cooke County was the only one of the six counties where the number of recipients fell over the six-year period.

Children with Developmental Disabilities

Estimated number of children with developmental disabilities

According to a study published by the American Academy of Pediatrics, the prevalence of developmental disabilities in children is estimated at just above 15 percent, translating to roughly 170,000 children across the six counties. This includes children diagnosed with cerebral palsy, autism, hearing loss, stuttering, intellectual disability and other developmental disabilities.¹

Living in Texas places these children at a greater disadvantage compared to disabled children in other states. Texas is one of only 11 states that do not use the National Core Indicators (NCI) survey to assess the health, safety and quality of life for those with developmental disabilities. In fact, since 2007, Texas has consistently ranked among the bottom five states for promoting independence among this population.²

Despite Texas' poor rankings, there are services available to children with developmental disabilities, particularly for school-aged children. For example, Preschool Programs for Children with Disabilities (PPCD) are offered in partnership with many local school districts to provide special education and

	2009	2010	2011	2012	2013
Dallas	103,807	98,692	100,341	100,831	101,011
Collin	33,359	34,013	34,583	34,859	35,482
Cooke	1,495	1,497	1,480	1,458	1,417
Denton	27,052	27,594	28,148	28,650	29,064
Fannin	1,117	1,132	1,131	1,116	1,093
Grayson	4,429	4,411	4,353	4,315	4,328

Data Source: American Academy of Pediatrics; U.S. Census Bureau, American Communities Survey 1Y Estimates (Collin, Dallas, Denton, Grayson) 3Y Estimates (Cooke, Fannin).

related services to children between the ages of 3 and 5. The Texas Education Agency (TEA) also has developed the Key Elements of Early Transition (KEET) Guide, designed to foster positive working relationships between Early Childhood Intervention (ECI) programs and local school districts to better transition children and families from ECI programs into traditional public schools.³

Once students reach testing age, some may qualify to take an alternate version of the State of Texas Assessment of Academic Readiness (STAAR) based on specific disabilities, but most will simply take STAAR with appropriate accommodations.⁴ Some of the accommodations TEA provides include amplification devices, oral or signed administration, additional time, enlarged print, transcription and braille.⁵

About 170,000 children across the six counties have developmental disabilities.

In addition, children with developmental disabilities may qualify for certain federal programs to assist with acquisition of affordable medical services. For example, families who have a child with a disability, but do not meet the income requirements for Medicaid, may participate in the Medicaid Buy-In for Children, which allows families to pay a premium to receive special health care services through Medicaid if their children meet the same disability requirements used for Supplemental Security Income (SSI).⁶



MENTAL HEALTH

Children Receiving Publicly Funded Mental Health Services

Number of children receiving publicly funded mental health services through Medicaid Managed Care

	2009	2010	2011	2012	2013	2014
Dallas	15,449	17,670	19,815	21,837	23,490	22,608
Collin	615	904	1,053	1,513	1,680	1,834
Cooke	26	34	50	42	38	31
Denton	433	467	514	446	382	433
Fannin	44	43	61	69	70	47
Grayson	85	69	81	89	89	82

Data Source: Texas Department of State Health Services; Mental Health and Substance Abuse, Medicaid Services Unit.

Emotional Disturbance and Addictive Disorders

Estimated number of children ages 9-17 with emotional disturbance and addictive disorders

		2009	2010	2011	2012	2013
Dallas	Any disturbance or disorder	67,336	65,941	65,015	66,429	66,116
	Serious disturbance or disorder	16,109	15,775	15,554	15,892	15,817
Collin	Any disturbance or disorder	23,244	23,289	24,081	25,649	25,146
	Serious disturbance or disorder	5,561	5,571	5,761	6,136	6,016
Cooke	Any disturbance or disorder	982	1,002	1,006	1,026	940
	Serious disturbance or disorder	235	240	241	245	225
Denton	Any disturbance or disorder	17,699	19,571	19,301	20,290	21,558
	Serious disturbance or disorder	4,234	4,682	4,617	4,854	5,157
Fannin	Any disturbance or disorder	784	794	790	745	792
	Serious disturbance or disorder	188	190	189	178	190
Grayson	Any disturbance or disorder	2,919	3,330	2,977	3,147	3,098
	Serious disturbance or disorder	698	797	712	753	741

Data Source: U.S. Surgeon General Report; U.S. Census Bureau, American Communities Survey 1Y Estimates (Collin, Denton, Grayson) 3Y Estimates (Cooke, Fannin).

A child who is diagnosed with an anxiety disorder, bipolar disorder, conduct disorder, eating disorder, obsessive-compulsive disorder or psychotic disorder may fall into the category of being emotionally disturbed.

Emotional disturbance can affect any person regardless of age, sex, race or income.¹ Addiction also is considered a disorder, manifesting itself when a child or adolescent develops uncontrollable urges to use certain substances or participate in risky behaviors. The key problem faced with addiction is the psychological aspect, which makes the disorder more difficult to overcome.²

The most recent numbers regarding the prevalence of emotional disturbance and addictive disorders in children ages 9-17 are for 2013. Dallas County had 66,116 children with any disturbance or disorder, and 15,817 children with a serious disturbance or disorder. Collin County had 25,146 children with any disturbance or disorder, and 6,016 children with a serious disturbance or disorder. Cooke County had 940 children with any disturbance or disorder, and 225 children with a serious disturbance or disorder, and 225 children with

a serious disturbance or disorder. Denton County had 21,558 children with any disturbance or disorder, and 5,157 children with a serious disturbance or disorder. Fannin County had 792 children with any disturbance or disorder, and 190 children with a serious disturbance or disorder. Grayson County had 3,098 children with any disturbance or disorder, and 741 children with a serious disturbance or disorder.

Over a five-year period, Dallas, Collin, Denton, Fannin and Grayson counties have all experienced a rise in children in both categories of “any disturbance or disorder” and “serious disturbance or disorder.” The only county to experience a decline in these categories was Cooke County.

The Texas Medical Association states that 4.3 million Texans live with a mental disorder. Of that number, 1.2 million are children. The state has had less funding available to give support and treatment to these individuals over the years, and it has led to patients seeking help in emergency rooms and even in prison. This desperation for treatment creates an economic burden of more

All six counties have experienced a rise in children in both categories of “any disturbance or disorder” and “serious disturbance or disorder.”

than \$1.5 billion a year.³ However, programs still are available. Two of the top publicly funded mental-health services are NorthStar and MHMR Medicaid Managed Care.

Between 2009 and 2014, Dallas County experienced an increase of 7,159 children receiving publicly funded mental-health services, while Collin County had an increase of 1,219 patients. Cooke County had an increase of five patients, and Fannin County had an increase of three patients. Denton County had a decline in patients from 2011 to 2013, but 2014 saw a 51-patient increase. Grayson County has seen minimal change since 2011.



Adolescent Pregnancy

Number and rate of adolescent pregnancies per 1,000 females ages 13-17

From the national to the local level, the rate of births to teen mothers has been declining. In the six-county area, Fannin County has had the largest decline with 74.4 percent, followed by Grayson County with 45.1 percent, Denton County with 43.7 percent, Dallas County with 42.1 percent, Collin County with 31.5 percent and Cooke County with a 5.8 percent decrease. Nationally, the reporting age for adolescent pregnancy is 15-19, while the county reporting age is 13-17. In 2013, there was a rate of 26.5 childbirths per 1,000 adolescent women in the United States. In the six counties, the highest rate is in Cooke County with a rate of 21. This is followed by Dallas County with 19, Grayson County with 14, Denton County with 8, Fannin County with 6 and Collin County with the lowest rate at 5. All six counties have rates lower than the national average.¹

The Healthy People 2020 plan has set goals to continue the decline in the rate of adolescent pregnancy by providing more sex education and

		2009	2010	2011	2012	2013
Dallas	Number	2,531	2,147	1,893	1,709	1,601
	Rate	29.6	25	23	20	19
Collin	Number	217	207	186	160	181
	Rate	6.9	7	6	5.5	5
Cooke	Number	31	21	22	20	28
	Rate	23	16	17	15	21
Denton	Number	250	237	208	178	206
	Rate	11.9	10	9	7.8	8
Fannin	Number	15	16	11	13	6
	Rate	12.9	16	10	12	6
Grayson	Number	89	83	52	75	58
	Rate	23.9	21	13	19	14

Data Source: Texas Department of State Health Services; Center for Health Statistics, Vital Statistics Annual Reports.

easier access to planned parenting, as well as an increased focus on the use of positive youth development interventions in the form of educational and emotional support.² In 2013, Texas had a total of 37,525 teen births, with 24,166 of those births being to Hispanic adolescents. This was followed by non-Hispanic whites with 8,065 births, non-Hispanic blacks with 4,957 births and Asian-Americans with 297 births. In the same year, only one percent of births were from females under the age of 15, compared to 31 percent from women ages 15-17.

All six counties have rates lower than the national average.

The highest percentage of births was among women ages 18-19.³

Texas has experienced a large drop (48 percent) in the rate of adolescent pregnancy since 1991, and there are plans and initiatives to further lower this number. Texas has done fairly well with keeping its numbers low and was ranked 46th in teen birth rates in 2013.³

Early Prenatal Care

Percent of live births in which the mother received prenatal care during the first trimester of pregnancy

There is no discernible trend in access to early prenatal care across the six counties. Dallas, Cooke and Grayson counties fall below the Texas average of 61.6 percent for 2013, just as they have since 2009. Denton and Fannin counties are above the Texas average with 66.8 percent and 63.6 percent, respectively. Fannin County's 63.6 percent continues its improving trend, marking Fannin as the only county among the six in the North Texas region to show an increase of live births in which the mother received prenatal care during the first trimester of pregnancy. The decreases in prenatal care seen in some counties are likely due to large increases in population for those counties.

Prenatal care is vital to ensure that the baby develops properly and to its fullest potential. Prenatal care reduces the risks of complications during and after pregnancy, not only for the baby, but for the mother as well. It has been shown that when a mother receives prenatal care, the baby is more than three times less likely to be premature or have a low

	2009	2010	2011	2012	2013
Dallas	52.9	56.1	58.1	55.7	56.3
Collin	73.7	72.5	74.7	74.3	72.8
Cooke	54.1	54.0	56.9	57.5	57.9
Denton	66.8	67.0	69.1	69.7	66.8
Fannin	53.7	51.9	53.8	60.4	63.6
Grayson	52.8	57.9	54.9	57.4	59.0

Data Source: Texas Department of State Health Services; Center for Health Statistics, Vital Statistics.

birthweight. Additionally, the babies have a significantly lower mortality rate, more than five times less than in pregnancies without prenatal care.¹

When a mother receives prenatal care, the doctor is able to diagnose existing conditions that may affect the pregnancy and birth so the mother can receive treatment. Also, prenatal care is critical in preventing problems the mother may face. A doctor can prescribe supplements, recommend exercise and diet to prevent problems and ensure the mother is as healthy as possible, leading to a healthier baby.

While prenatal care is crucial, the reality is that many women still do not have access to it. The reasons include language and cultural barriers, lack of insurance

The percentage of mothers who receive prenatal care increases dramatically with education.

and inability to afford care. The percentage of mothers who receive prenatal care increases dramatically with education: 58 percent of mothers with a high-school diploma compared to 86.3 percent of mothers with at least a bachelor's degree. In 2013, non-Hispanic white women (78.8 percent) and non-Hispanic Asian-Americans (77.8 percent) were the groups that received prenatal care most often, followed by Hispanics at 68.3 percent and non-Hispanic black women at 63.4 percent.²



BIRTH OUTCOMES

Premature Births

Number and percent of live births occurring before 37 completed weeks of pregnancy

		2009	2010	2011	2012	2013
Dallas	Number	5,519	4,984	4,623	4,562	4,641
	Percent	13.2	12.6	12.0	11.8	12.1
Collin	Number	1,242	1,241	1,141	1,158	1,179
	Percent	11.8	11.8	11.1	11.3	11.2
Cooke	Number	64	49	56	55	57
	Percent	13.0	10.0	12.2	10.0	11.2
Denton	Number	989	956	899	924	913
	Percent	10.9	10.8	9.9	10.1	9.7
Fannin	Number	53	37	41	38	33
	Percent	13.9	10.9	12.2	12.1	10.3
Grayson	Number	212	192	170	181	160
	Percent	14.2	13.0	11.9	12.4	11.1

Data Source: Texas Department of State Health Services; Center for Health Statistics, Vital Statistics.

Low-Birthweight Babies

Number and percent of infants weighing 2,500 grams (approximately 5.5 pounds) or less at birth

		2009	2010	2011	2012	2013
Dallas	Number	3,524	3,341	3,308	3,226	3,338
	Percent	8.3	8.4	8.6	8.3	8.6
Collin	Number	812	843	801	839	845
	Percent	7.6	8.0	7.7	8.1	8.0
Cooke	Number	44	32	40	31	35
	Percent	8.3	6.3	8.2	5.5	6.6
Denton	Number	662	622	656	680	665
	Percent	7.2	6.9	7.1	7.3	7.0
Fannin	Number	34	24	25	23	17
	Percent	8.8	7.0	7.3	7.1	5.2
Grayson	Number	136	113	109	112	100
	Percent	8.8	7.4	7.4	7.5	6.6

Data Source: Texas Department of State Health Services; Center for Health Statistics, Vital Statistics.

In 2013, the March of Dimes gave Texas a grade of “C” on its Premature Birth Report Card. In that year, Texas had a goal of 9.6 percent premature births, but in fact saw 12.3 percent.¹ Compared to the state average, each county in North Texas was lower. Dallas County was closest to the state average with 12.1 percent, followed by Collin and Cooke counties at 11.2 percent, Grayson County with 11.1 percent, Fannin County with 10.3 percent, and Denton County with the lowest rate of premature births at 9.7 percent.

To be considered premature, a child must be born 37 weeks or earlier after pregnancy begins. In 2012, this was about one out of every nine babies born.² In 2010, premature births were the largest cause of infant mortality in the United States. Additionally, when babies are born prematurely they face an increased risk of breathing problems, feeding difficulties, cerebral palsy, developmental delays, and vision and hearing problems. In 2013, approximately 70 percent of all preterm births were at 34-36 weeks’ gestation; 13 percent were 33-34 weeks; and 17 percent were

less than 32 weeks. Non-Hispanic blacks had the largest rate of premature births that year (16.3 percent), followed by American Indians (13.1 percent), Hispanics (11.3 percent), and whites and Asian-Americans at 10.2 percent.³

Another major complication of preterm birth is low birthweight, which refers to any newborn weighing less than 5.5 pounds. In 2013, the rate of low-birthweight babies for Texas was 8.3 percent. This is above the national average as well as above the Healthy People 2020 goal of 7.8 percent or lower.⁴

All counties, except Dallas County, were below the state average in 2013. Cooke, Denton, Fannin and Grayson counties were below the Healthy People 2020 goal. Dallas County had the highest rate of low-birthweight babies at 8.6 percent, followed by Collin County with a rate of 8 percent and Denton County with a rate of 7 percent. Cooke and Grayson counties tied with a rate of 6.6 percent; Fannin County had the lowest rate at 5.2 percent.

In Texas in 2013, the population with the largest rate of low-birthweight babies was non-Hispanic blacks

Dallas County had the highest rate of low-birthweight babies at 8.6 percent.

at 13 percent, followed by an 8 percent rate for Hispanics and a rate of 7 percent for non-Hispanic whites.⁵ Since 1990, there has been an overall increase in the rate of low-birthweight babies; however, since 2005, the number has declined slightly.⁶ There is hope that the number will continue to decline with greater public awareness of prenatal care and its importance.⁷



Infant Mortality

Number and rate of infants under a year old who died, per 1,000 live births

Texas in 2013 had a total infant mortality rate of 5.8 out of every 1,000 births. This is lower than the national rate of 6.0 and has been declining in recent years.¹ In the same year, Dallas County had an infant mortality rate of 6.6, near both the state and national averages. Collin County experienced a low rate of 4.0, while Cooke County had a much higher rate of 7.6. Denton County also had a low rate of 3.6, and Fannin County experienced zero cases of infant mortality in 2013, down from its rate of 5.2 in 2009. Grayson County, with 5.3, had a rate lower than both state and national rates.

The Healthy People 2020 goals are for infant mortality to be at or below a rate of 6.0.² While Texas already has attained the goal, not every area in the state has been as successful. The Killeen-Temple area, for example, had a rate of more than 8.0 in 2011.³

Leading causes of infant mortality in the U.S. are chromosomal abnormalities, congenital malformations and sudden infant death syndrome. In addition, low

		2009	2010	2011	2012	2013
Dallas	Number	310	302	286	253	256
	Rate	7.3	7.6	7.4	6.5	6.6
Collin	Number	46	48	56	38	42
	Rate	4.3	4.5	5.4	3.7	4.0
Cooke	Number	3	2	4	4	4
	Rate	5.7	3.9	8.2	7.1	7.6
Denton	Number	40	45	31	43	34
	Rate	4.3	5.0	3.4	4.6	3.6
Fannin	Number	2	1	0	0	0
	Rate	5.2	2.9	0.0	0.0	0.0
Grayson	Number	6	8	9	9	8
	Rate	3.9	5.3	6.1	6.0	5.3

Data Source: Texas Department of State Health Services; Center for Health Statistics, Vital Statistics Annual Reports.

birthweight and prematurity account for a large percentage of the infant mortality rate.⁴ The group with the highest rate of infant mortality in 2013 was the non-Hispanic black demographic, with a rate of 11.3. This was followed by Hispanics with a rate of 5.3, non-Hispanic whites with a rate of 4.9, and Asian-Americans with the lowest rate, 3.6.⁵

With low birthweight and prematurity as the leading causes of the infant mortality rate, there is an obvious need for more family planning and prenatal care. Family planning enables a woman to have a child when she is healthiest, giving her the freedom to plan

Fannin County experienced zero cases of infant mortality in 2013.

for the best circumstances for herself and the baby.⁶ In addition, prenatal care has been shown to lower infant mortality rates.

One finding from a study on prenatal care and infant mortality rates demonstrated that the time in which the woman receives the prenatal care does not have an impact on rates; instead, it is more about the quality of care. A majority of studies show that the best way to combat infant mortality rates is through planned parenting and education.⁷

Full Immunizations at Age 2

Percent of 2-year-olds vaccinated according to the recommended schedule

Immunizations are one of the most cost-effective preventive health services, and childhood immunization programs have a high rate of investment. By 2 years of age, it is recommended that all children should have “4 doses of diphtheria-tetanus-pertussis (DTP), 3 doses of polio, 1 dose of measles-mumps-rubella (MMR), 3 doses of Hepatitis B, 3 doses of Haemophilus Influenzae, type B (Hib), and 1 dose of Varicella vaccine.”¹ This is referred to the 4:3:1:3:3:1 immunization schedule.

The data on immunizations comes from the National Immunization Survey (NIS) conducted by the Centers for Disease Control and Prevention (CDC). The survey uses a random-digit dialing method, contacting U.S. households with preschool children between 19 and 35 months of age, to seek information on vaccinations performed and the providers who performed those vaccinations.² The providers then are contacted to verify information provided by the households.

	2009	2010	2011	2012
Dallas	70.5	67.1	68.6	73.2

Data Source: Centers for Disease Control and Prevention: National Immunization Survey.

The table shows that Dallas County’s coverage rates increased in recent years, from 67.1 percent of 2-year-olds fully immunized in 2010 to 73.2 percent in 2012. The data fluctuates from year to year, and it is helpful to look at the past four years to get a clear understanding of how well Dallas is immunizing its children. Overall, the immunization rate for 2-year-olds increased from 70.5 percent in 2009 to 73.2 percent in 2012.

Data was not available for the other five counties in the region, which vary widely in the immunization services that are offered through the county government. Larger counties such as Collin and Denton do have at-cost immunization services available, and Grayson’s immunization program is for underserved children of any age. Fannin and Cooke, the smallest of the six counties, have no county-sponsored immunization programs for children.

Dallas County’s vaccination coverage increased to 73.2 percent in 2012.

Despite the rise in the percent of children vaccinated, there remains the problem of vaccine refusal on nonmedical grounds. The factor contributing to this is misinformation on the part of parents. According to a study by the American Academy of Pediatrics, 85 percent of pediatricians reported encountering parents who refuse to vaccinate their children.³ Fear and anxiety related to immunizations also contribute to low rates of vaccination. While disparities in immunization rates can exist across racial, ethnic and economic boundaries, studies show that low-income and minority populations are at a greater risk of missing out on vaccinations.^{4, 5}



DIABETES

Diabetes Prevalence

Estimated number of children under 18 diagnosed with or having diabetes (type 1 or type 2)

	2009	2010	2011	2012	2013
Dallas	1,426	1,444	1,446	1,363	1,276
Collin	458	498	498	471	448
Cooke	21	22	21	20	18
Denton	372	404	406	387	367
Fannin	15	17	16	15	14
Grayson	61	65	63	58	55

Data Source: Centers for Disease Control and Prevention; National Health Interview Survey, 2003-2013.

Diabetes Hospitalizations

Number of children hospitalized with a primary or secondary diagnosis of type 1 or type 2 diabetes

		2009	2010	2011	2012	2013
Dallas	Type 1	229	179	211	233	240
	Type 2	57	31	44	60	52
	TOTAL	286	210	255	293	292
Collin	Type 1	89	59	124	83	85
	Type 2	7	2	8	6	12
	TOTAL	96	61	132	89	97
Cooke	Type 1	1	0	2	1	1
	Type 2	0	0	0	0	1
	TOTAL	1	0	2	1	2
Denton	Type 1	51	38	53	57	49
	Type 2	6	4	1	5	3
	TOTAL	57	42	54	62	52
Fannin	Type 1	3	6	9	6	10
	Type 2	0	0	1	0	0
	TOTAL	3	6	10	6	10
Grayson	Type 1	23	14	7	17	11
	Type 2	3	2	0	1	2
	TOTAL	26	16	7	18	13

Data Source: Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2000-2013.

The number of pediatric hospitalizations for diabetes has risen in Collin, Cooke and Fannin counties, but has fallen in Dallas, Denton and Grayson counties. The Centers for Disease Control (CDC) has listed diabetes as the most frequent chronic disease among children in the United States, and there has been a national trend of increasing frequency of both type 1 and type 2 diabetes.¹

In a five-year period, all six counties experienced a decrease in the number of children under 18 with type 1 or type 2 diabetes. Dallas County had the largest decline at 150; Collin County had the next largest with a decrease of 10. That is followed by Grayson County with a decrease of six; Denton County with a decrease of five; Cooke County with a decrease of three; and Fannin County with a decrease of one.

The racial/ethnic background that has the highest prevalence of diagnoses is American Indians with 15.9 percent. They are followed by non-Hispanic blacks at 13.2 percent, Hispanics at 12.8 percent, Asian-Americans at 9 percent and non-Hispanic whites at 7.6 percent. In 2009, the national estimate for new diagnoses in people under the age of 20 was 18,436 with type 1 and

5,089 with type 2. These numbers are rising overall.² However, in certain areas the numbers are falling.

Type 1 diabetes occurs more frequently in the younger population. Often referred to as “juvenile diabetes,” it occurs when the body does not produce enough insulin due to the immune system attacking and destroying insulin-producing cells. Type 2 diabetes is commonly referred to as “adult-onset diabetes”; however, it also may affect children. This type of diabetes is more likely to occur when a person is overweight or obese. Type 2 diabetes is caused when the pancreas cannot produce enough insulin to counterbalance higher blood sugar levels.³

If not managed properly, diabetes increases the risk of developing life-threatening conditions. Skin and eye conditions are common among diabetics, as are neuropathy and higher risks of high blood pressure, blindness, heart attack and stroke.⁴ With treatment and lifestyle changes, diabetics can live healthy lives and are able to avoid future complications.

Diabetes is the most frequent chronic disease among children.



ASTHMA

Asthma Prevalence

Estimated number of children who have had asthma in their lifetimes or who currently have asthma

		2009	2010	2011	2012	2013
Dallas	Lifetime	94,558	85,306	87,175	86,037	90,668
	Current	60,968	54,683	52,928	52,293	55,744
Collin	Lifetime	30,386	29,400	30,045	29,744	31,849
	Current	19,592	18,846	18,242	18,078	19,581
Cooke	Lifetime	1,362	1,294	1,286	1,244	1,272
	Current	878	829	781	756	782
Denton	Lifetime	24,642	23,851	24,455	24,446	26,088
	Current	15,888	15,289	14,848	14,858	16,039
Fannin	Lifetime	1,017	979	982	952	981
	Current	656	627	597	579	603
Grayson	Lifetime	4,034	3,813	3,782	3,682	3,885
	Current	2,601	2,444	2,296	2,238	2,389

Data Source: Centers for Disease Control: Behavioral Risk Factors Surveillance System.

Asthma Hospitalizations

Number of hospitalizations of children with a primary or secondary diagnosis of asthma

	2009	2010	2011	2012	2013
Dallas	2,244	1,349	1,509	1,601	1,160
Collin	484	305	303	278	205
Cooke	25	19	18	8	6
Denton	337	255	259	277	220
Fannin	14	11	14	14	7
Grayson	59	42	46	47	25

Data Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2000-2013.

Asthma affects more than 25 million people in the United States and is one of the leading causes of both school absences and emergency-room visits among children.¹ The Centers for Disease Control and Prevention (CDC) estimate that American children lose more than 12 million days of school as a result of asthma.² While asthma can be a life-threatening disease if not properly managed, deaths due to asthma are rare among children.³

Asthma is defined by the CDC as a chronic disease that affects the airways in the lungs, and its symptoms include wheezing, coughing, breathing difficulty and chest pains.⁴ No single cause of asthma is known, but some common triggers are allergens, tobacco smoke, air pollution and exercise. Sufferers frequently face the risk of asthma attacks, which can vary in severity from mild to deadly.⁵

In 2013, there were an estimated six million children with asthma nationwide, or approximately 7.3 percent of the population. While asthma affects a wide range of individuals of all ages and races, prevalence rates are somewhat higher among females, African-Americans and those living in

poverty.⁶ Moreover, a recent study published in *Annals of Allergy, Asthma & Immunology* found asthma to be associated with an increased risk of falling into poverty.⁷

The table shows the estimated number of children who have or have had asthma during their lifetimes. Numbers are based on an annual survey performed by the CDC, through which statewide prevalence rates are calculated. As with other prevalence rates, the trends shown here are largely influenced by the growth, or lack thereof, of the child population. In the six-county region, there has not been a significant change in the number of children with pediatric asthma, and the small changes in estimates from year to year are likely the result of population changes.

Since 2009, all six counties have seen fewer hospitalizations of children with primary or secondary asthma. Dallas County had a decline of 1,084 hospitalizations, and Collin and Cooke counties had decreases of 279 and 19 hospitalizations, respectively. Denton County declined by 117 hospitalizations; Fannin County by seven hospitalizations; and Grayson County by 34 hospitalizations.

Since 2009, all six counties have seen fewer hospitalizations of children with asthma.



Childhood Cancer

Number of new cancer diagnoses for children and adolescents age 19 and younger

Approximately one in 285 children in the United States will be diagnosed with cancer before age 20, and it is the second leading cause of death among children ages 5-14.¹ The American Cancer Society estimates that in 2015, 10,380 children under age 15 will be diagnosed with cancer, and 1,250

will die from it. Unlike cancer in adults, pediatric cancer is not usually tied to lifestyle factors. Still, the risk of cancer sometimes can be linked to environmental factors such as exposure to radiation or secondhand smoke from caregivers or parents.²

While the number of new cancer diagnoses among children varies from year to year, there is no clear trend across the counties. From 2002 to 2010, the prevalence rate for new cancer diagnoses among children was approximately 17.7 per 100,000, which mirrors the national prevalence for the same years, 17.6 per 100,000.³ Nationally, the prevalence of cancer among children increased from 13 per 100,000 in 1975 to 17.7 per 100,000 in 2012.⁴

Over that same time period, however, death rates for childhood

	2009	2010	2011	2012	2013
Dallas	159	160	142	154	NA
Collin	48	68	57	53	NA
Cooke	5	1	3	2	NA
Denton	42	31	41	25	NA
Fannin	3	0	1	2	NA
Grayson	9	11	7	4	NA

Data Source: Texas Department of State Health Services; Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry.

cancers declined by more than 50 percent, resulting from improved treatment methods and earlier detection. As a result, more children treated for cancer are surviving to adulthood, and approximately one in 530 adults in their 20s and 30s is a survivor of cancer⁵

Although many cancer survivors are able to lead healthy lives, recovering often requires extensive follow-up treatment and screenings for several years. Moreover, surviving cancer, even as a child, can have serious effects on health later in life. Some cancer survivors have a greater risk of developing other cancers in later adulthood, but many of the long-term health effects actually stem from cancer treatments.

Since 1975, death rates for childhood cancers have declined by more than 50 percent.

Some children experience delayed development, learning disabilities, or heart and lung problems resulting from radiation and chemotherapy treatments. Treatments also may alter a young person's sexual development and affect his or her ability to have children in adulthood.⁶ So, while advances in medicine have improved survival rates of those diagnosed with childhood cancer, the disease and its treatment still have a lifelong effect on survivors.

Overweight and Obese Children and Teens

Percent of children in grades 3-12 who are overweight or obese

The data on obesity comes from FITNESSGRAM, a central source of fitness information gathered through testing the body composition, flexibility, strength, agility and endurance of 2.4 million Texas students, representing 84 percent of Texas public and charter school districts.¹

Variations in the percentage of children who are overweight or obese were noted across all six counties in the 2011-14 period. In 2014, about half the children in grades 3-12 in Dallas County were reported as overweight or obese. Among the six counties, Cooke County had the highest proportion of children reported as overweight or obese – 54.2 percent in 2014. None of the six counties had a childhood obesity rate less than the national average of 31.3 percent, and only Denton and Collin counties had obesity rates less than the state average of 36.6 percent.²

Several factors contribute to obesity among children and adolescents,

	2011	2012	2013	2014
Dallas	35.7	44.3	40.3	49.1
Collin	33.7	35.0	36.1	35.2
Cooke	45.6	44.3	51.5	54.2
Denton	37.7	37.5	37.5	35.5
Fannin	43.8	46.8	46.4	41.4
Grayson	43.5	45.9	41.4	42.2

Data Source: Texas Education Agency; Physical Fitness Assessment Initiative, BMI Students at Some Risk or High Risk.

one of which is the increased intake of sugar-sweetened beverages. According to the Centers for Disease Control and Prevention, 32.8 percent of Texas adolescents drink at least one can, bottle or glass of soda (not diet soda) each day.³ Other factors, such as low intake of vegetables and fruits and limited physical activity, also contribute to a high body mass index (BMI).

According to one study, 16 percent of Texan adolescents did not participate in at least 60 minutes of physical activity during the seven days previous to the survey, and 36.3 percent watch television for three or more hours per day on an average school day.⁴ This is in

None of the six counties had a childhood obesity rate less than the national average of 31.3 percent.

contrast to the national averages of 15 percent who did not participate in at least 60 minutes of physical activity on any day in the previous seven days and 33 percent who watch TV for three or more hours per day on an average school day.⁵



STDs and HIV

Number of STD cases in patients younger than 18

In 2013, the Centers for Disease Control and Prevention (CDC) found that 47 percent of high-school students reported having been sexually active, and 41 percent of those did not use a condom. According to the CDC, any form of sexual activity raises the risk of contracting a sexually transmitted disease (STD), and even with protection, there is still a risk of contracting an infection or becoming pregnant. The only certain way to avoid an infection or pregnancy is abstinence.¹ Since 2009, each of the six counties has experienced either a decline or no change in the number of STD cases in all categories.

		2009	2010	2011	2012	2013	2014
Dallas	Syphilis	85	62	52	42	46	29
	Chlamydia	2,479	2,580	2,825	2,688	2,029	1,658
	Gonorrhea	717	820	836	797	641	489
	HIV	20	22	13	9	12	12
Collin	Syphilis	4	4	4	4	1	0
	Chlamydia	260	241	291	288	238	212
	Gonorrhea	32	42	51	55	28	26
	HIV	2	1	2	1	0	2
Cooke	Syphilis	0	0	0	0	0	0
	Chlamydia	17	15	11	16	14	17
	Gonorrhea	4	2	3	4	0	1
	HIV	0	0	0	0	0	0
Denton	Syphilis	3	2	0	0	1	2
	Chlamydia	163	189	176	197	162	148
	Gonorrhea	36	34	24	30	22	20
	HIV	1	0	2	1	1	0
Fannin	Syphilis	0	0	0	0	0	0
	Chlamydia	16	16	3	8	11	8
	Gonorrhea	1	0	0	6	0	0
	HIV	0	0	0	0	0	0
Grayson	Syphilis	0	2	0	0	0	0
	Chlamydia	65	71	53	52	45	41
	Gonorrhea	14	14	7	6	6	8
	HIV	0	0	0	0	0	0

Data Source: Texas Department of State Health Services; HIV/STD Program, Diagnoses by County.

The most common STD in the six counties is chlamydia. However, the incidence of new cases remained stable or declined over the last several years. Dallas County had a large decline in new cases, dropping from 2,479 cases in 2009 to 1,658 in 2014, a decline of 821 cases. Collin County had a decline of 48 new cases; Denton County had a decline of 15 new cases; Fannin County had a decline of eight new cases; and Grayson County had a decline of 24 new cases. Cooke County experienced no change.

Out of millions of chlamydia cases in 2013, it was estimated that 50 to 70

percent of women and 30 percent of men experienced no symptoms. The lack of symptoms leads to a lack of diagnosis and treatment and thus to further infection, which is why chlamydia is so widespread.²

The largest demographic diagnosed with syphilis was non-Hispanic blacks with a rate of 16.1 cases per 100,000 population, followed by Hispanics (5.2 cases per 100,000 population) and non-Hispanic whites (3.3 cases per 100,000 population). Non-Hispanic black men have experienced the largest number of

The most common STD in the six counties is chlamydia.

gonorrhea cases (444 cases per 100,000 population), followed by non-Hispanic black women with 410 cases per 100,000 population.

Of all total HIV diagnoses in 2013, Hispanics made up the largest percentage with 38.3 percent of cases. Patients 15 to 24 years old made up one out of four new HIV diagnoses.³

Air Quality

Three-year average of the annual fourth-highest daily maximum 8-hour ozone concentration measured at each monitoring site

Ground-level ozone forms when pollutants, like those emitted from automobiles, refineries, chemical plants and even certain animals, react in the presence of sunlight. Sunny days with low wind speeds – like those that dominate the Texas summer – provide an environment conducive to the accumulation of ground-level ozone.¹

Prolonged exposure to ozone, at any level, can produce symptoms such as coughing, congestion and chest pain and can worsen existing conditions such as asthma and emphysema. Children, especially those with asthma, are most vulnerable to ozone exposure due to the continuing development of their lungs and respiratory systems.²

Of the six counties, only Dallas, Denton and Collin counties have air quality monitoring sites. Monitoring sites are required only in metropolitan statistical areas (MSAs) with certain population parameters. The Dallas-Fort Worth-Arlington MSA (which includes Collin County)

		2009	2010	2011	2012	2013	2014
Dallas	Dallas Executive Airport	78	78	79	81	80	73
	Dallas North	81	78	82	81	83	77
	Dallas Hinton Street	67	67	73	82	84	78
Collin	Frisco	79	77	81	83	84	78
Denton	Pilot Point	77	78	82	82	84	79
	Denton Airport	85	80	83	83	87	81

Data Source: Texas Commission on Environmental Quality.

is required to have at least three ozone monitoring sites, while the Sherman-Denison MSA in Grayson County is not required to have any. Fannin and Cooke counties are not included in any MSA and therefore are not required to monitor ozone or other pollutants.³

The Environmental Protection Agency (EPA) set the current compliance standard for ground-level ozone in 2008. According to the Texas Commission on Environmental Quality, “a community will meet the eight-hour standard when the three-year average of the annual fourth-highest daily maximum eight-hour ozone concentration measured at each monitoring site is less than 76 parts per billion (ppb).”⁴

Dallas, Denton and Collin are among the most ozone-polluted counties in the US.

Since 2011, only Dallas Executive Airport in Oak Cliff has reported a three-year average that met this standard, doing so in 2014. None of the monitoring sites in Collin or Denton counties reported compliant three-year averages in the past six years. According to the American Lung Association, Dallas, Denton and Collin counties are among the 25 most ozone-polluted counties in the nation.⁵



Education

Standardized tests at the middle- and high-school levels help predict academic outcomes, including the degree of college readiness and success. The State of Texas Assessment of Academic Readiness (STAAR) test, which replaced the Texas Assessment for Knowledge and Skills (TAKS) in the 2011-12 academic year, measures student progress in reading/language arts, math, writing, science and social studies. These test results are used in evaluating schools' Adequate Yearly Progress (AYP), as required by the federal No Child Left Behind Act (NCLB).

Educational attainment is particularly important for minorities and those from low-income families, as it helps to shape their economic futures. Public pre-kindergarten and Head Start programs have been shown to give these children a boost toward preparation for elementary school reading and math. A high-school diploma also is crucial for the social mobility of these youths. Testing is tailored to meet varying student needs. For example, all students in Limited English Proficiency (LEP) take the Texas English Language Proficiency Assessment System (TELPAS) tests to measure skill advancement in English language learning.

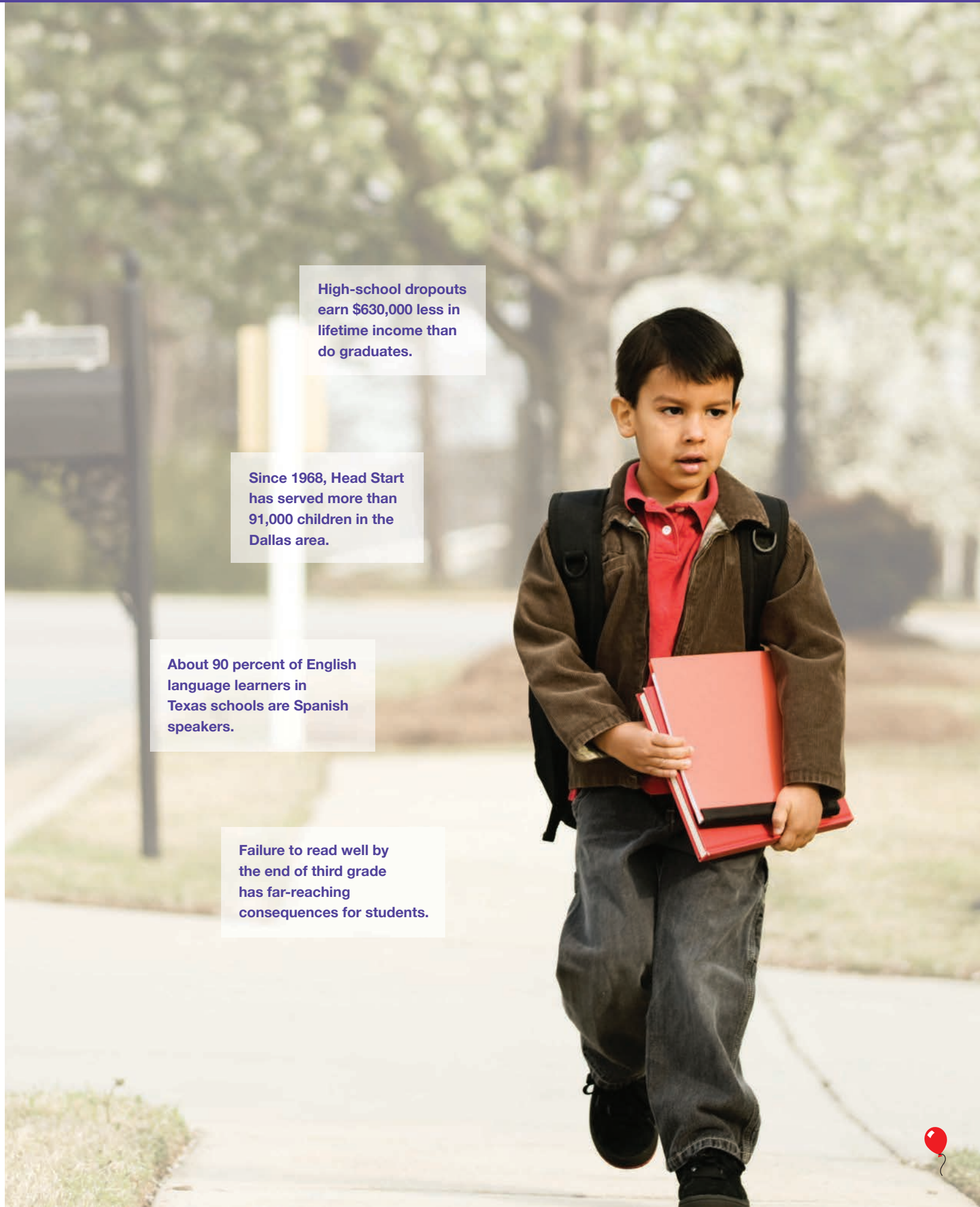
While middle- and high-school standardized test scores are important determinants of high school success, they are not the only ones. Research shows that the path to high-school success begins much earlier than high school. In fact, it can be traced back to third-grade reading levels.

According to a study, three-quarters of students who are poor readers in the third grade will continue to be poor readers in high school.¹ Students with impaired reading ability are also more likely to experience a greater number of "behavioral and social problems" and have a higher rate of grade retention compared to those who demonstrate early-grade reading proficiency.²

Therefore, efforts aimed at improving graduation rates should be focused not just on high school, but also on early education intervention programs, such as those that improve reading ability in the third grade.

¹ U.S. Department of Education, America Reads Challenge. (1999). Start Early, Finish Strong: How to Help Every Child Become a Reader. Retrieved from: <http://www2.ed.gov/pubs/startearly/index.html>
² Miles, S. & Stipek, D. (2006). Contemporaneous and Longitudinal Association between Social Behavior and Literacy Achievement in a Sample of Low-Income Elementary School Children. *Child Development*, 77(1): 103-117.

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High-school dropouts earn \$630,000 less in lifetime income than do graduates.

Since 1968, Head Start has served more than 91,000 children in the Dallas area.

About 90 percent of English language learners in Texas schools are Spanish speakers.

Failure to read well by the end of third grade has far-reaching consequences for students.

High-School Completion Rates

Percent of 9th graders who completed the 12th grade in four years

Low high-school completion rates are associated with a number of negative outcomes. For example, adults within the U.S. labor force are more likely to be unemployed if they do not possess a high-school diploma or GED than if they do.¹ Individuals lacking a high-school diploma or its equivalent earn \$630,000 less in lifetime income compared to individuals who have at least a high-school diploma or its equivalent.² Moreover, high-school dropouts who are 25 and older report poorer health conditions than do individuals who were not dropouts, irrespective of income.³ High-school dropouts age 16-24 are also more likely than their counterparts to exhibit criminal behaviors and to be incarcerated.⁴ The Texas Education Agency (TEA) defines the four-year completion rate as the percentage of students from a class of beginning ninth-graders who graduate by their anticipated graduation date or within four years of beginning ninth grade. The rates reported for the

	2011	2012	2013	2014
Dallas	90.3	91.0	90.9	90.5
Collin	98.7	99.0	98.8	98.7
Cooke	97.9	99.4	98.9	98.4
Denton	96.5	96.7	96.5	96.6
Fannin	98.4	96.2	97.3	99.2
Grayson	98.3	98.0	97.7	97.3

Data Source: Texas Education Agency; Research Reports and Data, Completion, Graduation, and Dropout Rates.

graduating classes of 2011 through 2014 include graduates as well as those earning a GED certificate. Rates for classes graduating prior to 2011 are not computed by TEA at the county level in the same way and are therefore not comparable.⁵ Over the past three graduating classes, completion rates decreased slightly in Dallas, Collin, Cooke and Grayson counties. Over the same period of time, Fannin County experienced a slight increase, while Denton County has remained stable. Although graduation rates are quite high in all six counties, research shows that many graduates are not prepared for the rigors of college, nor do they have the skills

High-school dropouts earn \$630,000 less in lifetime income than do graduates.

to enter the workforce.⁶ Moreover, some advocates and school board members, especially in Dallas, have indicated that rising graduation rates could be due to constantly changing definitions of a dropout, as well as overly permissive credit recovery plans that allow chronically absent students to make up lost time with self-paced online courses.⁷

Head Start and Public School Pre-Kindergarten Enrollment

Number of children enrolled in Head Start or public school pre-kindergarten

Head Start is a federally funded educational grant program that provides educational benefits to disadvantaged children so that they can begin schooling on an equal footing with their peers. To participate in the Head Start program, a family must meet the income eligibility guidelines set by the U.S. Department of Health and Human Services. For example, the current guidelines prescribe that a family of four must have an annual income of \$22,350 or less to be eligible for participation. The services provided include child care, extended social services, prenatal care for women and preventive care. Since 1968, the Head Start program in Dallas has served more than 91,000 children in the Dallas area.¹ The program receives \$38 million annually from the federal government to run the program, which comprises up to 80 percent of the program cost. The federal government requires the remaining 20 percent (about \$9 million) to be raised through contributions from the local community.

In addition to Head Start, public schools also are required to offer

		2009	2010	2011	2012	2013	2014
Dallas	Head Start	4,259	4,403	3,827	4,116	3,699	3,910
	Public Pre-K	19,400	19,384	20,289	20,896	22,622	22,808
Collin	Head Start	379	427	427	427	439	439
	Public Pre-K	2,539	2,826	2,957	3,022	2,884	2,796
Cooke	Head Start	70	70	70	70	70	70
	Public Pre-K	232	246	226	224	246	219
Denton	Head Start	193	193	193	193	193	193
	Public Pre-K	1,995	2,173	2,676	2,882	3,141	3,002
Fannin	Head Start	139	139	139	139	139	139
	Public Pre-K	299	279	303	322	310	325
Grayson	Head Start	253	253	253	271	290	290
	Public Pre-K	747	811	828	815	897	863

Data Source: Texas Education Agency, Academic Excellence Indicator System; Office of Head Start—Region VI.

pre-kindergarten education if a school has at least 15 students who meet the criteria. Students are eligible to receive public pre-kindergarten education if they have limited English proficiency, are eligible to participate in the national free lunch or reduced-price lunch program, are homeless or have a parent who is an active member of the U.S. armed forces.² Participation in the pre-kindergarten program, however, is not required of those who meet the eligibility criteria. Over the past six years, pre-kindergarten enrollment numbers increased in all six counties except Cooke County. Denton County saw the greatest percentage increase in

Since 1968, Head Start has served more than 91,000 children in the Dallas area.

pre-kindergarten enrollment, where numbers increased by more than 50 percent from 2009 to 2014. Dallas, Collin, Fannin and Grayson counties also saw pre-kindergarten enrollment increases of 17.6 percent, 10.1 percent, 8.7 percent and 15.5 percent, respectively. In 2014, 22,808 schoolchildren were enrolled in pre-kindergarten in Dallas County, which is about 75 percent of the total pre-kindergarten enrollments in all six counties.



Third-Grade Reading

Percent of third-graders meeting standard criteria on the reading section of TAKS or STAAR

A student's reading proficiency by the end of third grade is a strong indicator of future success and development in life. The failure to read proficiently by the end of third grade has far-reaching consequences for the student, as it increases the student's risk of failure to graduate from high school on time.¹ It is during this pivotal transition from third to fourth grade that a student begins to read to learn for the first time, whereas in previous grades the student had been learning to read.²

With this importance in mind, all six counties had a downward trend of the percentage of third-grade students meeting the standard criteria on the reading section of TAKS from 2009 to 2011. The trend continued from 2012 to 2014 with STAAR. The downturn was relatively small for Collin County, but Cooke and Denton counties saw about a six-point drop from 2013 to 2014, while Grayson County had nearly a four-point drop. Dallas County fell by about three percentage points, from 73.2 percent in 2013 to 70.7 percent in 2014.

Comparing Texas to the rest of the nation, 29 percent of students

	2009	2010	2011	2012	2013	2014
Dallas	87.2	90.4	87.7	72.9	73.2	70.7
Collin	96.4	97.2	95.4	90.8	91.1	90.2
Cooke	91.3	88.7	90.0	80.9	81.8	74.2
Denton	95.3	95.8	94.3	86.8	88.5	82.5
Fannin	92.4	93.8	90.7	76.7	82.1	82.5
Grayson	94.7	94.9	92.4	80.8	87.0	83.6

Data Source: Texas Education Agency; Academic Excellence Indicator System (2000-2011) Texas Academic Performance Reports (2012,2013), STAAR Phase-in Level II Grade 3.

in Texas performed at or above the National Assessment of Education Progress proficiency level, with 34 states scoring better than Texas for 2013.³

Research has quantified the connection between poverty, failure to read proficiently and failure to graduate from high school. Living in poverty suppresses students' ability to develop to their full potential. When combined with poor reading skills, students living in poverty experience significant difficulty in learning and development. These students are more likely to fail to graduate from high school than are those with the same reading skills who never experienced poverty.⁴

Even with proficient reading skills, a student cannot fully compensate

Failure to read well by the end of third grade has far-reaching consequences for students.

for the risk that comes from living in poverty. Twelve percent of good readers from high-poverty communities fail to graduate.⁵ A readiness gap occurs in children in low-income families due to the lack of early interactions that promote linguistic development. This readiness gap is transformed into an achievement gap once school starts and is exacerbated by low-performing schools, chronic absence and stress induced by food insecurity, housing insecurity and family mobility.⁶

Students with Limited English Proficiency (LEP)

Percent of students enrolled in public schools who have limited English proficiency

A majority of the six counties saw increases in the percentage of public school students who have limited English proficiency (LEP). However, the increases that Cooke, Denton and Fannin counties experienced in 2014 were slight. Only Grayson County saw a sizable decline in LEP student enrollment, from 7.6 percent of students in 2013 to 5.1 percent in 2014. Dallas County also experienced a slight decrease from 29.3 percent of students in 2013 to 28.5 percent in 2014.

By Texas state law, any school district with 20 or more English language learners (ELL) within the same grade level must provide bilingual instruction for grades pre-kindergarten through fifth grade. Additionally, all districts not required to provide bilingual education must provide English as a second language, regardless of the number of students or their grades.¹

	2009	2010	2011	2012	2013	2014
Dallas	25.8	25.9	26.4	27.2	29.3	28.5
Collin	8.9	8.8	8.6	8.4	8.6	8.7
Cooke	10.5	10.1	9.2	9.3	9.7	10.4
Denton	11.5	11.4	11.5	11.5	11.6	11.9
Fannin	4.2	3.7	4.1	4.2	4.7	5.1
Grayson	6.6	6.8	6.9	7.0	7.6	5.1

Data Source: Texas Education Agency; Academic Excellence Indicator System (2000-2012) Texas Academic Performance Report (2013), Student Information.

With this continuing upward trend, it is worthwhile to note that LEP students face unique challenges in school, as reflected in standardized test scores. Just as in 2013, 77 percent of all Texas students passed all subjects in the STAAR tests, while only 57 percent of ELL students passed all subjects. This is a four-point improvement from 2013, when only 53 percent of ELL students passed all subjects of the STAAR exam. The TAKS exit-level cumulative pass rate for ELL students in 2014

About 90 percent of English language learners in Texas schools are Spanish speakers.

was 66 percent, with the Texas state average pass rate for all students standing at 93 percent.² According to Texas Education Agency's Language Learners Portal, 949,074 ELL students live in Texas, and roughly 90 percent of those students are Spanish speakers.³



Students Receiving Special Education in Public Schools

Number of students receiving special education in public schools

The Individuals with Disabilities Education Act (IDEA) was enacted in 1975 and mandates the provision of a free and appropriate public school education for eligible children and youth who are identified as having a disability that adversely affects academic performance and are in need of special education and related services.¹ In the State of Texas, schools must offer special education for children with disabilities who are in need of special accommodation in school.²

The number of students receiving special education in public schools remained relatively steady for 2014 for each of the six counties. Grayson, Denton, Cooke, Collin and Dallas counties all saw slight increases in students receiving special education, while Fannin County experienced a small decrease. The biggest change was in Collin County, which saw an increase of 462, from 16,569 special-education students enrolled in 2013 to 17,031 in 2014.

According to the National Center for Education Statistics (NCES), which is part of the U.S. Department of Education, the total number of

	2009	2010	2011	2012	2013	2014
Dallas	40,032	40,323	40,323	40,375	39,527	39,882
Collin	14,728	15,142	15,647	16,076	16,569	17,031
Cooke	647	629	568	526	476	501
Denton	10,477	10,518	10,747	10,736	10,931	11,052
Fannin	719	640	620	618	576	574
Grayson	2,792	2,699	2,561	2,373	2,254	2,309

Data Source: Texas Education Agency; Academic Excellence Indicator System (2000-2012) Texas Academic Performance Report (2013), Student Information.

public-school students receiving special education was 6.4 million in the 2012-13 school year. Of that number, 35 percent were enrolled for specific learning disabilities.³ Learning disabilities encompass different categories, such as speech or language impairment, autism, hearing impairment and intellectual disability.⁴ Students enrolled in special education have diverse needs, and a majority of special education students receive their instruction in the general education classroom and are participants in regular statewide assessments.⁵

In addition to monitoring the implementation of the IDEA legislation, the NCES tracks and reports on the demographic and school characteristics of students

Collin County had the largest increase in special-education students in 2014.

receiving special education. One study that followed a nationally representative sample of students from kindergarten through fifth grade showed that the percentage of poor students receiving special education was greater than that of economically secure students.⁶ In addition, higher percentages of students in small town/rural schools than in central city schools received special education, while public schools reported higher overall percentages of students receiving special education than did private schools.⁷

Students Passing All TAKS/STAAR

Percent of children meeting the Texas Assessment of Knowledge and Skills (TAKS) or State of Texas Assessment of Academic Readiness (STAAR) standards

Among the six counties, Collin County consistently had the highest proportion of students meeting the passing standard on either the TAKS or STAAR in the last six years, while Dallas County consistently had the lowest passing percentage on these tests. Since the STAAR tests are more rigorous than the TAKS, a transition to STAAR testing is likely to lead to a drop in the percentage of students meeting the minimum passing standard.

This occurred in Dallas County, where the percentage of students meeting the minimum passing standard fell from 75.2 percent in 2012 to 72.6 percent in 2014. A decrease in the passing rate following the implementation of STAAR, however, does not necessarily indicate a deterioration in academic preparedness.

There are some important differences between the STAAR and the TAKS tests that are worth mentioning. The STAAR tests are more rigorous, with a greater number

	2009	2010	2011	2012	2013	2014
Dallas	70.5	73.6	73.5	75.2	74.4	72.6
Collin	88.9	89.1	88.8	89.8	90.4	90.5
Cooke	75.7	75.2	73.9	75.9	77.1	75.9
Denton	83.9	85.2	85.2	85.5	85.2	83.7
Fannin	76.1	77.2	76.9	77.3	77.7	77.7
Grayson	81.4	80.0	80.5	80.6	81.3	81.2

Data Source: Texas Education Agency; Academic Excellence Indicator System (2000-2011) Texas Academic Performance Report (2012-2013), STAAR Phase-in Level II All Grades.

of questions on most subject areas than the TAKS tests had.¹ There also are fewer multiple choice questions and more questions requiring students to answer in greater detail on the STAAR. High school STAAR/End of Course (EOC) exams are administered every year, unlike the TAKS that often focused on several years of instruction.

The STAAR tests include yearly assessments for reading and mathematics at grades 3-8, writing at grades 4 and 7, science at grades 5 and 8 and social studies at grade 8.² At the high-school level, STAAR/EOC assessments includes testing in three disciplines – English

Collin County had the highest proportion of students passing TAKS or STAAR.

Language Arts, Mathematics, Science and Social Studies. Each discipline has three tests: English Language Arts has English I, English II and English III; Mathematics has Algebra I, Geometry and Algebra II; Science has Biology, Chemistry and Physics; and Social Studies has World Geography, World History and U.S. History.³



College Readiness

Percent of public school graduates who scored at or above the college-ready criterion score on both the English and Language Arts (ELA) and math portions of the TAKS, SAT or ACT

The Office of the State Superintendent of Education defines college readiness as “an academically prepared student, ready for post-secondary education or training without the need for remedial coursework.”¹ In 2013, the average percentage of high-school students in Texas who were considered college ready by the Texas Education Agency (TEA) was 57 percent. Compared to the state level statistics, only half of the six counties were above average.² Collin County at 73.3 percent was the highest, followed by Denton County (66 percent) and Grayson County (62.4 percent). The lowest scoring counties were Cooke County with 56.4 percent, Fannin County with 54.5 percent and Dallas County at 45.5 percent.

Statewide by race and ethnicity, Asian-American students reported the highest college-ready rate at 77 percent, followed by whites at 69 percent, Hispanics at 48 percent and blacks at 41 percent. There are other demographics of students who have been shown to perform poorly on the

	2009	2010	2011	2012	2013
Dallas	42.3	46.0	46.7	54.4	45.5
Collin	65.4	69.8	69.4	74.5	73.3
Cooke	44.3	52.2	52.4	56.3	56.4
Denton	59.2	66.2	65.3	68.2	66.0
Fannin	44.0	57.6	54.1	57.2	54.5
Grayson	52.5	59.6	55.7	64.8	62.4

Data Source: Texas Education Agency; Academic Excellence Indicator System (2006-2013) Texas Academic Performance Reports (2012), College Ready Graduates.

standardized tests used to calculate college readiness. Two groups that stand out are economically disadvantaged students, with a 44-percent passing rate; and students who are considered English Language Learners (ELL), who report only an 8 percent passing rate.³

In Texas, a fairly high percentage of students graduate high school or receive a GED within 4 years: 88.7 percent. When adding the students who continue on with high school for a fifth year, as opposed to dropping out, that rate jumps to 93.7 percent.

But high-school graduation does not always equate with college readiness, as evidenced by the nearly 30-point gap between the

Only half of the counties were above the state average in college readiness.

percentage of students graduating and those graduating college-ready. The gap is largest in Dallas and Fannin counties, where there is a 45-point difference between the high-school completion rate and the college-ready rate. The smallest gap was found in Collin County, where the difference between high-school completion and graduating college-ready is 25 percent.

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Economic Security

Adverse Childhood Experiences (ACEs) are conditions that negatively affect children in the present and can affect healthy development later in life. Because many adverse childhood experiences are related to conditions of poverty and economic insecurity, any increase in the prevalence of childhood poverty is troublesome. A recent study published by the Centers for Disease Control and Prevention focused on the role that ACEs play in a child's future quality of life.¹

Many of the indicators of economic security reported in *Beyond ABC* provide a glimpse of the adverse events that North Texas children experience. Chief among these is poverty, which has a destructive effect on children's lives and well-being, especially after prolonged periods. The American Psychological Association has linked poverty to poorer academic achievement as well as physical and mental health problems.² In the six-county area, more than a quarter of a million children live in poverty. This represents an increase of 20,305 from 2009 levels, with increases in all but Grayson County.

One complication of living in poverty is food insecurity – a lack of food due to limited resources, such as transportation or money.³ Since 2009, the number of food-insecure children in the six-county area has grown by 4,550 to 283,670, with increases in all counties save Dallas and Cooke. Dallas Independent School District has been active in the fight against child hunger by making free breakfasts and lunch available in all of their schools⁴ and has made strides to bring meals to students year-round with the Summer Food Service program.⁵

The Temporary Assistance for Needy Families (TANF) program, Women Infants and Children Nutrition Program (WIC), and Supplemental Nutrition Assistance Program (SNAP) are major benefits programs aimed at helping children in need. From 2009 through 2014, the number of children receiving SNAP benefits increased by 45 percent to 273,337, while the number of children receiving WIC and TANF benefits decreased by 14 and 16 percent, respectively.

The growth in poverty, and the related stresses of housing and food instability, stand in stark contrast to the economic growth for which the Dallas region is known.

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Some 2.6 million Texas children receive child care assistance through federal subsidy programs.

More than 14,600 children and youth were homeless in the six counties.

In 2014, a total of 93,030 infants and children received WIC in the six counties.

The six-county region was well above the national average for food insecurity.



Children Living in Poverty

Number and percent of children living in households earning less than the poverty level

With the exception of Grayson County, the six-county area experienced a rise in the number and percentage of children living in poverty in recent years. The largest increase in numbers comes from Denton County, which showed an increase of 2,095 impoverished children in one year.

Poverty has a significant impact on children's lives and well-being. The American Psychological Association (APA) has linked poverty to poorer academic achievement as well as physical and mental health problems. The effects are the greatest during early childhood, but older children are nearly 4½ times more likely to drop out of school.¹

Poverty also creates chronic stress, affects concentration and causes memory and behavioral problems. Children in poverty have increased tendencies toward depression, peer difficulties and low self-esteem, as well as increased chances of injury, mortality and entry into the juvenile justice system.²

The income level used to define poverty varies by family size and the age of family members. All

		2009	2010	2011	2012	2013
Dallas	Number	189,266	192,502	201,739	196,252	198,612
	Percent	27.4	29.4	30.2	29.5	29.8
Collin	Number	18,337	23,032	23,865	23,645	24,740
	Percent	8.3	10.2	10.4	10.3	10.2
Cooke	Number	1,810	2,020	1,912	1,822	2,243
	Percent	18.2	20.3	19.4	18.8	24.3
Denton	Number	16,779	16,126	22,534	19,305	21,440
	Percent	9.3	8.8	12.0	10.1	11.3
Fannin	Number	1,662	1,357	1,802	1,410	1,737
	Percent	22.4	18.0	24.0	19.0	24.1
Grayson	Number	5,797	5,306	6,679	7,506	5,184
	Percent	19.7	18.1	23.1	26.2	18.3

Data Source: U.S. Census Bureau; American Communities Survey, 1Y Estimates Collin, Dallas, Denton, Grayson, 3Y Estimates Cooke, Fannin.

earnings, except food stamps and housing subsidies, are used to determine a household's income.³ If a household's income falls below the threshold set for its family structure, then all people in that household are considered in poverty. In 2013, the U.S. Census used a poverty level of \$23,624 for a family of two adults and two children.

Massachusetts Institute of Technology (MIT) offers an alternate approach that focuses on place-based cost of living. For example, the MIT living wage calculator defines the living wage for a family of two adults and two children in Denton County as \$23.16 per hour,

Denton County had an increase of 2,095 impoverished children in one year.

which contrasts significantly with the poverty wage of \$11 per hour. That means that a family needs to make more than double the amount of what is considered to be poverty in order to earn a living wage.⁴ Despite this, many federal and state benefits are tied to the official definition of poverty, leaving out those families making more than the poverty wage but less than a living wage.

Housing Instability

Number of children and youth without a permanent residence

According to a recent KERA Public Radio report, 80.4 percent of homeless youth in Texas were living "doubled-up," or sharing a place due to economic hardship, during the 2012-13 school year. Meanwhile, 11.4 percent stayed in shelters, 5.4 percent spent their nights in motels and 2.8 percent slept unsheltered. The unsheltered homeless youth are most at risk due to their highly unstable sleeping and living conditions, often in parks, playgrounds, abandoned buildings and other dangerous places.¹

In the United States and Texas, the number of children dealing with housing instability has been rising since the 2010-11 school year. Nationally, there has been an increase of approximately 1.2 million in the three-year period from 2010-11 through 2012-13. In Texas, there has been a jump from 85,155 to 101,088 housing-unstable children over the same period.²

Homelessness, as reported by schools, is measured using the definition contained in the McKinney-

	2009	2010	2011	2012	2013	2014
Dallas	7,923	6,405	5,325	6,555	6,821	8,646
Collin	1,308	1,666	1,971	2,193	2,566	2,933
Cooke	21	25	19	22	69	92
Denton	781	1,182	1,190	1,615	1,079	1,702
Fannin	34	65	49	65	112	92
Grayson	577	620	848	883	1,125	1,175

Data Source: Texas Homeless Education Office.

Vento Homeless Assistance Act and is reflected in the included table. In addition to those children with no shelter at all, it includes those children with temporary shelter, such as motels or the houses of family or friends. The National Center on Family Homelessness estimated that, based on this definition, there were as many as 2.5 million homeless children in the United States in 2013.³

While the school systems use the McKinney-Vento definition, the U.S. Department of Housing and Urban Development (HUD) uses an annual point-in-time study to estimate the homeless population, limiting their definition to those who lack a habitable shelter. In their 2014

More than 14,600 children and youth were homeless in the six counties.

report, HUD reported that 578,424 individuals in the United States were homeless, and 23 percent of them were under the age of 18. According to the same report, nearly 95 percent of homeless children were part of a homeless family in 2014, and 59 percent were reported as unsheltered.⁴



Children Receiving TANF

Average monthly number of children receiving basic and state benefits under the TANF program

The Texas Temporary Assistance for Needy Families (TANF) program provides financial help for children and their parents in the form of Lone Star Card payments to help with the purchase of food, clothing, housing, utilities and other basic needs.

To qualify for TANF, families must meet certain socioeconomic requirements. While the federal government does have a say in the basic rules, the states are given considerable control over the qualifying incomes. Nearly 10 years ago, the monthly income limit was \$401 for a single-parent family of three.¹ Today, the income limit is set at \$188 for the same family model.² A few of the other variables considered with an application are rent, income, utility and child care costs.

When a family is approved for TANF, they receive payments for six months and then are required to renew their benefits. After the initial renewal, they are then required to renew every one to three years, depending on education, work experience and economic security. Along with the qualification requirements, the

	2009	2010	2011	2012	2013	2014
Dallas	6,351	8,137	9,111	7,611	5,889	5,189
Collin	436	595	576	548	443	350
Cooke	58	64	76	73	55	54
Denton	162	363	374	331	344	287
Fannin	81	88	74	72	78	69
Grayson	168	249	246	250	245	177

Data Source: Texas Health and Human Services Commission; TANF Annual Reports.

child's guardian must agree to continue to look and/or train for a job, get regular medical and dental screenings for the child and assure that the child is attending school.³ If all requirements are met, then a single-parent family of three can expect to receive \$281 per month.

Over the last six years, most counties have seen a reduction in recipients, with Dallas County dropping 18 percent, Collin County falling 20 percent, Cooke County dropping 7 percent, and Fannin County declining 15 percent. However, Denton County has experienced a major increase of recipients totaling 77 percent over the same period of time, and Grayson County had a much smaller rise of 5 percent. Denton County's large increase is likely due to its major population increase in recent years.

TANF assists families with the costs of food, clothing, housing and utilities.

There has been a sharp statewide decline in TANF caseloads. The TANF-to-poverty ratio is calculated by dividing the number of families with children in poverty into the number of TANF cases for the same year. In 1994, the TANF-to-poverty ratio for the state of Texas was 47; by 2013, it had greatly decreased to 5.⁴ In essence, this number means that 5 percent of families who are in poverty are also receiving TANF. The cause of this is due to the lowered funding of the program to the state, as well as stricter and less inclusive requirements for the program.

Food Insecurity

Number and percent of children lacking access to enough food for an active, healthy life

The U.S. Department of Agriculture (USDA) defines food insecurity this way: "Consistent access to adequate food is limited by a lack of money and other resources at times during the year."¹ Food insecurity is not simply the lack of food, but the lack of money to buy it. This definition encompasses more people, since it includes those who are at risk for hunger, not just the ones who are hungry.

In 2013, approximately 14.5 percent of households in the United States were considered food insecure, which is low compared to the counties in North Texas.² The entire six-county region was well above the national average for 2013: Dallas County was 27 percent, Collin County 22 percent, Cooke County 26.6 percent, Denton County 22.2 percent, Fannin County 30.1 percent and Grayson County 28 percent. Also, each county has seen a rise in its percentage over the previous year, except for Dallas County, which stayed the same.

The households that had the highest rate of food insecurity were households with single mothers and

		2009	2010	2011	2012	2013
Dallas	Number	187,310	165,240	172,610	175,810	179,020
	Percent	27.9	25.9	26.6	26.8	27.1
Collin	Number	43,120	40,130	39,440	44,530	50,380
	Percent	20.9	19.0	18.0	19.9	22.0
Cooke	Number	2,710	2,300	2,290	2,410	2,560
	Percent	27.0	23.9	23.2	24.5	26.6
Denton	Number	36,120	33,440	32,820	37,230	41,360
	Percent	21.5	19.4	18.4	20.4	22.2
Fannin	Number	2,080	1,840	1,950	1,980	2,210
	Percent	28.2	25.1	25.8	26.5	30.1
Grayson	Number	7,780	7,010	7,190	7,670	8,140
	Percent	26.8	24.5	24.8	26.5	28.0

Data Source: Feeding America; Hunger Research, Map the Meal Gap.

children, at 34 percent of the total, followed by non-Hispanic black households (26 percent), Hispanic households (24 percent), single fathers with children (23 percent) and households with children (20 percent).³ In the same year, more than half of the food-insecure households (62 percent) also participated in the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program (NSLP) or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

An average of 61.4 percent of Texas students get free or reduced-priced lunch through

The six-county region was well above the national average for food insecurity.

the NSLP.⁴ Despite their eligibility and participation in NSLP, many of these students struggle to find meals over weekends, holidays and summer vacation. The YMCA has worked to solve this, as has the Texas Department of Agriculture with its Summer Food Service Program (SFSP).⁵



Enrollment in WIC (Special Supplemental Food Program for Women, Infants and Children)

Number of women, infants and children who received WIC services

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federal program providing states with grants to ensure the nutritional well-being of infants and children. Among the health and social services the program provides are food subsidies, nutrition education and breastfeeding promotion and support.¹

To qualify, a woman must be pregnant, postpartum or breastfeeding a child younger than 12 months. Infants are eligible until their first birthday, and children are eligible until the age of five. Participants must live in the state where they are applying and must meet certain income requirements. One of the major differences between this program and other federal subsidies such as SNAP and TANF is WIC's requirement for participants to see a health professional, who then determines if the applicant is at a nutrition risk.²

In 2014, a total of 93,030 infants and children and 36,329 women received WIC throughout the six counties. That is a drop from the 2013 total of 100,558 infants and children and 37,735 women.

		2009	2010	2011	2012	2013	2014
Dallas	Infants and Children	86,388	88,171	80,310	NA	79,208	73,151
	Women*	28,895	30,333	28,855	NA	30,280	29,141
Collin	Infants and Children	8,200	8,581	8,297	NA	7,696	7,384
	Women*	2,569	2,819	2,820	NA	2,588	2,689
Cooke	Infants and Children	857	852	790	NA	975	868
	Women*	278	285	281	NA	388	294
Denton	Infants and Children	8,979	9,601	9,170	NA	8,855	8,281
	Women*	3,122	3,332	3,219	NA	3,216	3,042
Fannin	Infants and Children	765	796	796	NA	704	687
	Women*	271	253	251	NA	234	233
Grayson	Infants and Children	2,922	2,835	2,872	NA	2,847	2,659
	Women*	1,011	976	976	NA	1,029	930

Data Source: Texas Department of State Health Services; Clinical Services Branch, WIC Program. *Pregnant, Postpartum, and Breastfeeding.

WIC numbers peaked in 2010 and have fallen each progressive year, which could be a sign of economic recovery in North Texas.

Like other food-subsidy programs, WIC encourages healthy eating strategies for its participants. However, WIC is much more restrictive regarding the types of foods that can be purchased with the subsidies. For example, WIC participants can purchase fruits, vegetables, meats, formula, cheese, milk, juice, eggs and other foods that are in compliance with the national dietary recommendations made by the American Academy of Pediatrics in 2009.

In 2014, a total of 93,030 infants and children received WIC in the six counties.

In addition to providing food subsidies, the WIC program also has made strides in encouraging breastfeeding and educating mothers about it. The program emphasizes the importance of breastfeeding and shows women how to incorporate it into their lives, as well as providing breast pumps that allow working mothers to provide milk to their infants.³

School Meal Eligibility

Number and percent of children eligible to receive free or reduced-price meals in public schools

The Texas Department of Agriculture's Food and Nutrition Division administrates the National School Lunch (NSLP) and School Breakfast Programs (SBP). Their goal is to assure that all children are given equal access to nutrition, regardless of socioeconomic status. The program is not open to everybody and is largely based on an income qualification.

For example, during the 2013-14 school year, a family of four had to earn less than \$44,863 for their children to be eligible for free lunches at school.¹ Additionally, children can qualify for free or reduced-price lunch if they are in foster care, attend Head Start, are homeless or live in a household that receives SNAP or TANF.²

NSLP provides free or low-cost lunches to around three million Texas students each year. The lunches are required to meet federal nutritional guidelines and must not be a financial burden to the schools. Instead, the government funds it directly through reimbursements to the schools and school districts.³

		2009	2010	2011	2012	2013	2014
Dallas	Number	301,099	315,855	325,767	333,519	345,053	353,009
	Percent	66.9	69.4	70.9	71.4	72.8	72.7
Collin	Number	30,371	35,498	37,658	39,541	41,148	41,626
	Percent	19.7	22.0	22.4	22.8	23.1	22.6
Cooke	Number	2,911	3,251	3,340	3,397	3,445	3,565
	Percent	47.4	53.4	54.5	55.0	55.6	56.7
Denton	Number	29,774	32,917	35,455	37,382	39,552	39,964
	Percent	28.1	30.3	31.6	32.4	33.4	33.1
Fannin	Number	2,677	2,822	3,014	3,022	3,067	3,107
	Percent	49.2	53.0	56.6	57.5	57.6	58.1
Grayson	Number	9,716	10,617	11,037	11,280	11,491	11,845
	Percent	46.3	50.6	52.6	53.5	54.2	54.9

Data Source: Texas Education Agency; Academic Excellence Indicator System (2004-2011) Texas Academic Performance Reports (2012,2013), Economically Disadvantaged Students.

Out of the nearly three million Texas students who were eligible for NSLP in 2014, 353,009 were from Dallas County; 41,626 from Collin County; 3,565 from Cooke County; 39,964 from Denton County; 3,107 from Fannin County; and 11,845 from Grayson County. It is important to note, however, that Dallas Independent School District received permission in 2013 from the U.S. Department of Agriculture to provide free lunches to all its students. DISD has approval for the program through 2017.⁴

The NSLP provides healthy food to students during the school year.

Dallas ISD currently provides free lunches to all its students.

However, there remains the problem of providing students with meals when they are not in school. Many students are fed Monday through Friday but often go hungry on weekends and during summer and holiday breaks. Programs designed to address this issue include the Summer Food Service Program (SFSP), which provides food to children during the summer break.



SNAP Enrollment

Average monthly enrollment in SNAP for children under 18

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that supplements a family's income for the purchase of healthy food. The benefit amount the program awards to each recipient is determined by the U.S. Department of Agriculture's Thrifty Food Plan. It is an estimate on how much it should cost an individual to buy enough food to ensure adequate health.

This estimate changes annually to keep the amount awarded up to date with changing food costs. In 2014, Congress reauthorized the SNAP program as part of the Agricultural Act of 2014, often referred to simply as the "Farm Bill." The program was renewed without major changes to eligibility, but it included \$8.6 billion in cuts over 10 years, which could cost as many as 850,000 families up to \$90 per month in benefits over that 10-year period.

With SNAP benefits, the recipient may purchase only food, plants and seeds to grow food. The recipient cannot purchase any food

	2009	2010	2011	2012	2013	2014
Dallas	154,106	179,346	220,101	221,864	219,669	219,262
Collin	12,638	17,670	21,801	21,525	20,451	20,585
Cooke	1,937	2,383	2,309	2,176	2,187	2,209
Denton	12,231	18,253	21,228	21,507	21,411	22,129
Fannin	1,607	1,929	1,907	1,842	1,815	1,812
Grayson	6,144	7,894	8,169	7,797	7,490	7,340

Data Source: Texas Health and Human Services Commission; Research and Statistics, Texas TANF and SNAP Enrollment Statistics.

to be eaten in the store, anything with sales tax or anything that is not food-related.¹ For a family of three to qualify for benefits, certain requirements must be met. First, there is a maximum monthly income limit of \$2,722 for a family of three, and the recipient must work a minimum of 20 hours per week. If the family qualifies, they will then receive \$511 per month in benefits.²

Since 2010, half the counties have experienced a rise in SNAP enrollments. Dallas County had the greatest increase with 22 percent more enrollments, followed by Denton County at 21 percent and Collin County at 16 percent.

Since 2010, Dallas, Denton and Collin counties have seen increases in SNAP enrollment.

However, this rise in enrollments could possibly come from the 9.35 percent rise in population in Collin, Dallas and Denton counties over the same time period.³ On the other hand, Fannin County has experienced a 6 percent decrease in enrollments, and Cooke and Grayson counties both decreased by 7 percent.

Eligible Children in Subsidized Child Care

Number of children receiving free or reduced-price child care services

Over the past 25 years, the cost for child care has almost doubled, rising slowly every year. According to a recent U.S. Census Bureau report, the cost of child care amounts to about 7 percent of a family's income.¹ A 2014 report about child care in Texas stated the cost of child care to be between 10 and 11.9 percent of the state's median income.

This means the price of child care can be, depending on estimates, anywhere from \$5,200 to more than \$8,000 for a family in Texas. The same report also states that for most areas of Texas the cost of child care exceeds that of housing, college tuition, food, health care or utilities.²

Although many of the counties presented have experienced noticeable fluctuations since 2009, the number of children in subsidized care has largely stabilized across the region since 2012. Statewide, approximately 2.6 million Texas children receive child care assistance through federal subsidy programs.³

	2009	2010	2011	2012	2013	2014
Dallas	23,836	27,700	24,102	25,361	22,398	22,383
Collin	1,062	2,159	3,065	2,475	2,718	2,416
Cooke	0	NA	1	170	182	222
Denton	1,643	2,719	3,676	3,083	3,321	3,034
Fannin	386	141	170	178	144	144
Grayson	72	864	1,061	1,123	1,121	1,123

Data Source: Child Care Group, Workforce Solutions for North Central Texas, Workforce Solutions Texoma.

Most of these children and families receive subsidies through the Child Care and Development Fund, which is administered throughout Texas by the Texas Workforce Commission and provides assistance to low-income families in obtaining child care so that parents can work, attend school or complete job training.

Parents may use these subsidies to pay for care in licensed child care centers, licensed and registered child care homes or even relative-provided care. The program also provides subsidies for families transitioning out of other public assistance programs or for children who require protective services.⁴

Some 2.6 million Texas children receive child care assistance through federal subsidy programs.



Children Living in Single-Parent Families

Number and percent of children in families living with one parent

It has been shown that single-parent families face greater hardship than do families with two parents in residence. For example, while 14.5 percent of households were considered food-insecure in 2013, the percentage jumps to 33 percent for single-parent families.¹ Moreover, in 2013 more than 70 percent of families in homeless shelters were single-parent families, and 42 percent of single-parent families received food stamps in 2012.²

Single-parent families also face hardships related to child-support payments. In Texas, the noncustodial parent is required to pay 20 percent of his or her income as support for one child and 5 percent more for each additional child. The payments, when received, have positive effects and result in a 25 percent reduction in child poverty.

There are approximately one million parents in Texas who are required to pay child support. However, around 460,000 parents are late on one or multiple payments. This adds to the stress felt by single parents, and the costs associated

		2009	2010	2011	2012	2013
Dallas	Number	248,568	253,086	253,103	251,813	256,520
	Percent	37.9	40.5	39.9	39.4	40.4
Collin	Number	40,700	44,344	52,667	45,602	50,015
	Percent	18.8	20.1	23.5	20.0	22.0
Cooke	Number	2,234	2,640	2,644	2,468	2,525
	Percent	24.9	28.5	28.4	26.6	28.0
Denton	Number	39,253	41,419	43,850	43,723	44,282
	Percent	22.4	23.1	24.1	23.8	24.1
Fannin	Number	1,961	1,893	2,785	2,381	2,631
	Percent	28.2	26.6	38.5	33.3	37.8
Grayson	Number	12,413	9,326	10,541	10,503	10,597
	Percent	44.2	34.7	38.0	41.4	39.0

Data Source: U.S. Census Bureau; Decennial Census 2000, American Communities Survey, 1Y Estimates Collin, Dallas, Denton, Grayson 3Y Estimates Cooke, Fannin.

with the ensuing legal proceedings are borne by the families, as well as by local governments. In 2013, an estimated 35 percent of children lived in single-parent homes nationally.³ Dallas, Grayson and Fannin counties report rates higher than the national average (40.4, 39 and 37.8 percent respectively), while Collin, Cooke and Denton counties come in below the average (22, 28 and 24.1 percent respectively).

Still, each of the six counties has experienced growth in the number and percentage of children living in single-parent homes over the

All six counties saw more children living in single-parent families.

past five years. Fannin County has experienced the largest change, with a 13.3 percentage point increase since 2009. On the other hand, Cooke County experienced minimal change over those five years.

Families with All Parents Working

Number and percent of families in which all present parents are employed

According to the Bureau of Labor Statistics, approximately 43 percent of all families in the United States had children in 2014. Of these families, 60.2 percent had both parents working; in single-parent families, 81.9 percent of single fathers were employed, compared to 69.4 percent of single mothers.¹

Comparing the counties' 2013 numbers to the national numbers for 2014, all counties were above the national average for that year. The largest increase over the five-year period came from Dallas County with a seven-point increase, followed by Cooke County with an increase of nearly five points.

Grayson County showed a 5.5-point decrease over that time period, and Collin and Denton counties also experienced decreases. While the trends vary across the six counties, the percentage of families with all parents working remains high across the region.

		2009	2010	2011	2012	2013
Dallas	Number	170,067	159,654	160,798	183,366	189,388
	Percent	59.0	56.9	57.0	64.9	66
Collin	Number	81,388	78,718	84,425	83,565	83,030
	Percent	73.2	70.3	70.3	70.3	70.3
Cooke	Number	3,306	3,303	3,205	3,103	3,086
	Percent	72.6	70.0	75.4	79.9	77.5
Denton	Number	60,853	67,615	62,295	69,087	68,842
	Percent	73.5	74.2	71.4	71.8	72.5
Fannin	Number	2,660	2,508	2,508	2,330	2,425
	Percent	71.9	70.9	79.5	70.0	74.5
Grayson	Number	10,633	8,839	9,568	9,414	16,190
	Percent	76.7	73.7	71.1	69.5	71.2

Data Source: U.S. Census Bureau; American Community Survey; 1Y Estimates Collin, Dallas, Denton, Grayson, 3Y Estimates Cooke, Fannin.

While parents may benefit financially with both working, it often means they have less time to spend with their children. This can create stress for working parents who struggle to find a comfortable balance between their home and work lives.² Also, the parents' absence often affects the children, who also feel the stress of their parents' work lives in the home. These children may find material benefit from the additional

The region has a high percentage of families with all parents working.

income, but they often miss out on time with their parents during a crucial part of their development. Despite these drawbacks, many children also may benefit when their parents succeed in the workplace.



ACCESS TO CHILD CARE

Licensed or Registered Child Care Slots

Number of slots that meet standards and are licensed, registered or listed under the Child Care Licensing (CCL) Program within the Texas Department of Family and Protective Services (DFPS).

	2009	2010	2011	2012	2013	2014
Dallas	100,462	101,828	103,247	103,047	98,433	100,069
Collin	47,916	47,804	51,768	52,250	54,881	57,966
Cooke	821	876	986	961	970	1,009
Denton	30,449	33,665	35,872	36,357	37,194	38,778
Fannin	797	684	653	676	815	739
Grayson	3,386	3,297	3,573	3,720	3,647	3,481

Data Source: Texas Department of Family and Protective Services; Annual Report and Data Book, Statistics by Counties.

Licensed or Registered Child Care Facilities

Number of child care operations that meet standards and are licensed, registered or listed under the Child Care Licensing (CCL) Program within the Texas Department of Family and Protective Services (DFPS).

	2009	2010	2011	2012	2013	2014
Dallas	2,319	2,486	2,482	2,401	2,144	2,154
Collin	819	820	853	872	825	836
Cooke	41	45	47	45	48	51
Denton	670	706	791	737	713	732
Fannin	23	22	25	30	27	25
Grayson	110	97	105	110	99	98

Data Source: Texas Department of Family and Protective Services; Annual Report and Data Book, Statistics by Counties.

In 2014, Texas had 21,612 child care facilities with enough slots to provide care for 1,095,721 children. The largest number of slots came from licensed child care centers, with a total of 868,187 slots available statewide.¹ Still other children receive care in a home-based setting.

For licensed centers in Texas, all teachers and caregivers must be over the age of 18 and have a high-school diploma. These facilities are required to adhere to specific child-to-staff ratios and group sizes. For example, for ages 0-11 months, there is a child-to-staff ratio of 4 to 1 and a maximum group size of 10; ages 12-17 months have a child-to-staff ratio of 5 to 1 and a maximum group size of 13; ages 18-23 months have a child-to-staff ratio of 4 to 1 and a maximum group size of 18. On the other end of the age range, 5-year-olds have a child-to-staff ratio of 22 to 1 and a maximum group size of 35; 6- to 12-year-olds have a child-to-staff ratio of 26 to 1 and a maximum group size of 35. Centers must adhere to these ratios at all times or face citation from the state.

Home-based care, however, is subject to a different set of rules. For example, if a licensed home has one to three children, it is not

required to be listed with the state and is not subject to inspection, but those with four to six children are required to be registered with the state and are subject to inspection. These limits do not necessarily count the provider's own children, and there is no set maximum number of infants and toddlers per provider.²

Four of the six counties in the region had an increase in the number of licensed child care facilities; however, there was an overall decrease in numbers from 2009 to 2014. Dallas County had a large five-year drop in facilities, going from 2,319 to 2,154, a decrease of 165. In the same period, Collin County had a rise of 17; Cooke County had a rise of 10; Denton County had a rise of 62; Fannin County had a rise of two; and Grayson County had a decrease of 12.

While the overall number of facilities fell, the number of child care slots rose. The cause of this likely is that while few new facilities were built, older ones were being expanded and upgraded to support a higher capacity. Dallas County declined in child care slots over the five-year period by 393 slots; however, this number was counterbalanced by the increase in Collin County of

While the overall number of facilities fell, the number of child care slots rose.

10,050 child care slots. Cooke, Denton and Grayson counties had increases of 188, 8,329 and 95 slots, respectively. Fannin County followed Dallas County with a small decline of 58 slots, but the surrounding increases made the change negligible.



Subsidized Housing

Number of families using housing choice vouchers

		2009	2010	2011	2012	2013
Dallas	Number of Families Using Vouchers	26,199	26,042	26,609	27,831	27,758
	Number of Authorized Vouchers	27,481	28,333	28,912	29,054	29,154
Collin	Number of Families Using Vouchers	1,129	1,182	1,199	1,151	1,114
	Number of Authorized Vouchers	1,143	1,154	1,262	1,263	1,263
Cooke	Number of Families Using Vouchers	355	378	395	391	346
	Number of Authorized Vouchers	415	415	416	416	416
Denton	Number of Families Using Vouchers	1,401	1,458	1,484	1,497	1,477
	Number of Authorized Vouchers	1,370	1,505	1,525	1,526	1,526
Fannin	Number of Families Using Vouchers	177	213	200	197	207
	Number of Authorized Vouchers	264	277	277	277	277
Grayson	Number of Families Using Vouchers	327	337	319	350	347
	Number of Authorized Vouchers	327	340	340	365	365

Data Source: Center on Budget and Policy Priorities: National and State Housing Voucher Data, Texoma Council of Governments: Housing Voucher Data.

The Housing Choice Voucher program is a federal program assisting families in securing safe housing in the private marketplace. Those who qualify may choose suitable housing through direct negotiation with landlords.¹

Families may rent apartments, townhomes or single-family homes and are not required to live in subsidized housing projects. In some circumstances, families may even use vouchers to assist in the purchase of a home. Housing subsidies are administered by public housing authorities (PHAs) that pay landlords directly, while families are responsible for paying the difference.²

In addition to administering the subsidies, PHAs are responsible

for determining eligibility of families. Families are typically eligible only if their income does not exceed 50 percent of the area median income. PHAs are required to provide 75 percent of all subsidies to families whose income falls below 30 percent of the area median income.³

Ultimately, eligibility is determined not only by income but also by other factors such as citizenship status, household size, assets and medical and child care costs. Housing choice vouchers are provided to low-income families as well as to individuals in families with elderly or disabled persons.⁴

From 2009 to 2013, the number of authorized vouchers available across the six counties has remained fairly stable, especially in

Housing choice vouchers allow families to seek safe housing in the private marketplace.

the suburban counties. Meanwhile, the number of families actually using subsidies has varied.

Dallas, Denton and Grayson counties reported utilization rates of at least 95 percent, meaning that at least 95 percent of their authorized vouchers were in use in 2013. Collin and Cooke counties reported utilization rates of 88 and 83 percent respectively, while Fannin County reported a 75 percent utilization rate. Across the six counties, local PHAs distributed more than \$230 million in housing voucher assistance payments in 2013.⁵

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Safety

Across the nation, as well as in North Texas, overall child-mortality rates have declined within the past five years. Death from unintentional injuries continues to be the leading cause of pediatric deaths, as the result of motor-vehicle accidents, suffocations, drownings and fires and from sports and recreational activities. Dallas County experienced the highest number of unintentional deaths of all six counties: 53 children lost their lives from unintentional accidents in 2014. Sixteen of those deaths were from motor-vehicle accidents, while fewer than 10 deaths were drownings. Cooke, Denton, Fannin and Grayson counties all reported fewer than 10 unintentional deaths of children for 2014.

Children remain a vulnerable population, as evidenced by the increase in Texas Department of Family and Protective Services caseloads, which have risen in every county. The average caseload for a worker in the six counties is 26.5 cases, well above the recommended number. A majority of the reported cases are for neglect, which is the largest reported abuse category in the U.S., followed by physical abuse.¹

While the worker caseload continues to rise, the rate of death for children due to abuse is lower for a majority of the counties. However, child abuse and neglect have repercussions that follow the child well beyond the initial crime, as they lead to health-related quality-of-life issues. Children who have been abused or neglected experience depression, anxiety, STDs, higher rates of early-age drinking and smoking and many other conditions compared to those of children who have not been victims.²

The disrupting effect of violence on the lives of children may further be seen in the number of approved foster-care homes.³ In 2014, Texas placed roughly 13,221 children in approved foster-care homes. For the six counties, the number of approved foster-care homes and residential treatment centers continues to fluctuate year to year.

Violence against children also is reflected in the criminal justice system. It is estimated that 41 percent of youths committed to the Texas Juvenile Justice Department (TJJD) have experienced abuse or neglect.⁴ In the North Texas region, progress has been made in lowering the number of commitments to the system. In the past five years, there has been a drop from 225 total commitments to 95.

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¹ Department of Family and Protective Services (2014). *Annual Report and Data Book 2013*. Retrieved from: http://www.dfps.state.tx.us/documents/about/Data_Books_and_Annual_Reports/2013/FY2013_AnnualRpt_Databook.pdf
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Deaths from prescription-drug overdoses now exceed those of heroin and cocaine combined.

Since 2011, the number of cases and rates of child abuse increased sharply in all counties.

Dallas County saw its number of child homicides nearly double in four years.

The CPS caseload for social workers has risen in every county.

CHILD ABUSE & NEGLECT

Confirmed Victims of Child Abuse and Neglect

Number of cases confirmed by CPS and rate per 1,000 children

		2009	2010	2011	2012	2013	2014
Dallas	Number	5,862	5,591	5,069	5,107	5,505	5,967
	Rate	8.9	8.3	7.5	7.7	8.2	8.7
Collin	Number	1,220	1,260	1,097	1,082	1,168	1,393
	Rate	5.9	6.3	5.4	4.6	4.8	5.6
Cooke	Number	105	58	100	122	208	198
	Rate	10.6	5.9	10.2	12.5	21.2	20.1
Denton	Number	858	976	909	929	898	972
	Rate	4.9	6.2	5.6	4.8	4.5	4.7
Fannin	Number	47	53	56	52	91	126
	Rate	5.7	7.0	7.4	6.9	12.0	16.6
Grayson	Number	285	305	289	453	559	584
	Rate	10.0	10.9	10.2	15.5	19.0	19.7

Data Source: Texas Department of Family and Protective Services; Data Books and Annual Reports 2009-2014.

Deaths from Child Abuse and Neglect

Number of deaths confirmed by the Department of Family and Protective Services

		2009	2010	2011	2012	2013	2014
Dallas		29	17	30	11	17	14
Collin		6	3	2	4	2	4
Cooke		0	1	0	1	1	0
Denton		4	2	1	2	2	3
Fannin		0	0	0	0	1	0
Grayson		0	0	3	0	3	1

Data Source: Texas Department of Family and Protective Services; Data Books and Annual Reports 2009-2014.

Nationally, there are more than three million reports of child abuse annually, involving more than six million children.¹ The largest category of abuse toward children in 2013 was neglect, making up 63 percent of confirmed reports, followed by physical abuse with 19.8 percent; emotional abuse at 12.6 percent; exploitation at 3.4 percent; and sexual abuse at 1.2 percent.²

Child abuse and neglect hurt a child in many ways, risking the child's life in the moment as well as leading to higher rates of future health-related and quality-of-life issues. Children who are victims of child abuse or neglect have been shown to experience depression, anxiety, STDs, higher rates of early-age drinking and smoking and many other conditions compared to children who are not victims.³

From 2009 to 2011, the number of cases of confirmed victims of child abuse by Child Protective Services (CPS) decreased in most of the six counties. However, since 2011, there has been a sharp increase in the number of cases and the rates of abuse in all counties. In 2014, Dallas County had 5,967 cases of child abuse; Collin County had 1,393 cases; Cooke County had 198 cases; Denton County had 972 cases; Fannin County had 126 cases; and Grayson County had 584 cases.

These numbers are large, but when looking at statistics such as these, the rate also is important. Dallas County had the highest number of cases, but Cooke County had the highest rate among the six counties (at 20.1 per 1,000 children). The average rate for all counties per 1,000 children is 12.5. This puts Dallas, Collin and Denton counties below the average and Cooke, Fannin and Grayson well above it.

While there are many cases of child abuse and neglect in the region, the rate of death for children is lower. Over the past five years, there has been a decrease in five out of six counties. Dallas County fell from 29 child deaths from child abuse and neglect to a much lower 14 in 2014; Collin County dropped from six to four. Denton County dropped from four deaths to three. Cooke and Fannin counties have held their numbers fairly steady at zero most years. Grayson County moved from having zero deaths to having one. However, that number still is down from three deaths in 2013.

Since 2011, the number of cases and rates of abuse increased sharply in all counties.



Overall Child Mortality

Number of children age 0-19 who died due to any cause

Reports from the Texas Child Fatality Review Team in 2011 stated that there were 3,795 child deaths in Texas, a rate of 52.7 child deaths per 100,000 children, which represented a 4.7 percent decrease in the death rate from 2010.

The natural death rate increased in general, as did the rate for some specific causes of death. The age-adjusted drowning rate had a 137 percent increase from 2010-2011, with accidental drownings showing little change for all children.

However, some specific age groups experienced declines. Motor-vehicle fatalities among 15- to 17-year-olds declined substantially, following an overall trend of decline for this group from 2005 to 2011.¹

Within the past five years, child mortality rates decreased in the state of Texas, as well as nationally. Half of the counties in the six-county region experienced a decline in overall child deaths, but Dallas, Collin and Grayson counties all saw their numbers increase from 2012 to

	2009	2010	2011	2012	2013
Dallas	432	416	416	366	371
Collin	71	81	94	58	81
Cooke	<10	<10	<10	<10	<10
Denton	76	71	57	67	50
Fannin	<10	<10	<10	<10	<10
Grayson	12	18	19	14	15

Data Source: Texas Department of State Health Services; Center for Health Statistics, Vital Statistics.

2013. With the state's nondisclosure updates, some data could not be obtained, so while the decrease may have continued through 2014, it is not known for certain.

As with other indicators reporting deaths of children, some counties simply reported the number of deaths as being fewer than 10. The new reporting is a result of recommendations issued by the National Center for Health Statistics at the Centers for Disease Control and Prevention (CDC).²

Dallas, Collin and Grayson counties saw an increase in child deaths, counter to the national trend.

Child Homicide

Number of deaths from intentional injury of children under age 20

In Texas, the state rate of child homicide in 2011 was 2.2 deaths per 100,000 children. Of the 138 child homicides that year, it is estimated that nearly 70 percent could have been prevented.

Most of these crimes were committed by those who were caregivers for the child. Of all of the deaths, 31 percent were from child abuse; 28 percent were from unknown causes; 26 percent were from assault; 9 percent were categorized as other causes; and 6 percent were the result of poor supervision. Many of the children who were killed had suffered from previous mistreatment.¹

Even with the work of the child protective system and the various groups and organizations working to combat violence against children, the United States had an estimated 1,520 children die as a result of homicide in 2013, which is a rate of 2.04 per 100,000 children. This is considered a high rate of child homicide, compared to other developed countries.

	2009	2010	2011	2012	2013
Dallas	17	14	13	18	32
Collin	2	1	2	<10	<10
Cooke	0	1	1	0	0
Denton	4	1	0	<10	<10
Fannin	0	0	0	0	0
Grayson	0	2	1	<10	<10

Data Source: Texas Department of State Health Services; Center for Health Statistics, Vital Statistics.

Even so, many researchers feel that the number is largely under-reported. In many cases, child homicides originally are classified as unintentional deaths, but later are reclassified as homicides after further medical investigation.²

In 2013, Dallas County had the largest number of homicide victims under age 20, with 32 cases – nearly double the number in 2009. Due to policy changes in 2012, counties with fewer than 10 deaths in a given classification are suppressed to avoid inadvertent identification of the victims. With that in mind, Collin, Denton and Grayson County all had fewer than 10 cases in 2013, with Cooke and Fannin counties reporting zero cases.

Dallas County saw its number of child homicides nearly double in four years.

While the numbers certainly are up for Dallas and Grayson counties since 2009, numbers are not easy to determine for the remaining counties, due to the policy change.



CPS Caseload

Average number of cases assigned to each Child Protective Services caseworker per month

Child Protective Services (CPS) has the duty of protecting children from abusive parents, guardians or other figures of authority. They do this through investigation of reports of abuse, as well as by providing support services for children and families. CPS also facilitates the placement

of children into foster homes and helps them transition into adulthood.¹ CPS has been criticized for being unable to complete investigations of the reports on abuse; in 2014, only 24 percent of cases in Texas were confirmed to be completed in investigation.²

In Texas, 16,961 children were in foster care in 2014. The highest numbers of children were Hispanic with 6,952 (41 percent), followed by white with 5,333 (31.4 percent) and African-American with 3,670 (21.6 percent). Age groups are represented fairly evenly among CPS cases. The largest percentage of children in foster care are less than 2 years old (22.9 percent), followed by ages 14-17 (21.3 percent), ages 6-9 (19 percent), ages 3-5 (16.8

	2009	2010	2011	2012	2013	2014
Dallas	20.0	27.3	30.3	30.1	30.3	25.6
Collin	22.0	25.3	26.1	30.1	27.2	29.0
Cooke	17.3	20.8	21.0	23.2	20.9	19.2
Denton	18.2	23.7	26.3	26.0	25.2	24.4
Fannin	25.1	23.1	22.1	19.4	17.7	30.2
Grayson	21.1	23.4	24.8	29.7	26.9	30.7

Data Source: Texas Department of Family and Protective Services; Data Books and Annual Reports 2009-2014.

percent) and ages 10-13 (16.4 percent), with ages 18-21 making up the remaining 3.6 percent.

The largest numbers of reported abuses are neglectful supervision (51,197 allegations), physical abuse (11,514 allegations), sexual abuse (5,563 allegations) and physical neglect (4,857 allegations). In total, there were 76,030 confirmed allegations in 2014 of child abuse and/or neglect in Texas.³

Over the past five years, the CPS caseload for social workers has risen in every county. Excessive caseloads lower the quality of service for all involved. Large caseloads take away time spent with the families and children, raise

The CPS caseload for social workers has risen in every county.

turnover rates and create less effective case outcomes. Throughout all six counties, there is an average of 26.5 cases per worker. Every county has increased caseloads, ranging from two to nine additional cases per worker since 2005.

The American Public Human Services Association (APHSA) stated that the average caseload often is double what is recommended.⁴ Additionally, a turnover in social workers means added problems with the children, who are forced to adapt and open up to new people.

Children Receiving Services for Domestic Violence

Number of children under 18 years of age receiving services from domestic violence shelters

		2009	2010	2011	2012	2013	2014
Dallas	Brighter Tomorrows	305	308	380	307	346	337
	The Family Place	390	433	461	594	NA	NA
	Genesis Women's Shelter	290	270	186	NA	476	319
	Peaceful Oasis	3	5	43	50	71	79
Denton		303	294	284	347	331	359
Grayson			105	160	147	161	160

Data Source: New Beginnings Shelter; Brighter Tomorrows; The Family Place; Genesis Women's Shelter; Texas Muslim Women's Foundation (Peaceful Oasis); Denton County Friends of the Family; Grayson County Crisis Center.

Counties that were able to provide data on the number of children receiving services for domestic violence have reported numbers that fluctuated over the years. Denton County saw a decrease in the number of children served by Denton County Friends of the Family from 2012 to 2013, but an increase in 2014 above the 2012 numbers. The Grayson County Crisis Center saw a decrease from 2011 to 2012, but numbers returned to around 161 children served in 2013, with preliminary numbers for the 2014 fiscal year also reaching this level.

Domestic violence and family crisis centers in many counties do not, or are not able to, collect data on the populations they serve. This leaves a number of unknown or unreported cases of children who may receive

these types of services. Agencies run by volunteers may not have the training necessary to collect data for each client they serve and may not maintain a database across time. Data collection also may not be a prime consideration of agencies, because providing services is, and should be, their primary concern.

In large counties such as Dallas, there is difficulty in reaching out to every program or center that provides these types of services to get a complete picture of the number of children served. Also, programs may inconsistently record and report their numbers. In smaller counties, a lack of resources may mean that there is no program available at all for the residents who live there, forcing families to seek services in other counties.

A lack of resources may mean no program is available for victims of domestic violence in smaller counties.

The National Census of Domestic Violence Services is an annual survey in which local participating domestic-violence programs in Texas report on the services provided within a 24-hour period. Of the 93 identified programs in the state, 73 programs reported that 1,727 children found refuge in emergency shelters or transitional housing during a one-day survey period.¹ However, there were more than 1,500 unmet requests for services due to a lack of resources, which is an increase since 2013. The primary service requests that went unmet were for housing and legal representation.²



Child-Related Sex Crimes

Number of cases filed by report or indictment for indecency with a child or aggravated sexual assault on a child

According to the Texas Department of Family and Protective Services' *Annual Report and Data Book*, Texas had 66,398 confirmed child-abuse victims in 2013. Of that number, 6,009 children were victims of sexual abuse.¹

The Federal Child Abuse Prevention and Treatment Act (CAPTA) defines and identifies a minimum set of acts that constitute a sex crime against a child. Child sexual abuse is one form of child abuse and includes a wide range of actions enacted upon a child by an adult, parent, caregiver or older child that includes fondling, incest, rape, sodomy, indecent exposure and exploitation through prostitution or the production of pornographic materials.²

Although the prevalence of child sexual abuse is difficult to determine because many victims or their families do not report it, studies have shown that a majority of children are abused by someone they know within their social circle.³

	2009	2010	2011	2012	2013	2014
Dallas	83	122	329	295	309	295
Collin	115	107	122	139	124	128
Cooke	18	7	11	13	8	11
Denton	98	82	67	95	103	85
Fannin	26	12	19	28	23	24
Grayson	18	26	30	44	25	17

Data Source: Office of Court Administration: Texas Courts Online.

In the North Texas region, the number of cases filed or indicted for child-related sex crimes continues to fluctuate for each county. In Dallas County, there were 295 reported child-related sex crimes in 2014, which is down from 309 reported in 2013. Collin County experienced an increase in cases filed or indicted for 2014 with 128 cases, up from 124 cases in 2013.

Cooke and Fannin counties experienced slight increases: Cooke filed eight cases in 2013 and 11 in 2014, and Fannin filed 23 cases in 2013 and 24 in 2014.

Dallas County had 295 reported child-related sex crimes in 2014.

Denton County had a substantial decrease in the number of cases reported for child-related sex crimes from 2013 to 2014, from 103 cases in 2013 to 85 cases in 2014. Grayson County also saw a decline in the number of cases reported. In 2013 the county reported 25 cases, and in 2014 the number of cases reported was 17.

Unintentional Deaths of Children

Number of unintentional deaths of children ages 0-19

The number of unintentional deaths of children (ages 0-19) continues to fluctuate for a few counties in the North Texas region. In Dallas County, a total of 53 children died in 2013. Sixteen lost their lives in motor-vehicle accidents, and fewer than 10 children lost their lives in drownings.

Collin County experienced 19 unintentional deaths in 2013, which is a sharp rise from the fewer than 10 the county saw in 2012. Cooke, Denton and Grayson counties all reported fewer than 10 unintentional deaths of children for 2013, and Fannin County reported zero.

Accidents (unintentional injuries) are the leading cause of death among children and teens in the United States.¹ The Centers for Disease Control and Prevention (CDC) classifies death from unintentional injuries as any death of a child ages 0-19 resulting from a motor-vehicle accident, suffocation, drowning, poison, falls, fires or the resulting burns, and deaths from sports or recreational activities.²

In the United States, more than 9,000 children die each year from unintentional injuries. Suffocations are the leading cause of pediatric death for children under one year

		2009	2010	2011	2012	2013
Dallas		72	62	79	61	53
	Motor Vehicle	23	17	21	18	16
	Drowning	11	7	14	8	<10
Collin		17	13	14	<10	19
	Motor Vehicle	<10	<10	<10	<10	<10
	Drowning	5	4	<10	0	<10
Cooke		1	1	0	<10	<10
	Motor Vehicle	0	0	0	<10	0
	Drowning	0	0	0	0	<10
Denton		18	17	11	11	<10
	Motor Vehicle	<10	<10	<10	<10	<10
	Drowning	6	0	<10	<10	<10
Fannin		5	0	3	<10	0
	Motor Vehicle	<10	0	<10	<10	0
	Drowning	0	0	0	0	0
Grayson		4	11	6	<10	<10
	Motor Vehicle	0	<10	<10	0	0
	Drowning	0	2	0	0	<10

Data Source: Texas Department of State Health Services; Center for Health Statistics.

of age. Children ages 1-4 are more likely to die from drowning, and motor vehicle-related deaths are the leading cause of death for children ages 5-19.³

The CDC reports that some children are more vulnerable than others, depending on gender, race and ethnicity, age, socioeconomic status and geographic location. For example, unintentional death rates are highest for American Indians and Alaska Natives. Among white and black children, the rate is approximately the same, except for drowning, for which the rate for black children is 45

Accidents are the leading cause of death among children and teens.

percent higher than for whites.⁴ In addition, socioeconomic factors are associated with greater childhood injury, as children whose families live in poverty have disproportionately higher rates of injury.⁵

Among teenagers, motor vehicle-related injuries occur at a greater rate than in any other age group. According to the CDC, the biggest risk factors for a teen car crash are inexperience, driving with other teen passengers and driving at night.



ALCOHOL AND SUBSTANCE ABUSE

Alcohol-Related Collision (Motor-Vehicle) Deaths

Number of alcohol-related motor-vehicle deaths of individuals under 21 years of age

	2009	2010	2011	2012	2013	2014
Dallas	7	10	6	8	10	13
Collin	2	0	2	1	0	3
Cooke	0	0	0	0	0	0
Denton	1	7	0	2	0	2
Fannin	0	0	0	2	0	0
Grayson	1	4	0	1	2	2

Data Source: Texas Department of Transportation.

Alcohol- and Substance Abuse-Related ER Visits

Number of alcohol- or drug-related ER visits by underage children

		2009	2010	2011	2012	2013	2014
Dallas	Alcohol	172	223	281	232	220	264
	Drugs	115	102	125	110	175	189
Collin	Alcohol	36	60	79	64	85	70
	Drugs	18	29	46	40	42	52
Cooke	Alcohol	1	3	3	0	1	0
	Drugs	0	0	0	0	0	0
Denton	Alcohol	38	41	61	65	60	62
	Drugs	10	21	30	24	18	28
Fannin	Alcohol	0	0	1	0	0	1
	Drugs	1	0	1	0	2	1
Grayson	Alcohol	0	3	3	10	6	7
	Drugs	0	1	1	3	0	0

Data Source: Dallas-Fort Worth Hospital Council Foundation; Business Intelligence.

Although the number of alcohol- and drug-related emergency room visits and motor-vehicle deaths is relatively low across the region, these statistics represent only a fraction of overall drug and alcohol use. According to a 2015 report to Congress, approximately one in four children ages 12-20 have used alcohol in the last month, and 15.6 percent report binge drinking in the same time period. Older teenagers, those ages 18-20, are the most likely to engage in underage drinking.

Nearly half of 18- to 20-year-olds reported drinking alcohol in the past month, and one in three reported binge drinking. Moreover, nearly a third of all traffic fatalities in Texas in 2012 involved 15- to 20-year-old drivers with a blood alcohol content (BAC) greater than .01.¹

In addition to alcohol use, 41 percent of Texas high-school students reported marijuana use in 2011, and 11 percent reported using inhalants. Males reported marijuana use at a higher rate than females – 45 percent compared to 36 percent, respectively.²

The cost of underage drinking in Texas exceeds \$5.5 billion per year when considering medical costs, work lost and pain and

suffering. Even when considering only tangible costs and excluding pain and suffering, the cost of underage drinking still is nearly \$2 billion per year. Some of the more costly effects of underage drinking include property damage and traffic collisions, as well as the medical costs associated with alcohol treatment, alcohol poisonings and fetal alcohol syndrome.³

Despite the significant costs of alcohol and drug use among Texas youths, there are some areas in which Texas excels. Texas has the eighth-lowest drug overdose mortality rate in the nation, and while the mortality rate has increased by 78 percent since 1999, 43 other states saw their rates more than double over the same time period.

Texas also is a leader in adopting promising practices for the prevention of prescription drug abuse, which has become an increasing health concern as deaths from prescription-drug overdoses now exceed those of heroin and cocaine combined. Although Texas has adopted several promising strategies to prevent prescription drug abuse, it is worth noting that most of them focus on provider education and stricter enforcement.

Deaths from prescription-drug overdoses now exceed those of heroin and cocaine combined.

Texas has not adopted strategies to support expanded substance-abuse treatment services.⁴

It is important to mention that no hospitals in Cooke, Fannin or Grayson counties are members of the DFW Hospital Council Foundation, which reports data only from its member hospitals.⁵ Therefore, numbers in those counties might be underreported, as they reflect only those individuals who reside in those counties but visited a member hospital in another county.



Children in Conservatorship

Number of children in DFPS legal responsibility and the rate per 1,000 children

The Texas Department of Family and Protective Services (DFPS) protects society's most vulnerable citizens: children, older adults and those with disabilities. Within the DFPS, Texas Child Protective Services (CPS) is tasked with the role of protecting children from abuse, neglect and exploitation by providing 24-hour investigatory services, referrals, regulations and prevention programs to children in immediate or suspected danger. These programs include parenting classes, family-based services and supporting children and families through the process of foster care.¹

In 2014, a total of 28,523 children were in DFPS care in Texas, including foster care, emergency shelters, child-placing agencies and kinship care. A majority of these children were placed in some form of substitute care under DFPS directives. Approximately 11,882 were housed in foster care and 10,415 were placed in kinship care.² A smaller number of the 28,523 children were placed in emergency shelters or residential treatment centers.

		2009	2010	2011	2012	2013	2014
Dallas	Number	2,992	3,301	3,716	3,948	4,049	4,382
	Rate	4.5	4.9	5.5	5.9	6.0	6.4
Collin	Number	465	416	465	429	468	504
	Rate	2.3	2.1	2.3	1.8	1.9	2.0
Cooke	Number	76	72	89	87	130	148
	Rate	7.7	7.4	9.0	8.9	13.2	15
Denton	Number	451	540	596	684	636	625
	Rate	2.6	3.4	3.7	3.5	3.2	3.1
Fannin	Number	71	49	41	30	25	39
	Rate	8.7	6.5	5.4	4.0	3.3	5.1
Grayson	Number	204	190	163	146	200	253
	Rate	7.2	6.8	5.8	5.0	6.8	8.5

Data Source: Texas Department of Family and Protective Services; Data Books and Annual Reports 2009-2014.

The primary goal for DFPS is for a child to enter a permanent home or appropriate setting involving the child's parents, except when court orders deny that option. When DFPS cannot find permanent care, the child stays in state care until age 18. CPS works to connect these youths with caring adults who can provide support in foster care until the youths reach age 21.³

The number of children under DFPS care increased slightly in the majority of the six counties. Dallas County reported the highest degree of change, from 4,049 children in 2013 to 4,382 children in 2014.

In 2014, a total of 28,523 children were in DFPS care in Texas, a slight increase in a majority of the counties.

Cooke County experienced a slight increase in 2014 with 148 children. Denton County was the only county to experience a slight decline, from 636 children in 2013 to 625 in 2014.

Fannin County reported 39 children, while Grayson County reported 253 children under state care for 2014. Collin County had an increase in the number of children in conservatorship, from 468 children in 2013 to 504 in 2014.

ER Visits Related to Gunfire

Number of children's ER visits related to gunfire

According to the Centers for Disease Control and Prevention (CDC), in 2013 approximately 33,636 deaths by firearm occurred in the United States.¹ Accidental discharge of a firearm resulted in 69 deaths for children age 0-14 and 107 youths age 15-24 in 2013. However, 896 children ages 0-14 and 4,329 youths ages 15-24 lost their lives to homicide with a firearm across the United States in 2013.²

National rates of homicides by gun are lower today than during their peak in the mid-1990s, and they continue to decline.³ Despite this, gun-related injuries affect Americans in ever-increasing numbers. In 2011, nearly 74,000 injuries from firearms were reported by the CDC for emergency-room visits.⁴ In 2013, that number rose to 84,258, and of that number, 15,091 were children between the ages of 0-19.⁵

The latest data from the Texas Department of State Health Services reports that in 2010 a total of 1,197,727 ER visits took place; of that number, 94,799 visits were for children under the age of 19.⁶ Less

	2009	2010	2011	2012	2013	2014
Dallas	69	45	45	50	58	64
Collin	4	5	11	6	7	11
Cooke	0	1	0	0	0	0
Denton	3	4	7	2	4	3
Fannin	0	1	0	1	0	0
Grayson	0	1	0	2	3	1

Data Source: Dallas-Fort Worth Hospital Council Foundation; Business.

than 1 percent of the pediatric ER visits for that year resulted in death.⁷ The top diagnosis for pediatric ER visits was for pneumonia, followed by acute bronchitis, appendicitis, asthma and skin and tissue infections. Firearms were not in the top-10 diagnoses for pediatric ER visits for the State of Texas.

It is important to note that the data in the table comes from the DFW Hospital Council Foundation, which only reports data from its member hospitals. Currently, no hospitals in Cooke, Fannin or Grayson counties are members of the council.⁸ Therefore, the number in those counties might be underreported, as they reflect only those individuals who reside in those counties but visited a member hospital in another

In the U.S., 176 people under age 24 were killed by accidental gunfire in 2013.

county. Numbers for all counties likely are underreported because the data does not include residents of any of the six counties who accessed non-member hospitals for their emergency care.



Traumatic Injuries

Number of hospitalizations of children with a primary or secondary diagnosis of physical injury or a complication of a physical injury

According to the Centers for Disease Control and Prevention (CDC), physical injury is the leading cause of death among children and teens under the age of 20 and accounts for more than one-third of all childhood deaths after infancy.¹

The CDC estimates that 9.2 million children visit the emergency room each year for unintentional injuries, and the incidence rate is higher for males than for females. The most common causes of injury to children under the age of 15 are falls and blunt force. Additionally, children under 10 are more likely to suffer from animal bites, while teenagers are more likely to be injured in motor vehicle collisions.²

In addition to the immediate impact of the injury, trauma can have lasting effects on children and their families. Studies have shown that unintentional injuries to children account for a substantial portion of medical expenses for children, placing an unexpected burden on families. Moreover, these injuries sometimes leave children with permanent disabilities, traumatic stress,

	2009	2010	2011	2012	2013
Dallas	1,047	765	686	1,101	754
Collin	419	234	227	216	213
Cooke	27	21	13	17	15
Denton	223	194	175	152	161
Fannin	14	11	7	12	9
Grayson	76	48	55	59	58

Data Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2000-2013.

depression or other conditions that require long-term care.^{3, 4}

To reduce nonfatal injuries and their impact on children and families, the CDC promotes prevention strategies that revolve around educating the public on issues of childhood safety, advocating for the adoption of effective safety laws and ordinances and promoting innovation in the development of safer designs for all products, from toys to automobiles.⁵ Other everyday prevention suggestions include the use of window guards, gates at the top and bottom of stairs and properly installed restraints in high chairs, carriers and car seats.⁶

Over the past five years, childhood hospitalizations for injuries have

Pediatric hospitalizations for injuries have decreased in the past five years.

decreased noticeably in all six counties, but largely because hospitalizations in 2009 were so high. Since 2010, each of the counties, except Dallas County, have maintained a relatively stable number of injury-related hospitalizations that remains consistently lower than that recorded in 2009. Dallas County has been less stable, with another spike in hospitalizations in 2012 that exceeded the number reported for 2009. Dallas County is the only county for which 2009 was not the peak of its childhood injury hospitalizations.

Approved Foster-Care Homes and Residential Treatment Centers

Number of foster homes and RTCs approved by child-placing agencies

		2009	2010	2011	2012	2013	2014
Dallas	Approved Homes	710	705	796	715	735	717
	Residential Treatment Centers (RTCs)	2	3	2	4	4	4
Collin	Approved Homes	198	204	243	209	199	194
	Residential Treatment Centers (RTCs)	0	0	0	0	0	0
Cooke	Approved Homes	2	2	5	2	2	7
	Residential Treatment Centers (RTCs)	0	0	0	0	0	0
Denton	Approved Homes	170	175	206	169	176	205
	Residential Treatment Centers (RTCs)	1	1	1	0	0	0
Fannin	Approved Homes	8	9	10	9	11	12
	Residential Treatment Centers (RTCs)	0	0	0	0	0	0
Grayson	Approved Homes	28	30	33	25	20	12
	Residential Treatment Centers (RTCs)	0	0	0	0	0	0

Data Source: Texas Department of Family and Protective Services; Data Books and Annual Reports 2009-2014.

The Administration for Children and Families (ACF), as part of the U.S. Department of Health and Human Services, is charged with the stewardship of essential services to families, including review and funding of foster-care homes and residential treatment centers (RTCs). Children and teens who are placed in foster-care homes or RTCs have been removed from their homes as a result of maltreatment, lack of care or lack of supervision.

The ACF's report from 2013 indicates that the U.S. had 678,932 reported victims of child abuse or neglect, a rate of 9.1 victims per 1,000 children in the population. Of those children, 144,000 victims received foster-care services.¹ The ACF also reported that roughly

13,221 Texas children were placed in approved foster-care homes.²

The process for becoming an approved foster-care home begins with Child Protective Services (CPS) and its established requirements for selection and training. The foster parent must be at least 21, financially stable and compliant with all investigations and studies regarding the person's home and family life.³ RTCs are licensed facilities that provide a highly structured clinical program to treat a wide variety of disorders and psychological, physical, sexual or emotional trauma.⁴

For the six counties in the North Texas region, the number of approved foster-care homes and

In Texas, 13,221 children were placed in approved foster homes in 2013.

RTCs continues to fluctuate. Dallas, Collin and Grayson counties continued the decreasing trend that began in 2012. Dallas and Grayson counties showed larger decreases in their number of foster-care homes for 2014 than did Collin, but Dallas County's number of RTCs has remained consistent over the past three years. Denton County had a substantial increase for 2014 with 176 approved homes in 2013 and 205 in 2014. Fannin County increased available approved homes by one in 2014.



Students Disciplined for Possessing Alcohol, Tobacco or Controlled Substances on School Grounds

Number of public school students disciplined for possessing alcohol, tobacco or controlled substances on school grounds

According to the Texas Department of State Health Services (DSHS), the use of tobacco, alcohol and illicit drugs among Texas youth in grades 7-12 has decreased. In 2014, alcohol was the most commonly used substance, with slightly more than half of the 33,463 public-school students self-reporting that they had used alcohol. This is significantly less than the 62 percent reporting in 2010.

Binge drinking, which was reported among 13.8 percent of the sampled student population and is defined as having five or more drinks, fell by 18 percent since 2012. Tobacco use also is in decline, with 27.7 percent of students reporting usage in 2012, down from 22.4 percent in 2014.¹

Marijuana usage also fell by 13 percent from 2012 to 2014, but it remains the most common illicit drug among Texas youth, with 9.1 percent of students reporting usage in 2014. Usage of cocaine or crack, ecstasy, hallucinogens, methamphetamine, Rohypnol, heroin and steroids also declined from 2012 to 2014. The use of the anti-anxiety prescription drug Xanax (or alprazolam) has

		2009	2010	2011	2012	2013	2014
Dallas	Alcohol	219	221	213	224	210	227
	Tobacco	463	492	420	466	265	379
	Controlled Substances	2,310	2,522	2,450	2,539	2,765	3,213
Collin	Alcohol	83	117	92	67	112	111
	Tobacco	134	101	81	59	89	222
	Controlled Substances	318	380	349	445	483	433
Cooke	Alcohol	< 5	< 5	< 5	< 5	<5	0
	Tobacco	< 5	5	13	< 5	<5	11
	Controlled Substances	6	9	5	13	15	11
Denton	Alcohol	49	79	76	70	71	79
	Tobacco	93	91	85	89	114	117
	Controlled Substances	214	339	267	329	299	263
Fannin	Alcohol	8	5	< 5	< 5	<5	<5
	Tobacco	11	23	17	10	<5	8
	Controlled Substances	13	9	13	22	6	8
Grayson	Alcohol	10	13	6	13	18	14
	Tobacco	33	49	27	42	52	79
	Controlled Substances	51	62	71	73	63	43

Data Source: Texas Education Agency; Disciplinary Report.

increased slightly, from 1.5 percent in 2012 to 1.6 percent in 2014.²

From 2013 to 2014, the number of public school students disciplined for possessing alcohol, tobacco or controlled substances on school grounds fluctuated for each of the six counties. Dallas and Denton counties saw an increase in alcohol- and tobacco-related incidents. Dallas County jumped from 265 tobacco incidents in 2013 to 379 in 2014, while Denton rose slightly from 114 in 2013 to 117 in 2014.

Marijuana remains the most common illicit drug among Texas youth.

Dallas County's alcohol-related school infractions rose from 210 in 2013 to 227 in 2014.

Denton County experienced an 8-point jump, from 71 reported cases in 2013 to 79 in 2014.

Dallas County had the largest increase in the number of students disciplined for possession of a controlled substance, from 2,765 in 2013 to 3,213 in 2014.

Commitments to the TJJD (formerly TYC)

Number of adjudicated youths subsequently committed to the Texas Juvenile Justice Department

The Texas Juvenile Justice Department (TJJD) is the agency responsible for sentencing, assessing, placing and paroling juvenile offenders. It was established in December 2011 to replace the previous Texas Youth Commission (TYC), and it has jurisdiction over delinquent youths ages 10-16.¹

In 2014, 91 percent of commitments were male, while only 9 percent were female. Additionally, 83 percent of all commitments had an IQ lower than 100, tested at reading levels at a median of 3.8 years behind the normal achievement and were a median of five years behind on math skills.

These statistics portray the reality that many of the youths who are committed to TJJD have lower levels of education compared to other youths who are not considered delinquent. Statistics also show that children who are committed may have had difficult living situations at home, with 85 percent having parents who were unmarried, divorced, separated or deceased, and 41 percent having a known history of abuse or neglect.²

	2009	2010	2011	2012	2013	2014
Dallas	188	129	112	87	46	67
Collin	13	14	11	8	15	8
Cooke	4	3	2	1	1	3
Denton	17	13	16	18	13	10
Fannin	0	2	1	2	2	2
Grayson	3	6	5	9	2	5

Data Source: Texas Youth Commission; Texas Juvenile Justice Department.

Recent data shows major decreases in the levels of re-incarceration.

This means that delinquent youths have successfully reintegrated into normal life, which allows them to succeed and grow as contributing members of society.³

In many cases involving minors, police tend to give warnings to the children and their parents. However, when juvenile cases pose a danger to the child and possibly to society, more action is needed. This is where the TJJD comes into play.⁴

In 2014, 67 youths were committed to TJJD in Dallas County, eight in Collin County, three in Cooke County, 10 in Denton County, two in Fannin County and five in Grayson County, making up 12 percent of the total 789 commitments to TJJD in 2014.⁵

The number of youths committed to TJJD in Dallas County fell dramatically.

Over the past decade, the total number of youths committed in the six-county region fell dramatically, from 458 in 2003 to 95 in 2014. The same decline is seen in the five-year span, with a drop by more than half in the region, from 225 commitments to 95. The change is weighted heavily by Dallas County's decline in commitments.



End Notes

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RESEARCH METHODOLOGY

Beyond ABC: Assessing the Well-Being of Children in Dallas County and the North Texas Corridor represents the latest information available about the issues affecting children in the region. Following is a brief description of the methodology employed, data sources selected and issues faced.

METHODOLOGY

As in years past, the compilation of this year's report was completed thanks to the input of a dedicated Advisory Board. After reviewing the indicators used in previous years, the Advisory Board established the final list of indicators to be included with this year's document. The research staff at the University of Texas at Dallas Institute for Urban Policy Research then worked to identify the most consistent recent and historical data available for each of the six counties. For many of the indicators, this data is as recent as 2014.

In revisiting some sources to collect current and historical data for the six-county region, the research team found that source data had been updated since production of the 2012 report. As is not uncommon with official data sources, the team found instances where preliminary data used in previous *Beyond ABC* reports had since been updated by the original author. In an effort to ensure continuity in the computation of numbers across years, the research team asked for many of the indicators to be reported by the source agencies for 2014 and all prior years. What this means for the reader is that, on occasion, data presented in the 2015 report may differ from data presented in past reports even if the source remained the same. These discrepancies typically resulted from a shift in the source agency's calculation or reporting practices and that data presented in the 2015 report is calculated consistently across all years.

DATA SOURCES

For the vast majority of indicators, data were retrieved directly from the official government agencies charged with maintaining accurate records of events, including the Texas Education Agency, Texas Department of Family and Protective Services, Texas Department of State Health Services Center for Health Statistics and others.

In limited cases where county-level data was not provided by the official agency, the need to summarize data to the county level necessitated some additional manipulation of data. Finally, for a very small number of indicators, the shift to a six-county area forced the research team to use different sources across the counties or to engage in original data collection. In those cases, additional safeguards were in place to ensure adequate and accurate transcription of the data.

THE INSTITUTE FOR URBAN POLICY RESEARCH

The research staff at the Institute for Urban Policy Research at the University of Texas at Dallas – with input from the advisory board and Children's Health staff – compiled and composed the data and narratives that accompany each indicator. Members of the research staff include:

- Timothy M. Bray, Ph.D., Director
- Anthony Galvan, Associate Director
- Shahrukh Farooq, Research Associate
- Claire LeBlanc, Research Associate
- Alexis Harper, Graduate Research Assistant
- Dakota McCarty, Graduate Research Assistant
- Nicole Joseph, Research Intern
- Tyzhe Speights, Research Intern



2015 *BEYOND ABC*

Recommendations

The 2015 *Beyond ABC* Advisory Board took note of progressive programs in North Texas and proposes the following recommendations:

Health

The advisory board supports the Children's Health Asthma Management Program. The program, the first of its kind in the nation, is a tailored comprehensive plan that focuses on asthma education, self-management skills and care for children ages 0-18 with a diagnosis of asthma. The program currently serves families with children in Dallas, Tarrant, Ellis, Collin, Kaufman, Denton and Rockwall counties. Expansion of this program could make a positive difference for many more children in Texas.

Education

The advisory board commends the 2015 Texas Legislature for establishing a pilot program to expand access to public pre-kindergarten programs for children in low-income families. We recommend further study and exchange of best practices with the intent of expanding access to quality pre-kindergarten programs for children in the North Texas Corridor.

Economic Security

The advisory board commends the Dallas Independent School District's (DISD) efforts in receiving approval in 2013 to provide free lunches to all its students. This supports the goal that all children should be given equal access to nutrition regardless of socioeconomic status. We encourage DISD to seek approval from the U.S. Department of Agriculture for continuation of this program past 2017.

Safety

The advisory board supports the development and implementation of integrated systems of support that educate, prevent and intervene in issues related to child abuse and neglect. Integrated systems increase networking and information sharing among the organizations best positioned to detect the early onset of abusive behaviors and neglect. Because these institutions encounter many children at early ages, before the onset of abuse, they are ideally situated to provide parent and caregiver training to help prevent abuse and neglect.





Taking Steps

Children's Health knows that caring for the youngest members of our society is a cooperative effort. It takes an entire support system throughout the region to secure the best care for our children. The *Beyond ABC* report provides the essential research that Children's Health uses to partner with community organizations and improve the quality of life for children.

A few of the ways that Children's Health is making life better for children:

BEYOND ABC TOPICS

MAKING A DIFFERENCE IN NORTH TEXAS

Health

Children without Health Insurance

For more information on Children's Health community partnerships, please see POPULATION HEALTH, page 94.

Children's Health plans a **pilot Wellness Care program at the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**. The objective is to connect vulnerable children to medical homes, first identifying children ages 0-5 who lack a medical home, then addressing barriers to access. The pilot program includes guidance to accessing pediatric primary care through Medicaid and CHIP.

Number of Health Care Providers Accepting CHIP and Medicaid

Children's Health Pediatric Group provides primary care for newborns, infants and children through age 18 at its 20 area locations, and the Medical District and West Plano locations also offer after-hours services. These offices accept CHIP, Medicaid and private health insurance as well as cash payments. Children's Health Pediatric Group locations handle more than 181,000 patient visits each year.

Education

Students Receiving Special Education in Public Schools

The Medical-Legal Partnership for Children|Dallas (a partnership of Legal Aid of NorthWest Texas, Children's Health and UTSW Medical Center Dallas) was created to establish a health care team able to identify, treat and prevent health-harming legal issues for patients. The MLP approach trains health care providers to understand the link between educational attainment and health behaviors and to effectively screen patients for school difficulties and educational delays. When a need is identified, health care providers may access template letters during patient visits through the electronic medical record system. Through the MLP's training, health care providers acquire knowledge about processes, laws and timeframes which they can share with parents as partners in education advocacy.

Economic Security

Children Living in Poverty, Food Insecurity, SNAP Enrollment

Children's Health helps eligible families with children enroll in Medicaid, CHIP and other government assistance programs. This year alone, the Children's Health Community Outreach Team has helped approximately 1,960 children apply for CHIP and Medicaid assistance. In addition, Children's Health has sponsored two major application assistance events in 2015, in partnership with the Community Council of Greater Dallas (CCGD), Texas Hunger Initiative, The Concilio, North Texas Food Bank and Dallas Independent School District (DISD).

Safety

Approved Foster-Care Homes and Residential Treatment Centers

The Rees-Jones Center for Foster Care Excellence is the state's first center dedicated to the advancement of health for children in the foster care system. Pediatric providers at the Center are experienced in treating victims of abuse and neglect. The Center is the only clinic in North Texas dedicated exclusively to providing primary medical care to children in foster care.

Services provided by the Center include new patient comprehensive assessments within 30 days of entering foster care, as well as all primary-care medical services for children in foster care, including Texas Health Steps Services, immunizations and social support. Serious gaps exist in the coordination of medical, mental health and social services for children in foster care, but the Center will address these gaps and provide a base for an optimal continuum of care.



RECENT STUDIES REGARDING CHILDREN'S ISSUES

2013 State of States' Early Childhood Data Systems: The Early Childhood Data Collaborative, February 2014. www.ecedata.org

A Measure of Change: Texans Champion the Value of Immunizations: The Immunization Partnership, 2014. www.immunizeusa.org

America's Children: Key National Indicators of Well-Being 2015: Federal Interagency Forum on Child and Family Statistics. www.childstats.gov

Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People: Child Trends, July 2014. www.childtrends.org

Child Care in America: 2015 State Fact Sheets: ChildCare Aware of America, March 2014. www.usa.childcareaware.org

Exploring Instability and Children's Well-Being: Urban Institute, July 2014. www.urban.org

For Kids' Sake: State-Level Trends in Children's Health Insurance Coverage: State Health Access Data Assistance Center, 2014. www.shadac.org/kids2014

Health Coverage and Care in the South in 2014 and Beyond: The Henry J. Kaiser Family Foundation, June 2014. www.kff.org

Health Information Technology in the United States: Progress and Challenges Ahead: Robert Wood Johnson Foundation, 2014. www.rwjf.org

Helping Parents, Helping Children: Two-Generation Mechanisms: The Future of Children, Spring 2014. www.futureofchildren.org

Hunger Doesn't Take a Vacation: Summer Nutrition Status Report: Food Research and Action Center, June 2014. www.frac.org

Hunger in America National Report: Feeding America, August 2014. feedingamerica.org

Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts: Trust for America's Health, May 2014. www.healthyamericans.org

Keeping Families Safe Around Medicine: Safe Kids Worldwide, March 2014. www.safekids.org

KIDS COUNT Data Book: State Trends in Child Well-being: The Annie E. Casey Foundation. www.aecf.org/2014db

Lessons from CHIP for Implementation of the Affordable Care Act: First Focus, May 2014. www.firstfocus.net

Literacy Promotion: An Essential Component of Primary Care Pediatric Practice: Pediatrics, June 23, 2014. www.pediatrics.org

Out of Reach 2015: National Low Income Housing Coalition, 2014. www.nlihc.org

Race for Results: Building a Path to Opportunity for All Children: The Annie E. Casey Foundation, March 29, 2014. www.aecf.org

Safeguarding Children in Texas Foster Care: Texans Care for Children, April 2014. www.txchildren.org

Student Reactions During the First Year of Updated School Lunch Nutrition Standards: BTG Research Brief, July 2014. www.bridgingthegapresearch.org

Texoma Regional Economic Dashboard: Texoma Council of Governments. www.texoma.cog.tx.us

The Adverse Childhood Experiences (ACE) Study: Adverse Childhood Experiences Study. www.cestudy.org

The Condition of Education 2015: National Center for Education Statistics May 2014. www.nces.ed.gov

The Developing Brain - Implications for Youth Programs: Child Trends, May 2015. www.childtrends.org

The State of America's Children 2014 Report: Children's Defense Fund, January 23, 2014. www.childrensdefense.org

The State of Parent Education in Dallas County: CHILDREN AT RISK, December 2014. www.childrenatrisk.org

The State of Pre-K: Realities and Opportunities in Texas: CHILDREN AT RISK, September 2014. www.childrenatrisk.org

Youth Physical Fitness: Ten Key Concepts: Journal of Physical Education, Recreation & Dance. Human Kinetics, February 2014. www.humankinetics.com

KEY WEBSITES

REGIONAL

Air North Texas www.airnorthtexas.org

Allen Community Outreach www.acocares.org

Assistance Center of Collin County www.assistancecenter.org

ChildCareGroup www.childcaregroup.org

Child & Family Guidance Center of Texoma www.cfgcenter.org

Children's Advocacy Center Denton County www.cacdc.org

Children's Health www.childrens.com

City House www.cityhouse.org

Collin County Children's Advocacy Center www.caccollincounty.org

Collin County Government www.co.collin.tx.us

Community Council of Greater Dallas www.ccgd.org

Community Partners of Dallas www.cpdtx.org

Communities in Schools Dallas Region www.cisdallas.org

Communities in Schools of North Texas www.cisnt.org

Cooke County Government www.co.cooke.tx.us

Cooke County United Way www.cookeuw.org

The Cooper Institute www.cooperinstitute.org

Court Appointed Special Advocates (CASA) of Collin County www.casaofcollincounty.org

Court Appointed Special Advocates (CASA) of Denton County www.casadenton.org

Court Appointed Special Advocates (CASA) of North Texas (Cooke County) www.casant.org

Dallas Area Breastfeeding Alliance www.dallasbreastfeeding.org

Dallas CASA www.dallascasa.org

Dallas Children's Advocacy Center www.dcac.org

Dallas Coalition for Hunger Solutions www.dallashungersolutions.org

Dallas County Health and Human Services www.dallascounty.org/hhs

Dallas-Fort Worth Hospital Council www.dfwhc.org

Dallas Independent School District www.dallasisd.org

DallasKidsFirst www.dallaskidsfirst.org

Denton County Government www.co.denton.tx.us/

Eleos Community Care www.eleoscc.com

Essilor Vision Foundation www.essilorvisionfoundation.org

Fannin County Children's Center www.fanninccc.org

Fannin County Government www.co.fannin.tx.us

Frisco Family Services www.friscocenter.org

Grayson County Government www.co.grayson.tx.us

Head Start of Greater Dallas www.hsgd.org

Hope's Door www.hopesdoorinc.org

Injury Prevention Center of Greater Dallas www.injurypreventioncenter.org

LifePath Systems www.lifepathsystems.org

Mental Health America of Greater Dallas www.mhadallas.org

Minnie's Food Pantry www.minniesfoodpantry.org

National Campaign to Prevent Teen and Unplanned Pregnancy www.thenationalcampaign.org

North Texas Food Bank www.ntfb.org

SMU Center for Family Counseling www.smu.edu/familycounseling

Texoma Community Center www.texomacc.org

United Way of Denton County www.unitedwaydenton.org

United Way of Metropolitan Dallas www.unitedwaydallas.org

YMCA of Metropolitan Dallas www.ymcadallas.org

STATE

211 Texas www.211texas.org

Center for Public Policy Priorities www.forabettertexas.org

CHILDREN AT RISK www.childrenatrisk.org

CHIP|Children's Medicaid www.chipmedicaid.org

Healthy Texas Babies www.somedaystartsnow.com

Texas Department of Family & Protective Services www.dfps.state.tx.us

Texas CHIP Coalition www.texaschip.org

Texas Council on Family Violence www.tcfv.org

Texas Education Agency www.tea.state.tx.us

Texas Hunger Initiative www.baylor.edu/texashunger

Texans Care for Children www.texanscareforchildren.org

TexProtects: The Texas Association for the Protection of Children www.texprotects.org

NATIONAL

American Academy of Pediatrics www.aap.org

American Diabetes Association www.diabetes.org

American Heart Association www.heart.org

American Lung Association www.lungusa.org

Asthma & Allergy Foundation of America www.aafa.org

Centers for Disease Control and Prevention www.cdc.gov

Child Trends www.childtrends.org

Children's Defense Fund www.childrensdefense.org

ChooseMyPlate www.choosemyplate.gov

Families USA www.familiesusa.org

Federal Interagency Forum on Child and Family Statistics www.childstats.gov

HealthyChildren www.healthychildren.org

The Kid's Doctor www.kidsdr.com

KidsEatRight www.eatright.org

Let's Move! www.letsmove.gov

March of Dimes www.marchofdimes.com

National Association for the Education of Young Children www.naeyc.org

National Center for Children in Poverty www.nccp.org

The National Institutes of Health www.nih.gov

The President's Challenge www.presidentschallenge.org

Prevent Child Abuse America www.preventchildabuse.org

Safe Kids Worldwide www.safekids.org

StopBullying.gov www.stopbullying.gov

Text4baby www.text4baby.org



PARTNERS IN THE COMMUNITY

Population Health

In recent years, Children's Health has developed a Population Health program, investing in communities to catalyze wellness from the ground up, ultimately creating a healthier population. Under the umbrella of Population Health, Children's Health works with community leaders and organizations to meet families where they are, connecting health care providers across the community to better integrate care for children. Children's Health encourages organizations to provide wellness programs and primary-care options in non-traditional locations such as neighborhood churches and community centers. This innovative approach is possible only through the partnerships that Children's Health is forming with other clinical organizations, physician groups and action-oriented neighborhood coalitions. Some of these programs include School-Based Health Care, Asthma Management Program, "Get Up & Go!" Weight Management Program, Web-Based Curriculum Tools and Health and Wellness Alliance for Children.

School-Based Health Care

When a child becomes sick at school, it often is difficult for a parent to leave work to take their child to a pediatrician's office during normal business hours. Fortunately, Children's Health is pioneering exciting technological advances that provide new tools for families, educators and health care professionals.

Through a secure connection, school nurses can now access health care professionals at Children's Health Pediatric Group and provide children the care they need without ever leaving school. School-Based Telehealth is a coordinated strategy that increases the availability of health care and improves access to health care resources in schools.

One of the most important goals of Telehealth is to help children stay healthy so they can do their best in school. If children are ill, they tend to perform poorly. Healthy students are better equipped for academic success.

The 2015-16 school year includes more than 50 school-based Telehealth sites in Dallas, Grayson, Collin and Tarrant counties. School-based Telehealth allows Children's Health to work by the side of educators and parents to make life better for children.

Telehealth benefits families because health care can be provided in a familiar environment, and students do not miss school. Parents can remain at work rather than having to physically respond to a "sick child" call from school. Schools benefit because Telehealth reduces absenteeism, which ultimately increases revenue for school attendance.

In addition, instructional time for children is increased when they can remain in school. School nurses have an expanded reach of clinical resources, and by leveraging technology, they can access advanced educational opportunities.



Web-Based Curriculum Tools

HEALTHTEACHER

HealthTeacher is an interactive web-based curriculum support tool that provides elementary school teachers with lessons and activities covering health topics in the classroom while meeting core-subject standards for math and language arts. Important youth health topics addressed include physical activity, nutrition and social and emotional well-being. HealthTeacher's research-based products are designed to get children moving and to develop healthy behaviors that last a lifetime.

GO NOODLE

Go Noodle is an interactive, core-aligned, physical activity and brain-break tool to help channel classroom energy and improve student focus. This tool offers 10

suites of physical activity breaks that incorporate vigorous movement into core subjects, offer calming mindfulness exercises and include key health topics for health skills reinforcement.

While the goal is to provide

a physical activity break, these videos, games and exercises also reinforce grade-aligned lessons, aid in subject fluency through kinesthetic learning and assist teachers in positive classroom management while achieving student focus and time on task.

Children's Health partners with the Dallas Independent School District and the McKinney Independent School District to provide these tools. The overall goal is to achieve 25 percent utilization by teachers by the end of the school year. As of spring 2015, the partnership reached 177 sponsored elementary schools, 4,647 eligible teachers and 102,270 eligible students.



Asthma Management Program

The Children's Health Asthma Management Program, certified by The Joint Commission, is a free, three- to six-month education and care coordination program that works in partnership with the health care providers' management plans. The goal of the Asthma Management Program is for children with an asthma diagnosis to experience symptom-free sleep, learning and play.



The Asthma Management Program's tailored, comprehensive plan focuses on asthma education, self-management skills and care coordination for children ages 0-18 with a diagnosis of asthma. Services include home visits by a registered respiratory therapist who provides one-on-one, age-specific asthma education and provides a home assessment to identify specific asthma triggers. Patient families get an asthma management tool kit, asthma diary and action plan, as well as bi-weekly telephone follow-ups with a registered nurse (RN)/Certified Asthma Educator for the duration of the program. Patient families may participate in tailored programs for up to six months, including the option of free monthly group education classes, with no insurance or physician referral needed to attend.

The Asthma Management Program is shown to result in an 89 percent decrease in emergency-room visits, a 67 to 100 percent decrease in hospital admissions, an overall reduction in missed school days for patients and an overall reduction in missed work days for parents.

The Children's Health Asthma Management Program is the first in Texas and the third in the nation to receive certification by The Joint Commission for Disease-Specific Care Programs for pediatric asthma initiatives. The program currently serves families in Dallas, Tarrant, Ellis, Collin, Kaufman, Denton and Rockwall counties. The Asthma Management

Program is designed to be an additional resource for any provider treating children who have asthma.

For patients with a diagnosis of asthma, a referral is required. For questions, please call 214-456-LUNG (5864) or email asthma.mgmt@childrens.com.

“Get Up & Go!” Weight Management Program

Get Up & Go is a free, nine-week weight management program for children and their parents, in partnership with the YMCA of Dallas, which also has locations in Denton and Collin counties. This program increases families' knowledge and skills to improve healthy behaviors and is designed to create awareness and understanding of how lifestyle choices affect health.

In this program, children and their families learn about nutrition and how to make good food choices, participate in fun physical activities, set weight and activity goals for the whole family and reduce the chance of serious illnesses, such as diabetes and heart disease.

Classes are offered for children across three age groups: preschoolers, ages 2–5; elementary school students, ages 6–11; and middle school students, ages 12–14. Program services include weekly 90-minute meetings for families. Classes are given in both English and Spanish for ages 2-14, facilitated by YMCA employees and featuring nutrition education, physical activity and goal-setting. Parents are encouraged to bring the entire family, to avoid a child feeling singled out from

his or her siblings. Healthy snacks are served during each class to introduce children to nutritious foods.

Classes are free with a primary-care physician referral. For more information, please call 214-456-6312 or email getup&go@childrens.com.



Health and Wellness Alliance for Children

The Health and Wellness Alliance for Children is a group of community organizations working to measurably improve the overall health and well-being of children in the region. The Alliance encourages and facilitates collaboration across sectors including health, education, government, nonprofits and the faith community. Today, more than 100 influential community partner organizations

actively engage and guide the Alliance's work on targeted initiatives.



ASTHMA

Working with more than 40 organizations, the Alliance's asthma initiative focuses on strengthening chronic care management, educating families and schools, reducing external triggers and building a foundation of wellness for the nearly 90,000 children in Dallas and Collin counties with asthma.

Children may control their asthma management by using the “My Asthma Pal” app, available on IOS and Android courtesy of Children's Health and the Health and Wellness Alliance.

HEALTHY WEIGHT MANAGEMENT

The Alliance's weight management initiative focuses on promoting healthy well-being for Dallas County children who are obese or who are at risk of becoming obese. This effort was initiated by the Dallas Regional Chamber of Commerce and is supported by the United Way of Metropolitan Dallas and Children's Health, with more than 40 organizations involved in specific aspects of the obesity problem, including breastfeeding, healthy eating and physical activity.

For more information, visit www.healthandwellnessalliance.com.



JOIN US IN MAKING LIFE BETTER FOR CHILDREN

Philanthropy: Giving to Children's Health

In 1913, a small group of nurses started the Dallas Baby Camp to meet the specific medical needs of children. The vision that began there could not have become the Children's Health we know today without the support of the community. As a not-for-profit health care system, Children's Health has invested in the children and families of our community for more than 100 years – thanks to generous gifts that have allowed us to build state-of-the-art facilities and programs and recruit nationally acclaimed researchers and pediatric specialists. As we work in this next century of service, we want to continue to partner with you.

WIDESPREAD PHILANTHROPIC SUPPORT IS NECESSARY FOR CHILDREN'S HEALTH TO:

- Give every child the care that is second to none.
- Pursue bold scientific research initiatives that will change the way disease is treated in both children and adults.
- Provide the right care in the right place at the right time to children who traditionally have not had access to primary care.
- Serve the deepest needs of families in crisis.

GIVING TO CHILDREN'S HEALTH HAS NEVER BEEN EASIER. CHOOSE FROM ONE OF THE OPTIONS BELOW.

- Go to www.childrens.com/give
- Send a contribution to
Children's Medical Center Foundation
2777 Stemmons Freeway, Suite 700
Dallas, Texas 75207
- Contact the Children's Medical Center Foundation at 214-456-8360 to talk with one of our Development Officers about how you can make a difference in the lives of the 250,000 children who depend on Children's Health every year.

www.childrens.com/give

Children's Health: making life better for more children in more ways and more places than ever

