beyond ABC

Assessing the Well-Being of Children in North Texas

2017

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Assessing the Well-Being of Children in North Texas

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"As the leading pediatric health care system in North Texas, Children's Health believes that every child deserves not only a healthy childhood, but the opportunity to thrive. Armed with the powerful data featured in this report, we implore each of you to treat our mission as a call to action — join us in our work to make life better for children."

Dear Friends and Supporters,

On behalf of Children's Health, I am pleased to present the 15th edition of *Beyond ABC*, a comprehensive report of the quality of life for children in North Texas. This report examines four factors — pediatric health care, education, economic security and safety — that influence opportunities children have now, as well as in the future. For the second edition in a row, we've gathered data for six counties in the Children's Health service area: Dallas, Collin, Cooke, Denton, Fannin and Grayson.

The strength of a community can be measured by how well it cares for its youngest and most vulnerable residents, and Children's Health has worked to advance these efforts for more than a century. The insights gleaned from this report emphasize that while we've seen some improvements and successes, much work remains; even positive results are often tempered by the need for further progress.

Across North Texas, the rate of insured children has increased, as has the number of children covered by Medicaid. Still, all six counties represented in this report exceed the national average for uninsured children, with Dallas, Cooke, Fannin and Grayson counties reporting rates more than *double* the national average. Food insecurity has consistently declined in the six-county region since 2013; however, with more than 260,000 North Texas children considered food insecure, we remain higher than national rates. And though Dallas-Fort Worth has seen significant improvements in measured air quality over the past several years, it remains one of the top 25 most polluted metropolitan statistical areas in the nation, an environmental condition known to contribute to pediatric asthma.

As the leading pediatric health care system in North Texas, Children's Health believes that every child deserves not only a healthy childhood, but the opportunity to thrive. Armed with the powerful data featured in the pages to come, the carefully developed recommendations of our Advisory Board and the desire to effect change, we can profoundly transform what it means to grow up in North Texas.

With this report, we implore each of you to treat our mission as a call to action — join us in our work to make life better for children.

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

What is the *Beyond ABC* report?

Since 1996, Children's Health℠ has published *Beyond ABC*, an in-depth look at the quality of life for children in Dallas, Collin, Cooke, Denton, Fannin and Grayson counties.

In this report, we examine four key areas that shape a child's quality of life today and influence their opportunities for tomorrow: children's health care, education, economic security and safety. As Texas continues to be an epicenter for growth and development, the report reveals progress and challenges we can solve together as a community.

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Beyond ABC Online

In addition to the material printed in this report, you can access previously published information about children's well-being in North Texas at **www.childrens.com/beyondabc.**

On this webpage, you will find reports issued since 2010 that provide comprehensive information on the quality of life for children in Dallas, Collin, Cooke, Denton, Fannin and Grayson counties.

ABOUT CHILDREN'S HEALTH℠

More than 100 years of caring for the children of North Texas has established Children's Health as not only the region's leading pediatric health care system, but a prominent authority and passionate advocate for the advancement of pediatric health throughout our communities.

Our mission — to make life better for children — extends beyond the walls of our hospitals and clinics, meeting families where they live, learn and play. From daily health and wellness to specialty visits and critical care, with nearly 40 locations and 1,000 medical and dental staff, we are providing the highest possible quality of care to more children in more places than ever before.

Our commitment to fulfilling this critical mission lies at the heart of a dynamic, growing system, with two full-service hospitals — the flagship location Children's Medical Center Dallas and Children's Medical Center Plano — as well as Our Children's House rehabilitation hospital, the transformative Children's Medical Center Research Institute at UT Southwestern, numerous specialty centers, the Children's Health Andrews Institute for Orthopaedics & Sports Medicine, the Rees-Jones Center for Foster Care Excellence, a network of Children's Health Pediatric Group primary care practices, home health, physician services and a groundbreaking telehealth network.

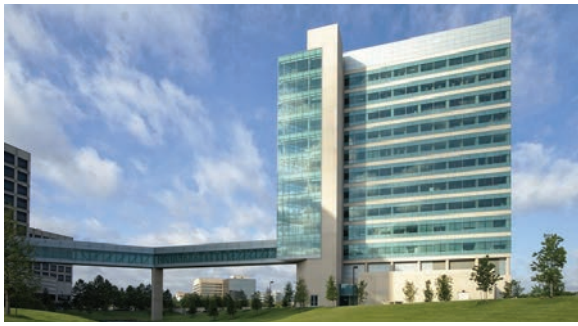
Through community health initiatives, outreach services and a growing affiliated network of more than 300 private pediatricians, Children's Health is continually expanding and improving our ability to deliver care. This strengthened access will allow us to better understand and address the significant health needs of the children and families in our communities, today and for our next 100 years.

AT A GLANCE

- More than 927,000 patient encounters annually
- Named by *U.S. News & World Report* as one of the top pediatric providers in the nation and the highest-ranked pediatric provider in North Texas
- The only pediatric academic medical center affiliated with UT Southwestern Medical Center
- Recipient of the prestigious Magnet designation for nursing excellence, awarded to less than 8 percent of hospitals
- The only pediatric Level I 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, extends the world-class service of our system to the growing number of families living in and moving to North Texas, and is home to the Children's Health Andrews Institute for Orthopaedics & Sports Medicine

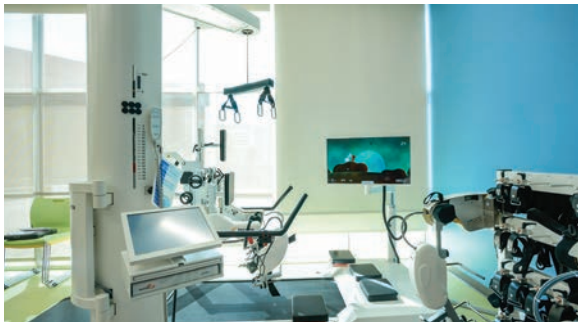
Children's Medical Center Dallas

Children's Medical Center Plano



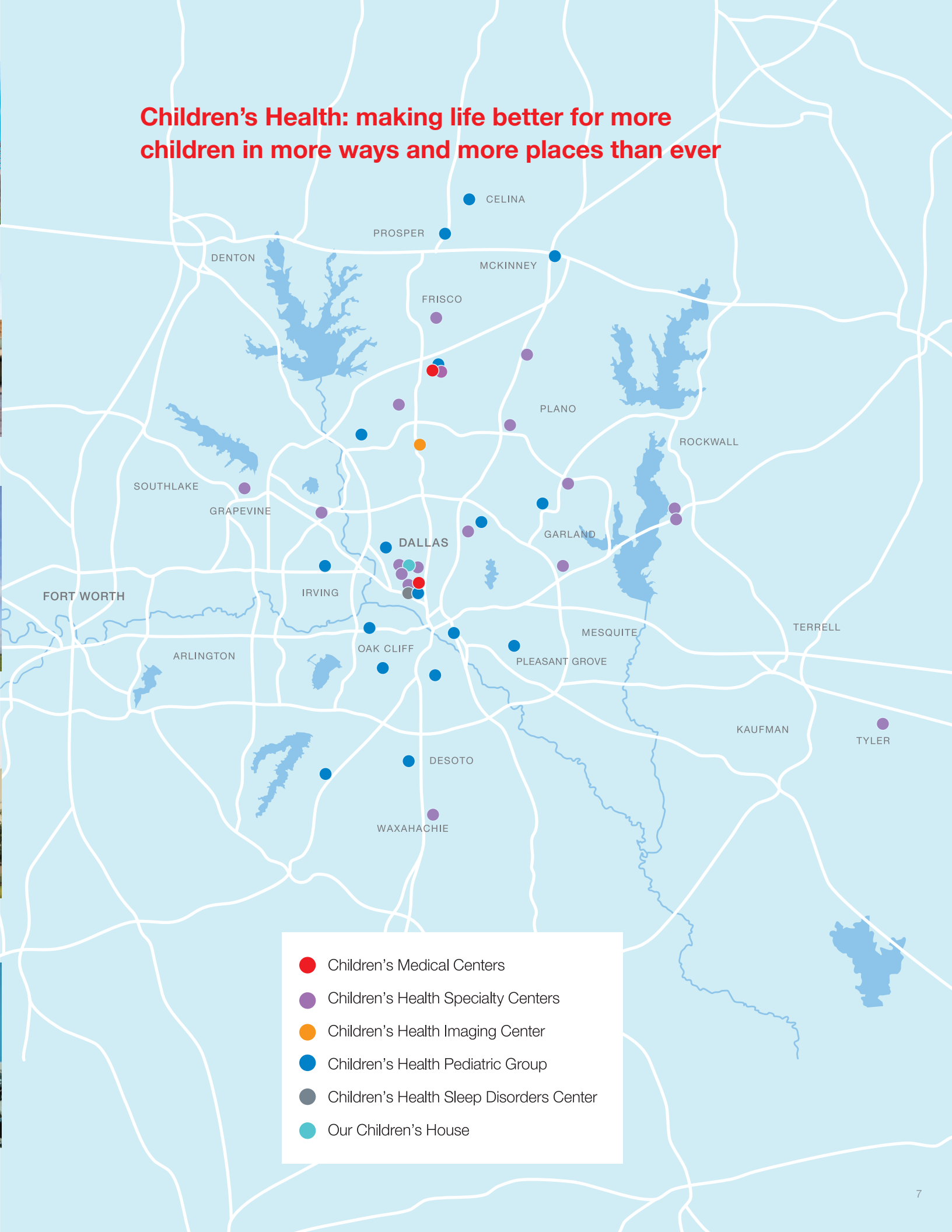
Children's Medical Center Research Institute at UT Southwestern

Our Children's House inpatient rehabilitation hospital



Children's Health Specialty Centers

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



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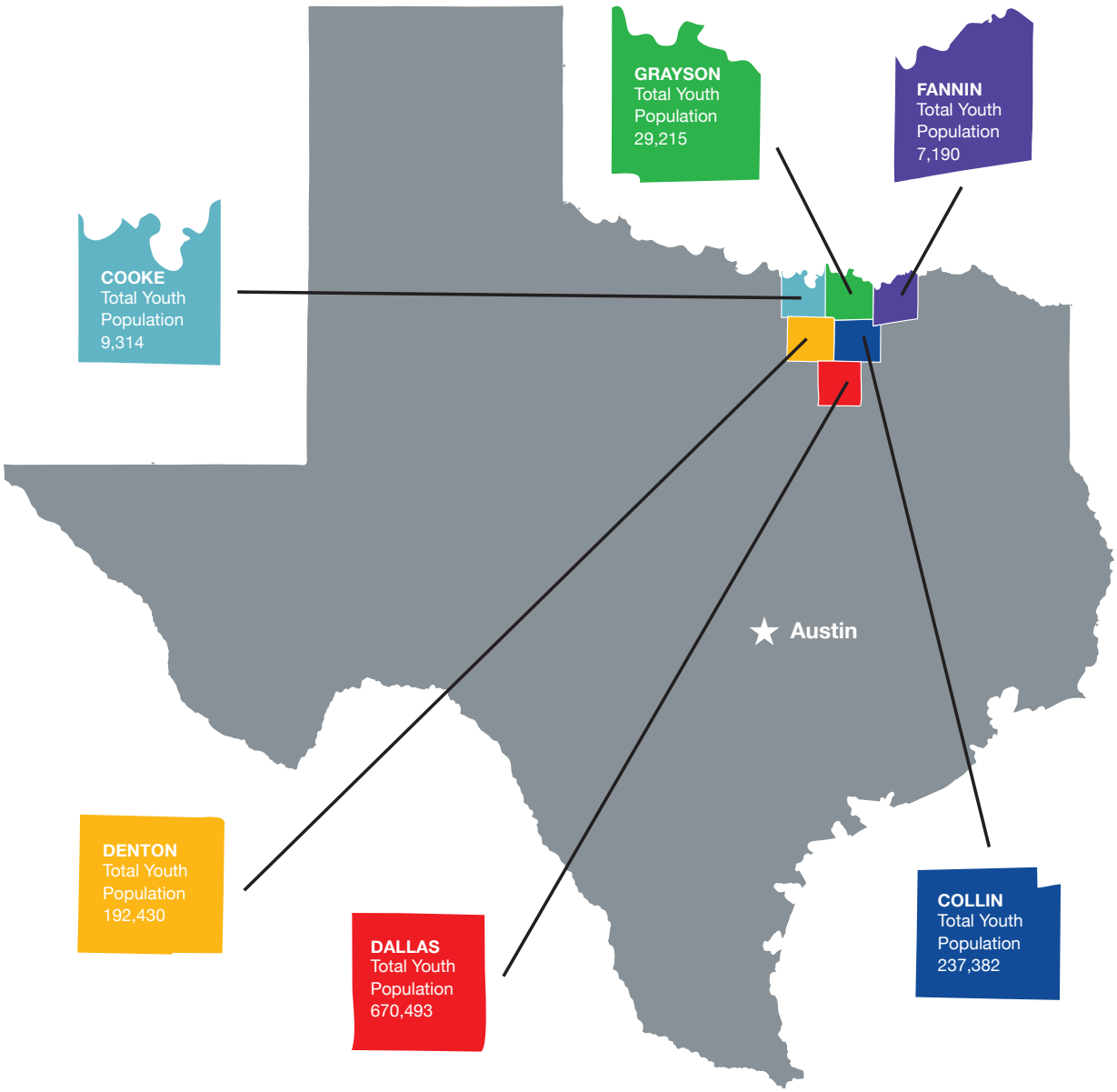
NORTH TEXAS COUNTIES AND THE METROPOLITAN AREA

Demographic Summary



Youth Population refers to children under age 18.

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 OF BLACK/ AFRICAN-AMERICAN CHILDREN LIVING IN POVERTY	PERCENT OF HISPANIC/ LATINO CHILDREN LIVING IN POVERTY
670,493	56.2	22.2	0.4	4.8	0.1	16.3	52.3	29.2	26.9	33.6	34.7

DALLAS
Total Youth Population
670,493

Dallas County is the most populous county in the region and the second most populous in the state. Its county seat is the city of Dallas, which anchors the Dallas-Fort Worth-Arlington Metropolitan Statistical Area. The childhood population in Dallas County increased by 2.5 percent from 2012 to 2015, from 654,237 to 670,493.[1]

The proportion of the population self-identifying as white increased from 51.8 percent to 56.2 percent. At the same time, the proportion of the child population identifying as Hispanic or Latino (of any race) increased slightly from 51.3 percent to 52.3 percent. Over that time period, the black and Asian-American populations remained fairly constant in Dallas County, while the proportion of children identifying as "other" or multiple races fell from 20.5 percent to 16.3 percent. While the childhood population in Dallas County is growing slightly, it is becoming somewhat less diverse.

The childhood poverty rate over this time period increased slightly from 28.4 percent to 29.2 percent. While this is not a drastic change, it means that nearly one-third of Dallas County children remain in poverty. Although the median household income increased by 1.4 percent, from $44,985 to $45,608, this represents the lowest median household income among the six counties, as well as the slowest growth in income over this time period. Despite rising median incomes, the proportion of children receiving Supplemental Security Income (SSI), cash assistance or food stamps increased from 26.5 percent in 2012 to 34 percent in 2015.

Nearly 40 percent of Dallas County children live in single-parent households, and 30 percent live in specifically single-mother households.[2] Single-mother households report a median income of just $24,341, compared with $64,599 for married-couple households and $32,030 for single-father households. While nearly one-third of Dallas County children live in poverty, half of all children in single-mother families live in poverty, and only one-quarter live in a home owned by the householder, compared with 61.1 percent for married-couple households.

[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 2012 and 2015. American Community Survey 5-Year estimates for 2011 were not available for all counties; 2012 was substituted for all counties.

[2] The phrases "single mother" and "single father" are colloquialisms. The U.S. Census Bureau refers to these as single female-headed households with no husband present and single male-headed households with no wife present, which could include a grandmother or other female relative as head of household. The phrases "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 OF BLACK/ AFRICAN-AMERICAN CHILDREN LIVING IN POVERTY	PERCENT OF HISPANIC/ LATINO CHILDREN LIVING IN POVERTY
237,382	68.3	9.5	0.5	12.9	0	8.7	19.6	9.5	9	14.5	23.1

COLLIN
Total Youth Population
237,382

Collin County, just north of Dallas County, is the sixth most populous county in Texas, and its county seat, McKinney, is the third-fastest growing city in the nation.[1] From 2012 to 2015, the child population in Collin County grew by 6 percent, representing the largest growth among the six counties included in this report.[2]

Of the 237,382 children living in Collin County in 2015, the largest portion — 68.3 percent — was white, down slightly from 70.5 percent in 2012. More than half of the county's children, 53.4 percent, identified as non-Hispanic white, while 19.6 percent of children identified as Hispanic or Latino. Just less than 10 percent of Collin County children identified as black, while about 13 percent were Asian-American. Overall, the demographic makeup of Collin County has remained fairly constant.

By many measures, Collin County is home to the most economically advantaged children in the region. In 2015, the median income for households with children was nearly $105,000, up 3.5 percent from 2012 and far higher than the surrounding counties. Collin County also reports the lowest childhood poverty rate, with just 9.5 percent of children living in poverty and 9.3 percent receiving some type of public assistance. Moreover, nearly three-quarters of Collin County children live in a home owned by one of its occupants. Still, while only 9.5 percent of all children and 9 percent of white non-Hispanic children were living in poverty in 2015, the proportion was much higher for black and Hispanic children, who experienced poverty at rates of 14.5 percent and 23.1 percent, respectively.

Nearly 80 percent of children in Collin County live in married-couple households. Only 4.8 percent live in single-father households, while 15 percent live in single-mother households.[3] While only 9.5 percent of Collin County children live in poverty, 20 percent of children in single-father households and 30.9 percent of children in single-mother households live in poverty. Similarly, the median family income falls from $118,593 for married-couple families to $59,806 for single-father families and $44,065 for single-mother families.

[1] Bureau, U.C. (2017). *The South Is Home to 10 of the 15 Fastest-Growing Large Cities*. Retrieved from Census.gov: https://www.census.gov/newsroom/press-releases/2017/cb17-81-population-estimates-subcounty.html

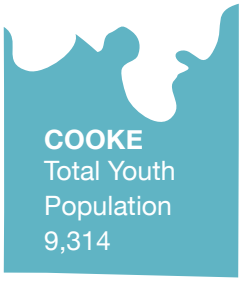
[2] To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2012 and 2015. American Community Survey 5-Year estimates for 2011 were not available for all counties; 2012 was substituted for all counties.

[3] The phrases "single mother" and "single father" are colloquialisms. The U.S. Census Bureau refers to these as single female-headed households with no husband present and single male-headed households with no wife present, which could include a grandmother or other female relative as head of household. The phrases "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 OF BLACK/ AFRICAN-AMERICAN CHILDREN LIVING IN POVERTY	PERCENT OF HISPANIC/ LATINO CHILDREN LIVING IN POVERTY
9,314	88.8	1.5	1.5	0.2	0.1	7.9	28.7	22	21.9	46.5	39.6

Cooke County is north of Denton County, just south of the Oklahoma border, with Gainesville as its county seat. From 2012 to 2015, the number of children living in Cooke County decreased by 3.6 percent, from 9,657 in 2012 to 9,314 in 2015, the largest contraction of the childhood population in the region.[1]



While the overall childhood population decreased, the share of children identifying as white increased from 83.5 to 88.8 percent. However, the white, non-Hispanic childhood population decreased from 66.1 percent to 63.7 percent, suggesting that much of the growth among white children was among those identifying as Hispanic, who increased as a share of the population from 26 percent in 2012 to 28.7 percent in 2015.

Over the same time period, the share of Cooke County children identifying as black fell from 3.4 percent to 1.5 percent, while those identifying as "other" or two or more races fell from 11.4 percent to 7.9 percent. Overall, the childhood population in Cooke County is decreasing and simultaneously becoming less diverse.

In 2015, 22 percent of Cooke County children lived in poverty, an increase from 20.2 percent in 2012. Similarly, the percentage of children living in households receiving Supplemental Security Income (SSI), cash assistance or food stamps increased by 6 percentage points, from 23.4 percent in 2012 to 29.4 percent in 2015. Despite these increases in childhood poverty and government assistance, the median income for households with children increased by 11 percent, from $52,958 in 2012 to $58,767 in 2015. These countervailing phenomena suggest that income disparity in Cooke County is on the rise.

One-quarter of the children in Cooke County live in a single-parent household, and 20 percent live, specifically, in a single-mother household.[2] While the median income is just less than $60,000 for households with children, it is as high as $74,825 for married-couple families and only slightly lower for single-father families at $56,250. On the other hand, single-mother households report a median income of just $18,474, and more than half of all children in single-mother households live in poverty.

[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 2012 and 2015. American Community Survey 5-Year estimates for 2011 were not available for all counties; 2012 was substituted for all counties.

[2] The phrases "single mother" and "single father" are colloquialisms. The U.S. Census Bureau refers to these as single female-headed households with no husband present and single male-headed households with no wife present, which could include a grandmother or other female relative as head of household. The phrases "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 OF BLACK/ AFRICAN-AMERICAN CHILDREN LIVING IN POVERTY	PERCENT OF HISPANIC/ LATINO CHILDREN LIVING IN POVERTY
192,430	74	8.9	0.5	7.3	0.1	9.3	25.6	10	8.1	16.1	17.6

Denton County, northwest of Dallas County, is the third most populous county in the six-county region and the ninth most populous in the state. Along with Collin County, it contains portions of the city of Frisco, which is the second-fastest growing city in the nation. Its county seat is the city of Denton.[1]

DENTON
Total Youth Population
192,430

Since 2012, Denton County's youth population has increased 5.7 percent, from 182,132 to 192,430.[2] The racial composition of Denton County children is nearly unchanged; the major shifts were an increase in the proportion of black children from 8.4 percent to 8.9 percent, and the proportion of Asian-American children from 6.5 percent to 7.3 percent. The Hispanic and Latino share of the child population increased from 24.6 percent to 25.6 percent, now representing more than one-quarter of the county's childhood population.

Despite representing a smaller proportion of the overall population, a greater proportion of black and Hispanic children live in poverty. Only 8.1 percent of white non-Hispanic children live in poverty, while 16.1 percent and 17.6 percent of black and Hispanic youth respectively live in poor households. Overall, childhood poverty is up from 12 percent in 2012 to 14.2 percent in 2015. At the same time, the proportion of children receiving some form of public assistance rose from 9.7 percent to 14.2 percent.

Households with children experienced a 5.2 percent increase in median income from 2012 to 2015, rising from $86,965 to $91,467. Median income is even higher for married-couple households at $108,788, compared with $53,117 for single-father households and $35,829 for single-mother households.[3] More than three-quarters of Denton County children live in married-couple households, while 18.5 percent live in single-mother households and 4.7 percent in single-father households. While the overall childhood poverty rate is just 10 percent, it is only 5 percent for married couple households, but it is 15 percent for single-father households and 29.3 percent for single-mother households.

[1] Bureau, U.C. (2017). *The South Is Home to 10 of the 15 Fastest-Growing Large Cities*. Retrieved from Census.gov: https://www.census.gov/newsroom/press-releases/2017/cb17-81-population-estimates-subcounty.html

[2] 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 2012 and 2015. American Community Survey 5-Year estimates for 2011 were not available for all counties; 2012 was substituted for all counties.

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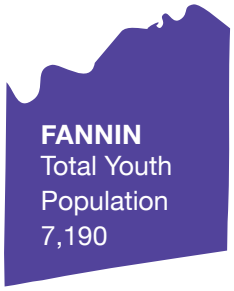
Fannin County

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 OF BLACK/ AFRICAN-AMERICAN CHILDREN LIVING IN POVERTY	PERCENT OF HISPANIC/ LATINO CHILDREN LIVING IN POVERTY
7,190	87.6	5.2	0.4	0.5	0	6.3	15.6	22.4	19.1	48.7	33.3



Fannin County is northeast of Collin County, just south of the Oklahoma border. Its county seat is Bonham, and it is the least populated county in the six-county region. Since 2012, Fannin County's youth population has decreased by 3.4 percent from 7,442 to 7,190.[1] The racial composition of Fannin County's youth population remains nearly unchanged since 2012. White children make up 83.6 percent of the child population, while 5.2 percent identify as black, and 6.3 percent identify as "other" or multi-racial. Less than 1 percent of children in Fannin County identify as Asian-American, American Indian or Pacific Islander. Only 15.6 percent of Fannin County children identify as Hispanic or Latino, which is the lowest proportion among the six counties.

Childhood poverty is up slightly in Fannin County, from 20.2 percent in 2012 to 22.4 percent in 2015. Although black and Hispanic children make up a smaller portion of the population, a greater proportion of the county's minority children live in poverty. Among non-Hispanic white children, 19.1 percent live in poverty, while nearly half of black children and a third of Hispanic children live in poverty at 48.7 percent and 33.3 percent, respectively.

Despite an increase in childhood poverty rates, Fannin County experienced an 8.3 percent increase in its median annual income for households with children, from $52,346 to $56,667. Moreover, the percentage of children living in households that receive public assistance fell from 30.5 percent to 28.8 percent.

In Fannin County, one-third of children live in a single-parent family; about 23 percent live in single-mother families and 10 percent in single-father families.[2] Married-couple families reported a median income of $73,940, compared with just $29,667 for single-father families and $24,659 for single-mother families. Childhood poverty by family type is quite disparate, with just 10.6 percent of married-couple families with children living in poverty, while 55.8 percent of single-father households and 42.5 percent of single-mother families live in poverty.

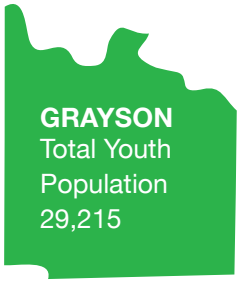
[1] To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2012 and 2015. American Community Survey 5-Year estimates for 2011 were not available for all counties; 2012 was substituted for all counties.

[2] The phrases "single mother" and "single father" are colloquialisms. The U.S. Census Bureau refers to these as single female-headed households with no husband present and single male-headed households with no wife present, which could include a grandmother or other female relative as head of household. The phrases "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 OF BLACK/ AFRICAN-AMERICAN CHILDREN LIVING IN POVERTY	PERCENT OF HISPANIC/ LATINO CHILDREN LIVING IN POVERTY
29,215	82	7.3	1.5	1.1	0	8.1	20.9	22.8	19	49.8	29.1

Grayson County is north of Collin County and just south of the Oklahoma border. Its county seat is Sherman, which co-anchors the Sherman-Denison Metropolitan Statistical Area. Since 2012, Grayson County's youth population has experienced a slight increase of 1.1 percent to 29,215.[1]



Like other counties in the region, the share of children who identify as white has increased from 78.6 percent to 82 percent. However, much of that growth is among Hispanic and Latino children, whose population has increased from 18.7 percent to 20.9 percent, while the non-Hispanic white population has declined from 68.2 percent to 65.1 percent. The black child population has increased slightly, from 6.3 percent to 7.3 percent, and the Asian-American population doubled from 0.5 percent to 1.1 percent.

The proportion of children living in poverty remained stable, from 22.3 percent in 2012 to 22.8 percent in 2015. Despite a stable poverty rate, the number of children residing in households that receive public assistance increased from 29.7 percent to 32.8 percent. Furthermore, a greater proportion of black and Hispanic children live in poverty in Grayson County: 19 percent of non-Hispanic white children are in poverty, while nearly one-third of Hispanic children and half of black children live in poverty at 29.1 percent and 49.8 percent, respectively.

For households with children, the median income increased by 8.1 percent from 2012 to 2015 from $51,793 to $56,116. For married-couple households with children, however, the median income was $71,476, compared with just $30,685 for single-father households and $26,920 for single-mother households.[2]

About 38 percent of children in Grayson County live in single-parent households, and about 28 percent in specifically single-mother households. Among children living in single-mother households, 42.6 percent live in poverty, compared with 32.3 percent for children in single-father households and just 12.6 percent for children living in married-couple households. Similarly, only one-third of children in single-mother households live in a home owned by the householder, compared with 71.1 percent for children in married-couple households.

[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 2012 and 2015. American Community Survey 5-Year estimates for 2011 were not available for all counties; 2012 was substituted for all counties.

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

Health

Childhood health encompasses myriad aspects of physical, social and emotional well-being, but achieving whole health begins with access to care and early prevention. Across the region, the rate of uninsured children has decreased, and the number of children covered by Medicaid has increased. Still, only half of all children enrolled in Medicaid participate in the Texas Health Steps program, which is designed to assist families as they navigate Medicaid services for their children. This early access to consistent medical care is key, as early screenings and preventive care are linked to reduced hospitalizations later in life. Furthermore, children who establish a medical home increase their likelihood of receiving preventive care in the first place and are more likely to adopt healthy lifestyles as they mature.[1]

Insurance coverage rates and enrollment in publicly funded health insurance are important aspects of the health care landscape, and the context surrounding health insurance — both public and private — is further complicated by uncertainty regarding the future of the Affordable Care Act.[2] Still, for children in North Texas, overall health, and even access to care, is as much a product of their built environment as the health care delivery system. Research suggests that access to reliable transportation is a significant barrier to health care access, and lack of transportation often results in missed appointments, delayed treatment and poorer overall health outcomes.[3] This is a serious issue for North Texas, where some of the fastest population growth is occurring outside the urban core.[4] As suburban populations grow, Dallas continues to have some of the worst traffic congestion in the nation, as well as a public transit system that reported declining ridership even as it expanded its footprint.[5,6]

The need for reliable transportation is particularly important for low-income families, who not only lack resources but may also be physically alienated from both transportation and health services.[7] Subsidy programs for low-income housing in Dallas have concentrated low-income families in small areas where city services and public transportation are already lacking.[8] Moreover, while housing locations prevent many families from accessing the services they need, the conditions of that housing further perpetuate poor health outcomes. Low-income areas tend to have less access to parks, sidewalks and other recreational spaces that promote exercise and healthy behaviors. Similarly, public and low-income housing often leave families, and especially children, vulnerable to environmental hazards like mold, moisture and household pests.[9] So, while measuring the state of health in North Texas often focuses on insurance coverage and specific health outcomes, community and social conditions play an important role in how those outcomes develop.

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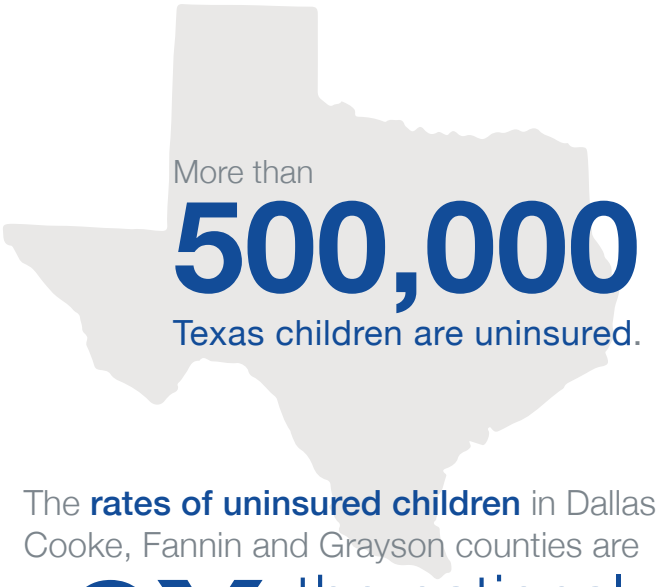
[1] Long, W.E.; Bauchner, H.; Sage, R.D.; Cabral, H.J.; Garg, A. (2011). The Value of the Medical Home for Children Without Special Health Care Needs. *Pediatrics*, 87-98.
[2] Kodjak, A. (2017). *Latest GOP Effort To Replace Obamacare Could End Health Care For Millions*. Retrieved from NPR.org: http://www.npr.org/sections/health-shots/2017/09/19/552044236/latest-gop-effort-to-replace-obamacare-could-end-health-care-for-millions
[3] Syed, S.T.; Gerber, B.S.; Sharp, L.K. (2013). Traveling towards disease: transportation barriers to health care access. *Journal of Community Health*, 38(5), 976-993. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/23543372
[4] Cowan, J. (2017, May 25). Frisco, McKinney in battle for nation's fastest-growing city, but a Texas rival edges them out. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/business/demographics/2017/05/25/texas-suburbs-dominate-list-nations-fastest-growing-cities
[5] de Bruijn, E. (2017, February 22). Average commuter spent 2.5 days stuck in Dallas traffic last year, but it could be worse. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/transportation/2017/02/22/average-commuter-spent-2-days-stuck-dallas-trafficlast-year-worse
[6] Nicholson, E. (2016, June 10). DART Has Spent $5 Billion on Light Rail. Is It Worth It? *Dallas Observer*. Retrieved from http://www.dallasobserver.com/news/dart-has-spent-5-billion-on-light-rail-is-it-worth-it-8380338
[7] Cronk, I. (2015, August 9). The Transportation Barrier. *The Atlantic*. Retrieved from https://www.theatlantic.com/health/archive/2015/08/the-transportation-barrier/399728/
[8] Satija, N. (2016, January 2). Dallas Struggles to Escape Segregated Legacy. *The Texas Tribune*. Retrieved from https://www.texastribune.org/2016/01/02/dallas-struggles-overcome-segregated-housing-legac/
[9] Hood, E. (2005). Dwelling Disparities: How Poor Housing Leads to Poor Health. *Environmental Health Perspectives*, 113(5), A310-A317. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1257572/

NEARLY **50%**
of children in Dallas County
are enrolled in **Medicaid.**

More than
90,000
North Texas children **have asthma.**

U.S. children lose more than
12 million days of school
as a result of asthma.



More than
500,000
Texas children are uninsured.

The **rates of uninsured children** in Dallas, Cooke, Fannin and Grayson counties are
2X the national average.

Roughly
175,000
North Texas children
live with a developmental disability.

Texas would need to
expand its residential facilities by 368%
to address the waiting list.

Fannin County has **double** both the national and statewide rate for **infant mortality** at
12.2 out of every 1,000 births.

Almost half of mothers
in Fannin County **DID NOT receive early prenatal care** in 2015.

North Texas reports
strong immunization rates at
94% to 97%
on par with the state.

Texas ranks
LAST
in per-capita funding
for mental illness.

Children without Health Insurance

Percent of children (under age 19) without health insurance

More than half a million children in Texas are uninsured, and statewide rates are nearly twice the national average. Texas' uninsured rate was 16.6 percent in 2016, compared with 8.8 percent nationwide. Texas continues to outpace all other states in having the highest overall uninsured rate, and it is one of only two states with an overall uninsured rate in excess of 14 percent.

In 2015, the national uninsured rate for children was 5.3 percent, which means that every county in the North Texas region exceeded the national average. Dallas, Cooke, Fannin and Grayson counties all reported uninsured rates more than double the national average.[1] Only Collin and Denton counties reported rates lower than the state average, which was 9.5 percent in 2015.

Various provisions of the Affordable Care Act, which was passed in 2010, did not take effect until years later. Many provisions, like Medicaid expansion and the state health care exchanges, were not established until January 2014.[2] Although Texas chose not to expand Medicaid, rates of uninsured children still decreased across North Texas in both 2014 and 2015 (except for Cooke

	2011	2012	2013	2014	2015	2016
Dallas	16.3	13.4	15.1	13.3	11.7	10.6
Collin	9.2	9.8	11.1	6.4	5.8	6.0
Cooke	21.0	18.2	12.5	14.2	11.0	N/A
Denton	8.4	10.5	9.5	9.1	8.3	4.7
Fannin	13.4	14.8	12.8	12.5	11.2	N/A
Grayson	11.2	9.7	10.1	8.8	11.3	13.3

Data Source: U.S. Census Bureau; Decennial Census (2000), American Communities Survey, 1Y Estimates (Collin, Dallas, Denton & Grayson) 3Y & 5Y Estimates (Cooke & Fannin).

County in 2014). This is possibly due to income-based qualification for subsidies or tax credits to help families purchase private insurance, which was implemented independently of Medicaid expansion. At the end of the open enrollment period, approximately 144,000 Texas children were enrolled in marketplace plans.[3] And although some states, like Wisconsin, have low uninsured rates (5.7 percent) despite declining to expand Medicaid, the U.S Census Bureau suggests that decreases in 2014 and 2015 were greater in expansion states than non-expansion states.[4]

Among Texas children, white non-Hispanic, black and Asian-American children all reported uninsured rates that were comparable to each other and outperformed the state; their rates were 6 percent, 6.1 percent and 6.9 percent, respectively. On

Dallas, Cooke, Fannin and Grayson counties have pediatric uninsured rates more than double the national average.

the other hand, 12.8 percent of Hispanic or Latino children and 14.2 percent of American Indian children were uninsured in 2015. These percentages are higher than the state average and more than double their white non-Hispanic counterparts.[5]

Special Health Care Needs

Number of children receiving services through and on the waiting list for the Children with Special Health Care Needs (CSHCN) Services Program

Statewide, 1,752 children receive services from the Children with Special Health Care Needs (CSHCN) Services Program, and another 488 children are on the waiting list. The CSHCN Services Program serves children with any medical conditions that limit their functionality and are expected to last more than 12 months. The program also covers people of any age with cystic fibrosis.

In 2016, Dallas County served 331 clients, and 11 children were on the waiting list. Collin County served 21 children, and zero were on the waiting list. Grayson County served fewer than 10 clients, Cooke and Fannin served zero, and all three counties had zero on the waiting list. Denton County served 19 clients, and zero were on the waiting list. Dallas, Collin and Denton counties are all down from their highest points in 2011, but not yet below 2014 levels, when the number of clients served was at its lowest.

The CSHCN Services Program is designed to help children with a litany of issues, including medical, dental and mental health insurance premiums; prescription drugs; therapy; case management; family support and transportation. CSHCN is a payer of last resort, meaning that clients must first apply for the Children's Health Insurance Program (CHIP) and Medicaid before CSHCN steps in.[1]

A study analyzing data from the National Survey of Children with Special Health Care Needs found that the income of the family in which CSHCN-eligible children reside has a tremendous effect on the probability that these children receive all of the specialty care they need.[2]

		2011	2012	2013	2014	2015	2016
Dallas	Number	397	329	309	222	336	331
	Waiting List	223	177	103	61	53	11
Collin	Number	32	30	25	15	22	21
	Waiting List	32	22	16	14	<10	0
Cooke	Number	<10	<10	<10	<10	<10	0
	Waiting List	<10	0	0	0	0	0
Denton	Number	30	28	16	14	19	19
	Waiting List	13	14	<10	<10	<10	0
Fannin	Number	<10	0	0	<10	0	0
	Waiting List	0	0	0	<10	0	0
Grayson	Number	<10	<10	<10	<10	<10	<10
	Waiting List	<10	<10	<10	<10	0	0

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

CSHCN is a payer of last resort for CHIP and Medicaid clients.

ACCESS TO CARE

Children Enrolled in CHIP

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

	2011	2012	2013	2014	2015
Dallas	62,504	66,334	63,980	72,645	48,940
Collin	10,723	11,294	10,624	11,614	7,956
Cooke	679	689	641	685	437
Denton	10,281	11,156	10,273	11,390	8,116
Fannin	551	572	560	575	386
Grayson	2,064	2,147	2,199	2,332	1,486

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

Children Enrolled in Medicaid

Number of children younger than 20 enrolled in Medicaid

	2011	2012	2013	2014	2015
Dallas	283,684	292,398	313,930	306,539	338,142
Collin	31,334	31,859	33,973	34,181	39,558
Cooke	3,160	3,140	3,456	3,401	3,739
Denton	30,884	31,510	34,584	34,732	40,776
Fannin	2,542	2,436	2,618	2,516	2,734
Grayson	10,265	10,463	10,906	10,347	11,769

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

Medicaid and the Children's Health Insurance Program (CHIP) are federal matching programs that provide coverage for low-income children. In Texas, a family of four must have an annual income of less than $32,718 to qualify for Medicaid and less than $49,446 to qualify for CHIP.[1] CHIP serves families with children who earn too much money to qualify for Medicaid but cannot afford private insurance. Nearly half — 45 percent — of all Texas children are covered by either Medicaid or CHIP.[2] In 2015, 77 percent of all Medicaid clients were children, and 51 percent were Hispanic or Latino. Furthermore, the Medicaid population in Texas disproportionately comprises African-American and Hispanic clients. The Medicaid program alone spent more than $12 billion on coverage for children in fiscal year 2015, including coverage for more than half of all live births in the state.

In Cooke, Fannin and Grayson counties, more than 30 percent of children are enrolled in Medicaid; in Dallas County, it is nearly 50 percent. A current study reports that children with coverage have increased educational outcomes and fewer long-term health issues.[3] There was a slight decrease in the number of children enrolled in CHIP across all six counties from 2014 to 2015. This could be the result of the CHIP program's strict requirements for annual re-enrollment, requiring families to document proof of qualification, including family income and cost deductions, each year.[4]

Economic factors could also explain the decrease in the number of children enrolled in CHIP. If unemployment rises, or salaries fall, the number of children receiving CHIP could decrease, while the number receiving Medicaid could increase. This is just one of the scenarios that could explain the local enrollment trends for these two programs. Medicaid and CHIP are central sources of health coverage for low-income children, and while the children's uninsured rate has fallen, Texas continues to outpace other states in having the highest proportion of the population without health insurance.[5] Texas is one of 19 states that did not pursue Medicaid expansion under the Affordable Care Act, which would extend subsidized coverage to more children and adults in the state.[6]

Nearly half — 45 percent — of all Texas children are covered by either Medicaid or CHIP.

Health Care Providers Accepting Medicaid

Number of health care providers enrolled in Medicaid during the year

	2011	2012	2013	2014	2015	2016
Dallas	12,520	13,487	14,403	15,062	14,178	15,314
Collin	2,637	2,819	2,992	3,483	3,223	3,740
Cooke	163	193	224	241	256	244
Denton	1,381	2,236	2,435	2,603	2,246	2,537
Fannin	89	179	228	203	200	89
Grayson	687	832	974	1,084	917	740

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

According to the Texas Health and Human Services Commission (HHSC), more than 20,000 medical providers in North Texas accept Medicaid. HHSC does not identify these doctors by specialty, so their acceptance of pediatric patients is unknown. Despite this, the Texas Medicaid and Healthcare Partnership (TMHP) provides a provider search tool, which reports that in 2017, only 5,681 North Texas providers participate in Texas Health Steps, a federally mandated program aimed at improving access to and usage of Medicaid services among qualified children.[1,2] More than half of those doctors (3,625) are located in Dallas County. Collin and Denton counties each have close to 1,000 providers currently listed as Texas Health Steps participants, while Cooke and Grayson counties report 83 and 85 providers, respectively. According to TMHP, there are only nine providers in Fannin County that participate in Texas Health Steps.

Many health experts suggest that coverage provided by Medicaid is similar to or even superior to traditional private health insurance, particularly with regards to lower copays and deductibles. In addition, research shows that enrollees are overwhelmingly satisfied with their coverage and care.[3] Unfortunately, however, Medicaid recipients are likely to have a harder time finding a regular doctor due to the comparatively low reimbursement rates offered by Medicaid.[4] For many Medicaid recipients, this has led them to seek care at community health clinics, which have seen increases in the quality of care since the enactment of the Affordable Care Act but have traditionally carried a poor reputation in this regard.[5]

According to the Texas Medical Association Physician Survey, 45 percent of physicians treated Medicaid managed care patients in 2016, and 60 percent of physicians reported insufficient reimbursement rates as the primary reason for refusing Medicaid patients. Administrative complexity was also an oft-cited reason for not accepting Medicaid patients. Only

Many physicians report insufficient reimbursement rates as the primary reason for refusing Medicaid patients.

20 percent of physicians who were surveyed said they would accept more Medicaid patients if rates were increased by 5 to 10 percent. In fact, almost half (45 percent) responded that increased rates would not affect their willingness to accept Medicaid patients. On the other hand, a majority (55 percent) said they were somewhat or very likely to accept additional Medicaid patients if the administrative burden decreased.[6]

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)

More than 300,000 North Texas children received Texas Health Steps screenings in 2016, but more than 600,000 children were eligible for Medicaid at any point during the year. That means that only 52.5 percent of all eligible children received Texas Health Steps screenings in 2016. The utilization rate was as low as 30.7 percent in Cooke County and as high as 55.2 percent in Dallas County.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is a federally mandated benefit that makes comprehensive and preventive care available to children and young adults under age 21 who are enrolled in Medicaid. Texas Health Steps is the state's implementation of EPSDT, which provides medically necessary treatment and diagnostic services, as well as immunizations and vison, dental and hearing screenings.[1]

Texas Health Steps provides individual case management for families to assist them in locating medical providers, and scheduling appointments and transportation.[2] Ultimately, the purpose of the program is to give children enrolled in Medicaid access to the practitioners who can provide the medical and dental care they require.

Texas Health Steps must be made available to all children's Medicaid enrollees, even if they decide not to participate. When the EPSDT program was revised in 1989, the federal government set a goal of 80 percent of enrollees participating in the program. From 2006 to 2013, only eight states achieved the 80 percent goal at least once. The national average is 59 percent.[3] The Office of the Inspector General reported in 2010 that many children enrolled in Medicaid were not receiving the medical screening required by EPSDT and that even children receiving screenings were not receiving complete screenings as recommended by the program.[4]

	2011	2012	2013	2014	2015	2016
Dallas	204,701	218,857	230,188	233,287	247,577	249,928
Collin	20,698	23,022	23,559	23,740	25,951	27,279
Cooke	2,433	1,872	1,385	1,578	1,720	1,772
Denton	20,965	22,635	24,259	24,256	26,019	27,845
Fannin	1,621	1,484	1,672	1,645	1,736	1,785
Grayson	6,806	6,362	6,573	5,975	6,980	7,432

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

Only 52.5 percent of all eligible North Texas children received Texas Health Steps screenings in 2016.

MENTAL HEALTH

Children Receiving Publicly Funded Mental Health Services

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

	2011	2012	2013	2014	2015	2016
Dallas	19,815	20,015	21,841	21,788	22,161	22,355
Collin	1,053	2,012	2,091	2,122	2,150	2,292
Cooke	50	42	38	31	35	52
Denton	514	446	382	433	528	544
Fannin	61	69	70	47	54	62
Grayson	81	89	89	82	113	176

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

		2011	2012	2013	2014	2015
Dallas	Any disturbance or disorder	65,015	66,429	66,116	67,963	68,084
	Serious disturbance or disorder	15,554	15,892	15,817	16,259	16,288
Collin	Any disturbance or disorder	24,081	25,649	25,146	26,832	27,501
	Serious disturbance or disorder	5,761	6,136	6,016	6,419	6,579
Cooke	Any disturbance or disorder	1,006	1,026	940	989	963
	Serious disturbance or disorder	241	245	225	237	230
Denton	Any disturbance or disorder	19,301	20,290	21,558	20,955	21,272
	Serious disturbance or disorder	4,617	4,854	5,157	5,013	5,089
Fannin	Any disturbance or disorder	790	745	792	775	798
	Serious disturbance or disorder	189	178	190	185	191
Grayson	Any disturbance or disorder	2,977	3,147	3,098	3,168	3,391
	Serious disturbance or disorder	712	753	741	758	811

Data Source: U.S. Surgeon General Report; U.S. Census Bureau, American Communities Survey 1Y Estimates (Collin, Dallas, Denton, Grayson), 3Y and 5Y Estimates (Cooke, Fannin).

Based on 2015 population estimates, Dallas County had an estimated 68,084 children with an emotional disturbance or disorder and 16,288 children with a serious disturbance or disorder. Overall, the six-county region is home to an estimated 122,009 children with an emotional disturbance and nearly 30,000 children with a serious emotional disturbance. Approximately 21 percent of all children have an emotional disturbance, while 5 percent have a serious emotional disturbance.[1]

Emotional disturbance refers to a wide spectrum of disorders. A child who is diagnosed with an anxiety disorder, bipolar disorder, conduct disorder, eating disorder, obsessive-compulsive disorder or psychotic disorder can fall into the category of being emotionally disturbed. Despite significant research in the field, scientists have yet to discover an overriding cause for emotional disturbances, which can affect any person regardless of age, sex, race or income.[2] Addiction, also considered a disorder, is when a person, including a child or adolescent, develops an uncontrollable habit pertaining to specific substances or activities.

The Texas Medical Association states that 4.3 million Texans live with a mental health disorder. Out of that number, 1.2 million are children.[3] A report issued by the National Alliance on Mental Illness states that Texas ranks last in per-capita funding for people with mental illness.[4] The limitations in funding available to support and treat these individuals over the years has led to patients seeking help in emergency rooms and sometimes even prison. This desperation for treatment has created an economic burden of more than $1.5 billion a year in emergency room costs and $650 million in local justice system costs to address mental health and substance use disorders.[5]

Representatives recognize funding and access to treatment as barriers for Texans in need of mental health care. A recent Texas Public Radio report stated, “House Speaker Joe Straus of San Antonio says mental health is a major public health issue” and was a “top priority” for the 85th legislative session in 2017.[6]

4.3 million Texans live with a mental health disorder, and 1.2 million of them are children.

Adolescent Pregnancy

Number and rate of adolescent pregnancies per 1,000 females younger than 18

There has been a 56 percent decline in the adolescent birth rate in Texas between 1991 and 2015. Most teen births in Texas (69 percent) are to older teens (ages 18 to 19).[1] In North Texas, Dallas, Collin and Grayson counties experienced declines, while Fannin County remained the same; Cooke and Denton counties experienced a slight increase in the number of adolescent pregnancies from 2014 to 2015. The national birth rate in 2015 was 22.3 childbirths per 1,000 adolescent women. In the six counties, the highest rate was in Cooke County at 18.8. This was followed by Dallas County at 15.3, Grayson County at 12.4, Denton County at 4.8, and Collin County at 3.1. All counties have a rate lower than the national average.

In 2015, the Centers for Disease Control and Prevention reported a record national low for adolescent pregnancy with an 8 percent drop from 2014. A total of 229,715 babies were born to women aged 15 to 19 years, for a birth rate of 22.3 per 1,000 women in this age group. However, the teen pregnancy rate is substantially higher in the United States than in other industrialized nations, and there continues to be racial/ethnic and geographic disparities in teen birth rates.[2] Out of the 1,184 teen births in Dallas County in 2014, 9.4 percent of these were to non-Hispanic white mothers, 22 percent were to black mothers and 68.7 percent were to Hispanic or Latina mothers.[3]

As adolescents make up 21 percent of the population nationally, the behavioral health patterns established in this stage have the potential to have enormous economic impacts. The public cost of teenage childbearing in 2010 totaled $1.1 billion in Texas.[4] The Healthy People 2020 plan, an initiative of the Office of Disease Prevention and Health Promotion, has set goals to continue the decline in the rate of adolescent pregnancy by providing more sex education and easier access to family planning, as well as an increased focus on the use of positive youth development interventions in the form of educational and emotional support.[5]

		2011	2012	2013	2014	2015
Dallas	Number	1,893	1,709	1,601	1,184	1,081
	Rate	22.5	20.2	18.8	17	15.3
Collin	Number	186	160	181	110	88
	Rate	6	4.9	5.2	4	3.1
Cooke	Number	22	20	28	<10	19
	Rate	16.5	15.1	20.8	<10.3	18.8
Denton	Number	208	178	206	96	107
	Rate	8.5	6.9	7.6	4.5	4.8
Fannin	Number	11	13	6	<10	<10
	Rate	10.3	12.4	5.7	<12.2	<12.3
Grayson	Number	52	75	58	61	41
	Rate	13.2	18.7	14.1	18.4	12.4

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

In all six counties, the adolescent birth rate is lower than the national average.

Early Prenatal Care

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

	2011	2012	2013	2014	2015
Dallas	58.1	55.7	56.3	56.2	56.8
Collin	74.7	74.3	72.8	67.8	69.6
Cooke	56.9	57.5	57.9	60.6	59.3
Denton	69.1	69.7	66.8	66.0	66.3
Fannin	53.8	60.4	63.6	56.7	55.8
Grayson	54.9	57.4	59.0	58.9	55.7

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

There is no universal trend in access to early prenatal care across the six counties, but Dallas and Collin counties appear on a slightly downward slope while Cooke County is increasing over time, despite a slight downturn from 2014 to 2015. Still, only Collin and Denton counties outperformed the state average, which was 60 percent in 2015. All six counties fall below the national average of 74.1 percent of women receiving prenatal care.[1]

Prenatal care is crucial to the health of the mother and the child, reducing risks of complications for both. It is a key time for early medical screenings and interventions for risk factors associated with negative birth outcomes. Moreover, new mothers in particular need to learn vital information about the health of newborn babies, especially regarding nutrition, breastfeeding and illness prevention.[2] When a mother receives prenatal care, the baby is more than three times less likely to be born prematurely or have a low birthweight. Additionally, these babies have a significantly lower mortality rate, more than five times less than those in pregnancies without prenatal care.[3]

In addition to birth outcomes, prenatal care greatly affects maternal health. A study in the medical journal of *Obstetrics and Gynecology* reported that in 2014, Texas had the highest maternal mortality rate of the developed world at 35.8 deaths per 100,000 births.[4] During a special session in summer 2017, Texas House lawmakers approved House Bills 9, 10, 11 and 28 with the goal of curbing this concerning health outcome.[5]

Doctors are able to use prenatal visits to screen for preexisting conditions that might negatively affect the pregnancy's progression or the health of mother and child. The Centers for Disease Control and Prevention (CDC) estimates that women who receive no prenatal care are three to four times more likely to die of pregnancy-related complications than women who do. Additionally, after controlling for age, socioeconomic status and education, the CDC reports that the risk of death from pregnancy complications is nearly four times higher for black women than for white women.[6]

Many women in North Texas still do not have access to prenatal care, particularly in rural areas.

Federal law requires all states to provide Medicaid coverage for prenatal services for women with incomes up to 133 percent of the federal poverty level (FPL) and coverage for up to 60 days postpartum.[7] Despite this fact, many women in North Texas still do not have access to prenatal care, particularly in rural areas such as Fannin County, which is one of 147 Texas counties with no practicing OB/GYN.[8] In addition to the lack of provider, additional barriers to access may include fear related to immigration status, language and cultural barriers, transportation issues and limited resources.

BIRTH OUTCOMES

Premature Births

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

		2011	2012	2013	2014	2015
Dallas	Number	4,623	4,562	4,641	4,883	4,196
	Percent	12.0	11.8	12.1	12.3	10.5
Collin	Number	1,141	1,158	1,179	1,188	1,098
	Percent	11.1	11.3	11.2	10.9	10.1
Cooke	Number	56	55	57	56	56
	Percent	12.2	10.0	11.2	10.0	10.3
Denton	Number	899	924	913	952	994
	Percent	9.9	10.1	9.7	9.6	9.9
Fannin	Number	41	38	33	48	37
	Percent	12.2	12.1	10.3	14.6	10.5
Grayson	Number	170	181	160	179	151
	Percent	11.9	12.4	11.1	11.5	9.6

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

		2011	2012	2013	2014	2015
Dallas	Number	3,308	3,226	3,338	3,412	3,379
	Percent	8.6	8.3	8.6	8.6	8.4
Collin	Number	801	839	845	861	784
	Percent	7.7	8.1	8.0	7.9	7.2
Cooke	Number	40	31	35	31	35
	Percent	8.2	5.5	6.6	5.5	6.4
Denton	Number	656	680	665	711	789
	Percent	7.1	7.3	7.0	7.2	7.9
Fannin	Number	25	23	17	17	26
	Percent	7.3	7.1	5.2	5.2	7.4
Grayson	Number	109	112	100	111	136
	Percent	7.4	7.5	6.6	7.1	8.6

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

In 2016, the March of Dimes gave Texas a grade of "C" on its Premature Birth Report Card because its preterm birth rate of 10.2 percent in 2015 failed to meet the March of Dimes' goal of 8.1 percent.[1] In 2016, Texas' preterm birth rate rose to 11.7 percent, moving further from the March of Dimes' goal. While Dallas, Collin, Cooke and Grayson counties have experienced some marked improvements over the past two to three years, no county in North Texas meets the March of Dimes' 2020 goal.

A newborn is considered premature if born prior to 37 weeks; the earlier the baby is born, the more likely it is to have health problems due to an underdeveloped immune system and organs. One significant contributor to preterm birth is the lack of prenatal care, largely because early care is key to guiding new mothers toward healthy behaviors and educating them about in utero development.[2] The relatively low rates of early prenatal care reported in North Texas are likely a contributing factor to preterm births in the region.[3]

The average cost of care for a preterm birth in a hospital can be more than 18 times that of full-term delivery,[4] and 52.2 percent of all births in Texas were covered by Medicaid in 2015.[5] Therefore, efforts to reduce preterm births, like increased access to prenatal care, could potentially save the state millions in Medicaid spending.

According to the March of Dimes, 70 percent of all infants born with low birthweight are born premature. The relationship between preterm birth and low birthweight is clear, and that relationship means that many of the potential health issues related to underdevelopment are also experienced by infants born with low birthweight, which is defined as weighing 5.5 pounds or less at birth.[6]

Dallas and Collin counties have seen stable, somewhat declining rates of low birthweight babies over the past few years, but Cooke, Denton, Fannin and Grayson counties all experienced an increase in low birthweight babies from 2014 to 2015. That said, only Dallas and Grayson counties reported rates greater than the state average of 8.2 percent. Furthermore, Collin, Cooke and Fannin counties all reported rates lower than the Healthy People 2020 plan goal of 7.8 percent.[7] There is hope that the number will continue to decline with greater public awareness of prenatal care and its importance.[8]

Cost of care for a preterm hospital birth can be more than 18 times that of full-term delivery.

Infant Mortality

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

		2011	2012	2013	2014
Dallas	Number	286	253	256	274
	Rate	7.4	6.5	6.6	6.9
Collin	Number	56	38	42	50
	Rate	5.4	3.7	4.0	4.6
Cooke	Number	4	4	4	2
	Rate	8.2	7.1	7.6	3.6
Denton	Number	31	43	34	52
	Rate	3.4	4.6	3.6	5.3
Fannin	Number	0	0	0	4
	Rate	0.0	0.0	0.0	12.2
Grayson	Number	9	9	8	7
	Rate	6.1	6.0	5.3	4.5

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

According to the Centers for Disease Control and Prevention (CDC), the national rate for infant mortality has dropped 15 percent over the past decade, from 6.86 infant deaths per 1,000 live births to 5.82.[1] Texas is on par with the national rate of 5.8 per 1,000 births.

Fannin County is more than double both the national and statewide rate at 12.2. Dallas County also exceeds the national and statewide rate at 6.9. Denton County parallels the country and state with a rate of 5.3. Collin, Cooke and Grayson counties all come in below both the state and national rates with 4.6, 3.6 and 4.5, respectively. The Healthy People 2020 goal for infant mortality is to be at or below a rate of 6.0, which Collin, Cooke, Denton and Grayson counties all achieved.[2]

The infant mortality rate is often used as an indication of the general well-being of a nation because the factors affecting the health of entire populations also affect the mortality rate of infants. The United States has persistently lagged behind other developed countries in part due to gaps in access to prenatal and preconception care.[3] Studies have demonstrated that effective family planning can have a significant impact on the reduction of infant mortality.[4] Moreover, while prenatal care is also vital to prevented infant mortality, the quality of care is more important than the duration, demonstrating that quality prenatal care can make a difference regardless of its onset.[5]

The leading causes of infant mortality are congenital malformations, deformations and chromosomal abnormalities, disorders related to low birthweight, sudden infant death syndrome and maternal complications of pregnancy. Most racial groups in the United States have experienced a reduction in infant mortality rates. American Indians and Alaskan Natives did not, but only because there was not a statistically significant change. Despite the decline in rate, a racial gap persists with the highest infant mortality rates observed among infants of black women.[6] Increasingly, research has shown that lifelong exposure to stressful experiences like systemic racism increases the chances of women delivering premature or low birthweight babies, and is an explanation for the persistent mortality gap between black and white infants.[7]

America lags behind other developed nations in reducing infant mortality.

Childhood Immunization

Percent of entering kindergarten students with complete vaccinations at time of enrollment

Across all six counties, schools are reporting coverage rates of 94 to 97 percent for each of the immunization series tracked by Texas schools. For many counties, the highest immunizations rates are for polio, a disease eradicated in the United States in 1979.[1] Even vaccinations for varicella — better known as chicken pox — are consistently given at 94 percent or higher in the region, despite being a fairly new addition to the traditional vaccination schedule.[2]

While the North Texas counties generally report high levels of immunization coverage, some counties still trail the state, which reports coverage of 96 to 97 percent for all categories. Less than 1.5 percent of all children entering kindergarten during the 2016-17 school year registered a family's conscientious objection to vaccination, while just less than 1 percent of entering kindergarteners were simply delinquent in receiving their vaccinations.[3] This suggests nearly universal access to recommended vaccinations for most children, as well as nearly universal education regarding the importance of recommended immunization practices.

Vaccination coverage levels in schools are provided by the Texas Department of State Health Services.

North Texas counties generally report high levels of immunization coverage.

They are available at the district level for the 2015-16 and 2016-17 school years. Prior to that, school immunization data were available only for public health regions, which is included in the table[4] below.

In previous versions of *Beyond ABC*, immunization coverage rates were provided based on the National Immunization Survey conducted by the Centers for Disease Control and Prevention (CDC). That survey ceased to include Dallas County after the 2012 administration and was never available for other counties in the region.[5] The use of school-reported vaccination coverage has long been a request of the *Beyond ABC* Advisory Board, and for the first time, it has been made available at a geographic level small enough to aggregate to counties.

		2016	2017
Dallas	DTP/DTaP/DT/Td	98.2	97.6
	Hepatitis A	98.0	97.2
	Hepatitis B	98.8	98.3
	MMR	98.5	98.1
	Polio	98.4	98.0
	Varicella	97.7	94.0
Collin	DTP/DTaP/DT/Td	96.8	96.6
	Hepatitis A	96.1	95.3
	Hepatitis B	97.1	96.7
	MMR	96.7	96.5
	Polio	96.9	96.7
	Varicella	96.0	95.4
Cooke	DTP/DTaP/DT/Td	96.7	94.8
	Hepatitis A	97.9	94.4
	Hepatitis B	98.7	97.0
	MMR	97.5	96.5
	Polio	97.5	96.7
	Varicella	96.7	96.3
Denton	DTP/DTaP/DT/Td	96.4	95.8
	Hepatitis A	95.7	95.0
	Hepatitis B	96.6	96.7
	MMR	96.7	96.0
	Polio	96.4	95.8
	Varicella	96.1	94.4
Fannin	DTP/DTaP/DT/Td	99.2	97.0
	Hepatitis A	98.7	95.8
	Hepatitis B	99.5	97.3
	MMR	99.2	97.0
	Polio	99.5	97.3
	Varicella	98.6	95.9
Grayson	DTP/DTaP/DT/Td	96.0	97.0
	Hepatitis A	95.9	95.7
	Hepatitis B	97.4	98.0
	MMR	97.5	98.0
	Polio	97.6	98.0
	Varicella	96.3	96.6

		2012	2013	2014	2015	2016	2017
Texas Public Health Region*	DTP/DTaP/DT/Td	97.7	97.3	97.4	97.3	97.4	96.7
	Hepatitis A	98.6	98.1	97.1	97.0	97.0	96.1
	Hepatitis B	98.0	97.6	98.1	97.9	98.0	97.5
	MMR	98.1	97.5	97.6	97.5	97.7	97.0
	Polio	97.6	97.2	97.6	97.5	97.6	97.1
	Varicella	97.3	97.1	97.3	97.2	97.0	96.1

Data Source: Texas Department of State Health Services: Annual Report of Immunization Status (2012-2017).
†County-level data includes only children enrolled in public schools. Data for the Texas Public Health Region includes students at any accredited school, public or private.
**For years 2012, 2016, and 2017, Public Health Regions 2 and 3 were combined in the annual report. All other years report only Public Health Region 3, which includes all six counties in this report.*

Children with Developmental Disabilities

Estimated number of children (under age 18) with developmental disabilities

	2011	2012	2013	2014	2015
Dallas	100,341	100,831	101,011	101,758	102,646
Collin	34,583	34,859	35,482	36,151	37,003
Cooke	1,480	1,458	1,417	1,433	1,425
Denton	28,148	28,650	29,064	29,559	30,327
Fannin	1,131	1,116	1,093	1,092	1,083
Grayson	4,353	4,315	4,328	4,440	4,500

Data Source: American Academy of Pediatrics; U.S. Census Bureau, American Communities Survey 1Y Estimates (Collin, Dallas, Denton, Grayson) 3Y and 5Y Estimates.

An estimated 15 percent of children in the United States experience a developmental disorder of some kind, according to the most recent study cited by the Centers for Disease Control and Prevention (CDC).[1] That means that roughly 175,000 children in the six-county region live with a developmental disability, which the CDC defines as a condition that exhibits impairment in physical, learning, language or behavioral areas that may affect day-to-day functioning and usually last throughout a person's lifetime.[2] These conditions include cerebral palsy, autism, hearing loss and stuttering.[3]

United Cerebral Palsy conducts an annual report, *The Case for Inclusion*, which tracks living standards for people with intellectual and developmental disabilities in the 50 states and the District of Columbia. Among those, Texas ranks 50 out of 51 and would need to expand the capacity of state-funded residential facilities by 368 percent to accommodate the children and adults on its waiting list.[4]

In 2015, the Texas legislature approved a $350 million cut in Medicaid reimbursement rates to early childhood intervention therapists and providers. This cut acutely affected children living in rural counties.[5] During the special legislative session of 2017, the Texas House unanimously voted in favor of House Bill 25, which restores some of the Medicaid cuts from 2015;[6] however, the effort failed in the Texas Senate without a vote.[7]

Early intervention has been found to profoundly affect the quality of life for children with developmental disabilities. The Center on the Developing Child at Harvard University has conducted decades of research that shows early intervention can change a child's developmental trajectory and is generally more effective and cost efficient when provided in early developmental stages.[8, 9] Despite the state's poor ranking in this regard, services are available to young children with developmental disabilities. One example is the federally mandated Preschool Programs for Children with Disabilities, which provides special education and related services to children ages 3 to 5. The Texas Education Agency has also developed the Key Elements of Early Transition Guide so education providers can better assist families in the important transition from early childhood intervention to traditional schools.[10]

Roughly 175,000 children in the six-county region live with a developmental disability.

Overweight and Obese Children and Teens

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

In 2016, North Texas schools reported the lowest levels of overweight and obese children since the Texas Education Agency (TEA) began providing body mass index results in the 2007-08 school year. The most dramatic changes have occurred in Grayson County, where the percentage of overweight and obese children declined from 42.2 percent in 2014 to 20.3 percent in 2016. Similarly, Collin County saw a dramatic decrease from 35.2 percent in 2014 to 19.7 percent in 2016. Even Cooke County, which had the highest percentage at 44.2 percent, is down from 54.2 percent in 2014.

Data regarding overweight and obese children come from the TEA and consist of data from the Physical Fitness Assessment Initiative and FITNESSGRAM. While the data demonstrate significant progress over the past two school years, it is worth noting that the volume of data collection has increased dramatically since 2014. The number of schools reporting fitness data to the state has more than doubled in each of the North Texas counties except Dallas, and even Dallas increased the number of reporting schools by 48 percent. For the region, the number of schools providing fitness data to the state increased from 687 in 2014 to 1,040 in 2015 and 1,168 in 2016.[1] As a result, the percentages reported for 2015 and 2016 account for a substantially larger portion of the schools and students in the region. This means that more recent data are likely to be more representative of the school-aged population. However, it also means that the decrease in the percentage of overweight and obese children may be accounted for simply by the addition of schools with fewer children in that category, rather than a reduction at the schools that have reported for the full six-year period.

	2011	2012	2013	2014	2015	2016
Dallas	35.7	44.3	40.3	49.1	39.3	34.7
Collin	33.7	35.0	36.1	35.2	25.2	19.7
Cooke	45.6	44.3	51.5	54.2	47.6	44.2
Denton	37.7	37.5	37.5	35.5	29.2	27.4
Fannin	43.8	46.8	46.4	41.4	43.7	30.1
Grayson	43.5	45.9	41.4	42.2	37.9	20.3

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

Many lifestyle factors contribute to obesity, particularly diet, physical activity, and mental and behavioral wellness. Comprehensive lifestyle changes represent the best option for both weight reduction and overall health improvement, including a reduction in the risk of Type 2 diabetes and cardiovascular disease.[2] According to the most recent data available for Texas from the Youth Risk Behavior Survey, 1 in 4 Texas high school students drink at least one soft drink per day, and more than one-third of Texas high school students spend at least three hours per day playing computer games. In addition to inactivity during out-of-school time, nearly half of Texas high school students did not attend physical education class on even one day during the previous week.[3] Still, these results are not unique; one recent study suggests that today's 19-year-olds are as active as an average 60-year-old.[4]

There has been a dramatic increase in the number of schools providing fitness data to the state since 2014.

DIABETES

Diabetes Prevalence

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

	2011	2012	2013	2014	2015
Dallas	1,446	1,363	1,276	1,083	1,236
Collin	498	471	448	385	443
Cooke	21	20	18	15	17
Denton	406	387	367	314	363
Fannin	16	15	14	12	13
Grayson	63	58	55	47	54

Data Source: Centers for Disease Control and Prevention; National Health Interview Survey, 2003 - 2015; U.S. Census Bureau, American Communities Survey 1Y Estimates (Collin, Dallas, Denton, Grayson), 3Y and 5Y Estimates (Cooke, Fannin).

Diabetes Hospitalizations

Number of hospitalizations of children with a primary or secondary diagnosis of Type 1 or Type 2 diabetes

		2011	2012	2013	2014	2015
Dallas	Type 1	211	233	240	254	209
	Type 2	44	60	52	49	38
	TOTAL	255	293	292	303	247
Collin	Type 1	124	83	85	108	84
	Type 2	8	6	12	4	0
	TOTAL	132	89	97	112	84
Cooke	Type 1	2	1	1	2	2
	Type 2	0	0	1	0	0
	TOTAL	2	1	2	2	2
Denton	Type 1	53	57	49	63	82
	Type 2	1	5	3	5	6
	TOTAL	54	62	52	68	88
Fannin	Type 1	9	6	10	10	6
	Type 2	1	0	0	0	0
	TOTAL	10	6	10	10	6
Grayson	Type 1	7	17	11	13	10
	Type 2	0	1	2	3	1
	TOTAL	7	18	13	16	11

Data Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2011-2015.

The Centers for Disease Control and Prevention (CDC) has listed diabetes as the most frequent chronic disease among children in the United States.[1] About 193,000 children and adolescents under the age of 20 have been diagnosed nationally, and it is one of the most serious public health challenges facing children.[2]

Type 1 diabetes, which used to be referred to as juvenile diabetes, is usually diagnosed in the younger population. 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 can still 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 can no longer produce enough insulin to counterbalance higher blood sugar levels.[3]

According to the American Diabetes Association, the annual incidence of diagnosed diabetes in children was estimated at 17,900 with Type 1 diabetes and 5,300 with Type 2 diabetes.[4] The number of hospitalizations for diabetes has dropped in Dallas, Collin, Grayson and Fannin counties, remained the same in Cooke County and has slightly risen in Denton County.

People living in poverty and racial/ethnic minorities are disproportionately affected by diabetes. The racial/ethnic background that has the highest prevalence of diagnoses is American Indians with 15.1 percent, followed by non-Hispanic blacks at 12.7 percent, Hispanics at 12.1 percent, Asian-Americans at 8 percent and non-Hispanic whites at 7.4 percent.[5] A research study found that living in poverty can double or even triple the likelihood of developing the disease.[6]

Diabetes increases the risk of developing life-threatening conditions if not managed properly. Skin and eye conditions are prevalent among people who have been diagnosed with diabetes, as are neuropathy and higher risks of high blood pressure, heart attack and stroke.[7] With treatment, physical activity and access to affordable and healthy food options, people with diabetes can live healthy lives, avoiding and possibly preventing future complications.

Hospitalizations for diabetes have dropped in Dallas, Collin, Grayson and Fannin counties.

ASTHMA

Asthma Prevalence

Estimated number of children who have had asthma in their lifetimes, have asthma currently or have had an asthma attack in the previous 12 months

		2011	2012	2013	2014	2015
Dallas	Lifetime	93,402	93,859	85,295	91,339	89,243
	Current	63,380	62,349	55,744	58,186	57,665
	Asthma Attack	35,176	34,417	32,276	27,929	27,391
Collin	Lifetime	32,191	32,448	29,962	32,450	31,984
	Current	21,844	21,555	19,581	20,672	20,667
	Asthma Attack	12,124	11,898	11,338	9,922	9,817
Cooke	Lifetime	1,362	1,294	1,286	1,244	1,272
	Current	878	829	781	756	782
	Asthma Attack	12,124	11,898	11,338	9,922	9,817
Denton	Lifetime	1,378	1,358	1,196	1,287	1,231
	Current	935	902	782	820	796
	Asthma Attack	519	498	453	393	378
Fannin	Lifetime	1,053	1,039	923	980	936
	Current	714	690	603	624	605
	Asthma Attack	396	381	349	300	287
Grayson	Lifetime	4,052	4,017	3,655	3,985	3,889
	Current	2,750	2,668	2,389	2,539	2,513
	Asthma Attack	1,526	1,473	1,383	1,219	1,194

Data Source: Centers for Disease Control and Prevention; National Health Interview Survey, 2003 - 2015; U.S. Census Bureau, American Communities Survey 1Y Estimates (Collin, Dallas, Denton, Grayson), 3Y and 5Y Estimates (Cooke, Fannin).

Asthma Hospitalizations

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

	2011	2012	2013	2014	2015
Dallas	1,509	1,601	1,160	1,259	887
Collin	303	278	205	232	151
Cooke	18	8	6	8	3
Denton	259	277	220	214	278
Fannin	14	14	7	6	9
Grayson	46	47	25	28	33

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 7 million children in the United States and is one of the leading causes of school absences and emergency room visits among children.[1] The Centers for Disease Control and Prevention (CDC) estimates that the average cost of care for a child with asthma is $1,039 a year, and children nationwide lose more than 12 million days of school as a result of the disease.[2]

Dallas, Collin and Cooke counties have seen slight decreases in hospitalizations of children with a primary or secondary diagnosis of asthma. Denton, Grayson and Fannin counties have experienced minor increases. Dallas County hospitalizations declined by 372, Collin County's declined by 81, and Cooke County's declined by five. Denton County hospitalizations increased by 64, Fannin County's increased by three, and Grayson County's increased by five.

The first table shows the estimated number of children who have asthma or have had asthma during their lifetime, based on an annual survey performed by the CDC. 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.

While asthma affects individuals of all ages, sexes and races, disparities exist. The CDC reports that black children are twice as likely to have asthma than white children. They are also more likely to experience greater asthma severity and to have higher-than-average rates of hospitalization, emergency room visits and deaths due to asthma.[3] Moreover, a recent study published in *The Annals of Allergy, Asthma and Immunology* demonstrates a link between asthma and an increased risk of falling into poverty.[4]

A single cause of asthma remains unknown, but there are known causes of asthma attacks. Some common triggers are allergens, tobacco smoke, air pollution and exercise. The CDC defines asthma as a chronic disease that affects the airways in the lungs, and its symptoms include wheezing, coughing, breathing difficulties and chest pains.[5] People with asthma face the risk of having an asthma attack, which results in inflamed airways and can vary in severity, ranging from mild to deadly.[6] While asthma can be a life-threatening disease if not properly managed, deaths due to asthma are rare among children.[7]

Dallas County saw 372 fewer pediatric asthma hospitalizations from 2014 to 2015.

Air Quality

Eight-hour ozone concentration as reported to the Environmental Protection Agency (EPA)

In 2015 and 2016, every ozone monitoring station in Dallas and Collin counties reported a three-year average that met the current compliance standard for ground-level ozone established by the Environmental Protection Agency (EPA). One of the two sites located in Denton County also met the requirement in 2016.

Prior to 2014, when only the monitoring station at Dallas Executive Airport was in compliance, no monitoring station in North Texas had met the EPA standard.[1] Despite these improvements in measured air quality over time, the Dallas-Fort Worth area remains one of the top 25 most polluted metropolitan statistical areas (MSAs) in the nation, while Denton County continues to be one of the top 25 most polluted U.S. counties with an average of 23 high-ozone days per year from 2013 to 2015.[2]

A study conducted by the Texas A&M Transportation Institute suggests that drivers in the Dallas-Fort Worth MSA travel a total of 100 million miles per day on highways and arterial streets, consuming nearly 80 million gallons of excess gasoline as a result of congestion.[3]

		2011	2012	2013	2014	2015	2016
Dallas	Dallas Executive Airport	79	81	80	73	68	64
	Dallas North	82	81	83	77	75	72
	Dallas Hinton Street	73	82	84	78	75	71
Collin	Frisco	81	83	84	78	76	74
Denton	Pilot Point	82	82	84	79	79	76
	Denton Airport	83	83	87	81	83	80

Data Source: Texas Commission on Environmental Quality: Compliance with Eight-Hour Ozone Standard.

Given the volume of automobile traffic in North Texas, air quality monitoring is an important part of tracking environmental health in the region.

Still, among the counties included in this report, only Dallas, Collin and Denton counties have air quality monitoring sites. Because Cooke, Fannin and Grayson counties are not part of populous MSAs, the EPA does not require them to monitor ozone or other aerial pollutants.[4]

The ground-level ozone measured at these sites forms an important part of the environmental health conditions of an area. When exposed to elevated amounts of ozone for prolonged periods of time, people at risk — and especially children whose respiratory systems are still developing — may exhibit symptoms such as coughing, congestion and chest pain, as well as pediatric asthma.[5]

Despite improvements, Denton County remains one of the 25 most polluted counties in the United States.

Childhood Cancer

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

	2011	2012	2013	2014
Dallas	142	156	145	141
Collin	60	54	49	61
Cooke	3	2	3	4
Denton	44	27	44	45
Fannin	1	2	1	2
Grayson	7	4	10	5

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

The National Cancer Institute estimates that in 2017, an estimated 10,270 new cases of cancer will be diagnosed among U.S. children from birth to 14 years. Moreover, 1,190 children are expected to die from the disease.[1] In North Texas, there were 258 childhood cancer diagnoses in 2014, the most recent year for which data are available. Since 2003, there have been 2,856 pediatric cancer diagnoses in the region; among them, approximately two-thirds of diagnoses have been for leukemia, lymphomas or other cancers of the central nervous system.

Unlike cancer in adults, childhood cancer is not likely tied to lifestyle factors since most children are too young to be affected by them. Still, the risk of cancer can sometimes be linked to environmental factors such as secondhand tobacco smoke, pesticides, solvents, paints, metals, carcinogens or exposure to radiation.[2]

There are no clear trends in the prevalence rate of new cancer cases across the six counties. Grayson County experienced the largest decrease, 50 percent from 2013 to 2014; in the same period, Dallas County diagnoses dropped 3 percent. Collin County experienced the largest increase of cases with a 24 percent growth; Cooke, Denton and Fannin counties all experienced slight increases.

More than 80 percent of children with cancer now survive due to medical advances over the past two decades. However, surviving cancer can have serious effects on health later in life. Some survivors are actually at a greater risk of developing other cancers in adulthood, and many of the long-term health effects are due more to the cancer treatments than the actual cancer. For some children, radiation and chemotherapy treatments could result in delayed development, learning disabilities, or heart and lung problems. Furthermore, treatments can also alter a person's sexual development and affect his or her ability to have children.[3]

In 2014, Collin County had a 20 percent increase in new childhood cancer diagnoses.

STIs and HIV

Number of cases of sexually transmitted infections (STIs) in children younger than 18 years

		2011	2012	2013	2014	2015	2016
Dallas	Syphilis	52	42	46	30	40	28
	Chlamydia	2,887	2,643	1,988	1,972	1,751	1,572
	Gonorrhea	836	797	641	489	490	476
	HIV	11	8	12	11	8	11
Collin	Syphilis	4	4	1	0	5	3
	Chlamydia	291	288	238	212	210	247
	Gonorrhea	51	55	28	26	46	53
	HIV	2	1	0	1	2	1
Cooke	Syphilis	0	0	0	0	0	0
	Chlamydia	11	16	14	17	13	16
	Gonorrhea	3	4	0	1	3	3
	HIV	0	0	0	0	0	0
Denton	Syphilis	0	0	1	2	2	0
	Chlamydia	176	197	162	148	181	174
	Gonorrhea	25	28	21	22	35	39
	HIV	2	1	1	0	1	0
Fannin	Syphilis	0	0	0	0	0	0
	Chlamydia	3	8	11	8	18	11
	Gonorrhea	0	6	0	0	3	1
	HIV	0	0	0	0	0	0
Grayson	Syphilis	0	2	0	0	0	0
	Chlamydia	53	52	45	41	46	59
	Gonorrhea	7	6	6	8	9	19
	HIV	0	0	0	0	0	1

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

A survey conducted in 2015 by the Centers for Disease Control and Prevention (CDC) found that 41 percent of U.S. high school students had sexual intercourse, and only 10 percent have ever been tested for human immunodeficiency virus (HIV).[1] Although teenagers represent only 25 percent of the sexually active population, they account for 50 percent of the 20 million new cases of sexually transmitted infections (STIs).[2]

Chlamydia continues to be the most prevalent STI in the region; however, the number of new cases has steadily decreased since 2011. Dallas County had a significant decline in new cases, dropping from 2,887 cases in 2011 to 1,572 in 2016, a decline of 45.5 percent. On the other hand, new cases of chlamydia actually increased from 2015 to 2016 in Collin, Cooke and Grayson counties. While the disease is easily spread through vaginal, anal and oral sex, the symptoms often go unnoticed, contributing to its relatively high prevalence.

There is a disproportionate burden of infection rates among young women, particularly young black women. In 2015, the overall rate of reported chlamydia cases among young black women aged 15 to 19 years in the United States was 6,340.3 cases per 100,000 females, which was 4.7 times the rate among white women in the same age group (1,339.1 cases per 100,000 females). When sex and age are not accounted for, the rate of reported cases among Hispanics was 372.7 cases per 100,000 population, which is twice the rate among whites. Gonorrhea, syphilis and other STIs have followed similar racial/ethnic trends.[3]

Some of the factors contributing to the spread of STIs among youth include the mode of sexual education or the absence of sexual education in schools, a lack of access to medical care, and the hyper-sexualization of youth in ads, movies and music. Furthermore, Texas' decision not to expand Medicaid, coupled with ending the Medicaid participation of Planned Parenthood, affects access to low-cost health screenings, annual exams and birth control.[4]

Chlamydia continues to be the most common STI in the region, but fewer cases are reported.

End Notes

Children Without Health Insurance

1 T Barnett, J.C.; Vornovitsky, M.S. (2016). Current Population Reports, P60-257(RV). *Health Insurance Coverage in the United States: 2015*. Washington, D.C.: U.S. Government Printing Office.
2 Ibid.
3 https://ccf.georgetown.edu/wp-content/uploads/2017/02/Texas-Medicaid-CHIP-new-v1.pdf
4 Barnett, J.C.; Vornovitsky, M.S. (2016). Current Population Reports, P60-257(RV). *Health Insurance Coverage in the United States: 2015*. Washington, D.C.: U.S. Government Printing Office.
5 Institute for Urban Policy Research analysis of the U.S. Census Bureau 2015 American Community Survey 1-Year Estimates.

Special Health Care Needs

1 Texas Department of State Health Services (2017). *Children with Special Health Care Needs (CSHCN) Services Program*. Retrieved from http://www.dshs.state. tx.us/CSHCN/
2 Lykens, Kristine; Fulda, Kimberly; Sejong, Bae; Singh, Karan P. (2009). *Differences in risk factors for children with special health care needs (CSHCN) receiving needed specialty care by socioeconomic status*. Retrieved from https://bmcpediatr.biomedcentral.com/articles/10.1186/1471-2431-9-48

Access to Care

1 Texas Health and Human Services Commission (2017). *Can I Get It?* Retrieved from https://chipmedicaid.org/en/Can-I-Get-It
2 Texas Health and Human Services Commission (2015). *Texas Medicaid and CHIP in Perspective* (Eleventh Edition). Retrieved from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/medicaid-chip-perspective-11th-edition/11th-edition-complete.pdf
3 Paradise, J. (2014). *The Impact of the Children's Health Insurance Program (CHIP): What Does the Research Tell Us?* Washington, D.C.: Kaiser Family Foundation
4 Texas Health and Human Services Commission (2017). *How to Renew*. Retrieved from https://chipmedicaid.org/CommunityOutreach/How-to-Renew
5 Texas Medical Association (2017). *The Uninsured in Texas*. Retrieved from Texas Medical Association: https://www.texmed.org/uninsured_in_texasi
6 Arriaga, A. (2017, Sept. 12). Fewer Texans were uninsured in 2016, but state still has largest health coverage gap. Texas Tribune. Retrieved from https://www.texastribune.org/2017/09/12/census-report-finds-45-million-texans-are-still-uninsured/

Health Care Providers Accepting Medicaid

1 Centers for Medicare & Medicaid Services (2017). *Early and Periodic Screening, Diagnostic, and Treatment*. Retrieved from Medicaid.gov: https://www.medicaid.gov/medicaid/benefits/epsdt/index.html
2 Texas Department of State Health Services (2017). *Texas Health Steps*. Retrieved from DSHS.Texas.gov: https://www.dshs.texas.gov/thsteps/
3 Barnett, M.L.; Sommers, B.D. (2017) A National Survey of Medicaid Beneficiaries' Experiences and Satisfaction With Health Care. *JAMA Internal Medicine*. Retrieved from https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2643347
4 Renter, E. (2015, May 26). You've Got Medicaid – Why Can't You See the Doctor? *U.S. News and World Report*. Retrieved from https://health.usnews.com/health-news/health-insurance/articles/2015/05/26/youve-got-medicaid-why-cant-you-see-the-doctor
5 Paradise, J.; Shin, P.; Sharac, J.; Rosenbaum, S. (2013, June 10). *Quality of Care in Community Health Centers and Factors Associated with Performance*. Retrieved from The Heny J. Kaiser Family Foundation: http://www.kff.org/medicaid/issue-brief/quality-of-care-in-community-health-centers-and-factors-associated-with-performance/
6 Texas Medical Association (2016). *Survey of Texas Physicians: 2016 Research Findings*. Retrieved from TexMed.org: https://www.texmed.org/uploadedFiles/Current/2016_Advocacy/2016_Physician_Survey_Findings.pdf

Children Enrolled in Medicaid Receiving Texas Health Steps

1 Centers for Medicare & Medicaid Services (2017). *Early and Periodic Screening, Diagnostic and Treatment*. Retrieved from Medicaid.gov: https://www.medicaid.gov/medicaid/benefits/epsdt/index.html
2 Texas Department of State Health Services (2017). *Texas Health Steps*. Retrieved from DSHS.Texas.gov: https://www.dshs.texas.gov/thsteps/
3 Medicaid and CHIP Payment and Access Commission (2017). *EPSDT in Medicaid*. Retrieved from MACPAC.gov: https://www.macpac.gov/subtopic/epsdt-in-medicaid/
4 U.S. Department of Health and Human Services, Office of the Inspector General (2014). *CMS Needs To Do More To Improve Medicaid Children's Utilization of Preventive Screening Services*. Retrieved from OIG.HHS.gov: https://oig.hhs.gov/oei/reports/oei-05-13-00690.asp

Mental Health

1 U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
2 Center for Parent Information and Resources (2015). *Emotional Disturbance*. Retrieved from http://www.parentcenterhub.org/repository/emotionaldisturbance/
3 Texas Medical Association (2014). Mental Health Funding. Retrieved from http://www.texmed.org/Template.aspx?id=6491
4 National Alliance on Mental Illness (2011). *State Mental Health Cuts: The Continuing Crisis*. Retrieved from https://www.nami.org/getattachment/About-NAMI/Publications/Reports/StateMentalHealthCuts2.pdf
5 Texas Medical Association (2014). Mental Health Funding. Retrieved from http://www.texmed.org/Template.aspx?id=6491
6 Piedad, J.R. (2017). *1 Million Texas Adults Suffer From Serious Mental Illness*. Texas Public Radio. Retrieved from http://tpr.org/post/1-million-texas-adults-suffer-serious-mental-illness#stream/0

Adolescent Pregnancy

1 The National Campaign to Prevent Teen and Unplanned Pregnancy (2017). Texas Data. Retrieved from https://thenationalcampaign.org/data/state/texas
2 Centers for Disease Control and Prevention (2017). *Reproductive Health: Teen Pregnancy*. Retrieved from https://www.cdc.gov/teenpregnancy/about/index.htm
3 Texas Department of State Health Services (2016). *Births to Mothers 17 Years of Age and Younger by County of Residence*. Retrieved from Texas Department of State Health Services website: https://www.dshs.texas.gov/chs/vstat/vs14/t11.aspx
4 Ibid.
5 Healthy People (2017). *Adolescent Health*. Retrieved from http://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health

Early Prenatal Care

1 U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (2014). *Child Health USA 2014*. Retrieved from https://mchb.hrsa.gov/chusa14/health-services-financing-utilization/prenatal-care.html
2 Child Trends Databank (2014, January). Retrieved from Late or No Prenatal Care: http://www.childtrends.org/?indicators=late-or-no-prenatal-care
3 U.S. Office on Women's Health (2012). *Prenatal Care Fact Sheet*. Retrieved from http://womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html#b
4 Selby, W.G. (2017). PolitiFact: Texas 'leading' the nation in maternal mortality. *Austin American-Statesman*. Retrieved from http://www.mystatesman.com/news/state--regional-govt--politics/politifact-texas-leading-the-nation-maternal-mortality/BuTJOd7b-CViwJw7AKsXQJO/
5 Evans, M. (2017). House passes four maternal mortality bills. *The Texas Tribune*. Retrieved from https://www.texastribune.org/2017/07/31/house-passes-maternal-mortality-task-force-bill/
6 Centers for Disease Control and Prevention (2017). *Pregnancy Mortality Surveillance System*. Retrieved from https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html
7 Gifford, Kathy; Walls, Jenna; Ranji, Usha; Salganicoff, Alina; Gomez, Ivette (2017). *Medicaid Coverage of Pregnancy and Perinatal Benefits: Results from a State Survey*. Retrieved from http://www.kff.org/womens-health-policy/report/medicaid-coverage-of-pregnancy-and-perinatal-benefits-results-from-a-state-survey/
8 North Texas Regional Extension Center (2015). *The Physician Workforce in Texas: An examination of physician distribution, access, demographics, affiliations, and practice patterns in Texas' 254 counties*. Retrieved from www.merritthawkins.com/UploadedFiles/MerrittHawkings/Surveys/Merritt_Hawkins_NTREC_Physician_Workforce_Survey.pdf.

Birth Outcomes

1 March of Dimes (2016). *March of Dimes 2015 Premature Birth Report Card: Texas*. Retrieved from http://www.marchofdimes.org/materials/premature-birth-report-card-texas.pdf
2 March of Dimes (2013, October). *Premature Babies Overview*. Retrieved from Your Premature Baby: http://www.marchofdimes.com/baby/premature-babies.aspx
3 See *Early Prenatal Care*
4 Luthra, S. (2012, July 3). *HHSC Targets Premature Births in Quest to Cut Costs*. Retrieved from the *Texas Tribune*: http://www.texastribune.org/2012/07/03/hhsc-program-targets-intensive-care-babies/
5 Texas Health and Human Services Commission (2015). *Texas Medicaid and CHIP in Perspective* (Eleventh Edition). Retrieved from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/medicaid-chip-perspective-11th-edition/11th-edition-complete.pdf
6 March of Dimes (2014, March). *Low Birthweight*. Retrieved from Your Premature Baby: http://www.marchofdimes.com/baby/low-birthweight.aspx
7 Texas Department of Health and Human Services (2014). *2014 Healthy Texas Babies: Data Book*. Retrieved from https://www.dshs.state.tx.us/healthytexasbabies/data.aspx
8 Promising Practices Network. (2010). *Promising Practices for Preventing Low Birth Weight Babies*. Retrieved from http://www.promisingpractices.net/briefs/briefs_lowbirthweight.asp

Infant Mortality

1 Mathews, T.J.; Driscoll, A.K. (2017). *Trends in infant mortality in the United States, 2005–2014*. Retrieved from https://www.cdc.gov/nchs/data/databriefs/db279.pdf
2 Healthy People (2014). *Maternal, Infant, and Child Health*. Retrieved from https://www.healthypeople.gov/sites/default/files/HP2020_LHI_Mat_Inf_Child.pdf
3 Haelle, Tara. (2014). *U.S. infant mortality rate worse than other countries*. Retrieved from https://www.cbsnews.com/news/u-s-infant-mortality-rate-worse-than-other-countries/
4 Guttmacher Institute (2014). *Family Planning Can Reduce High Infant Mortality Levels*. Retrieved from http://www.guttmacher.org/pubs/ib_2-02.html
5 Poma, Pedro A. (1999). *Effect of Prenatal Care on Infant Mortality Rates According to Birth-Death Certificate Files*. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2608536/?page=6
6 Mathews, T.J.; Driscoll, A.K. Op. cit.
7 Michael C. Lu, MD, MPH; Milton Kotelchuck, PhD, MPH; Vijaya Hogan, DrPH; Loretta Jones, MA; Kynna Wright, PhD, MPH; Neal Halfon, MD, MPH (2010). *Closing the Black-White Gap in Birth Outcomes: A Life-course Approach*. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4443479/

Childhood Immunization

1 Centers for Disease Control and Prevention (2016). *Polio Elimination in the United States*. Retrieved from CDC.gov: https://www.cdc.gov/polio/us/
2 Centers for Disease Control and Prevention (2016). *Varicella*. In C. F. Prevention, Hamborsky, J.; Kroger, A.; Wolfe, C. (Eds.), *Epidemiology and Prevention of Vaccine Preventable Diseases* (pp. 353-375). Washington, D.C.: Public Health Foundation. Retrieved from https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/varicella.pdf
3 DSHS Immunization Unit (2017). *Annual Report of Immunization Status of Students*. Retrieved from Texas Department of State Health Services: https://www.dshs.texas.gov/immunize/docs/coverage/schools/11-14849-2016-17-Annual-Report.pdf
4 DSHS Immunization Unit (2017). *Vaccination Coverage Levels in Texas Schools*. Retrieved from Texas Department of State Health Services: https://www.dshs.texas.gov/immunize/coverage/schools/
5 Centers for Disease Control and Prevention (2015). *National Immunization Surveys: Data, Tables, and Documentations*. Retrieved from CDC.gov: https://www.cdc.gov/vaccines/imz-managers/nis/data-tables.html

Children with Developmental Disabilities

1 Centers for Disease Control and Prevention (2015). *Key Findings: Trends in the Prevalence of Developmental Disabilities in U.S. Children, 1997–2008*. U.S. Department of Health and Human Services.
2 Rubin, L.; Allen, C.C. (1989). *Developmental Disabilities: Delivery of Medical Care for Children and Adults*. Philadelphia, PA: Lea & Febiger.
3 Boyle, C.A.; Boulet, S.; Schieve, L.A.; Cohen, R.A.; Blumberg, S.A.; Yeargin-Allsopp, M. Kogan, M.D. (2011). Trends in the Prevalence of Developmental Disabilities in U.S. Children, 1997–2008. *Pediatrics*, 11.
4 United Cerebral Palsy (2016). *The Case for Inclusion*. Retrieved from United Cerebral Palsy's 2016 Report: http://cfi.ucp.org/state-scorecards/
5 http://www.npr.org/sections/health-shots/2016/11/03/500420007/texas-medicaid-cuts-hit-rural-disabled-kids-especially-hard
6 Goudeau, A. (2017). TX lawmakers initially pass bill to restore Medicaid cuts, sending message to the governor. Retrieved from KVUE: http://www.kvue.com/news/politics/tx-lawmakers-initially-pass-bill-to-restore-medicaid-cuts-sending-message-to-the-governor/461813628
7 Davis, S.; Price; Guerra; Darby; Krause (2017). Bill: HB 25 Legislative Session: 85(1) Council Document: 85S1 1037 KLA-F. Retrieved from Texas Legislature Online: http://www.legis.state.tx.us/BillLookup/History.aspx?LegSess=851&Bill=HB25
8 Center on the Developing Child at Harvard University (2008). *InBrief: The science of early childhood development*. Retrieved from http://developingchild.harvard.edu/download_file/-/view/64/
9 Center on the Developing Child at Harvard University (2010). *The foundations of lifelong health are built in early childhood*. Retrieved from http://developingchild.harvard.edu/librar/reports_and_working_papers/foundations-of-lifelong-health/
10 Texas Education Agency (2013). *Services for Texas Students with Disabilities Ages 3-5*. Retrieved from Texas Education Agency website: http://www.tea.state.tx.us/index2.aspx?id=2147494988

Overweight and Obese Children and Teens

1 Texas Education Agency (2017). *Physical Fitness Assessment Initiative: Fitness Data*. Retrieved from Texas Education Agency: http://tea.texas.gov/Texas_Schools/Safe_and_Healthy_Schools/Physical_Fitness_Assessment_Initiative/Fitness_Data/
2 Wadden, T.A.; Webb, V. L.; Moran, C. H.; Bailer, B.A. (2012). Lifestyle Modification for Obesity: New Developments in Diet, Physical Activity, and Behavior Therapy. *Circulation*, *125*(9), 1157-1170.
3 Centers for Disease Control and Prevention (2014). *High School YRBS Youth Online: Texas 2013 Results*. Retrieved from Centers for Disease Control and Prevention: https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=TX
4 Benham, B. (2017, June 15). *Study: 19-Year-Olds in U.S. as Sedentary as 60-Year-Olds*. Retrieved from Johns Hopkins University: HUB: https://hub.jhu.edu/2017/06/15/age-groups-not-meeting-exercise-guidelines/

Diabetes

1 Centers for Disease Control and Prevention (2014). *Diabetes in Youth*. Retrieved from http://www.cdc.gov/diabetes/risk/age/youth.html
2 American Diabetes Association (2015). *Statistics about Diabetes*. Retrieved from http://www.diabetes.org/diabetes-basics/statistics/
3 National Institute of Diabetes, Digestive and Kidney Disease (2014). *Your Guide to Diabetes: Type 1 and Type 2*. Retrieved from http://www.niddk.nih.gov/health-information/health-topics/Diabetes/your-guide-diabetes/Pages/index.aspx
4 American Diabetes Association (2015). *Statistics about Diabetes*. Retrieved from http://www.diabetes.org/diabetes-basics/statistics/
5 American Diabetes Association (2015). *Statistics about Diabetes*. Retrieved from http://www.diabetes.org/diabetes-basics/statistics/
6 Diabetes in Control (2010). *Health Policy*. Retrieved from http://www.diabetesincontrol.com/poverty-a-leading-cause-of-type-2-diabetes-studies-say/
7 American Diabetes Association (2014*). Complications*. Retrieved from http://www.diabetes.org/living-with-diabetes/complications/

Asthma

1 The Nemours Foundation (2014). *Asthma Basics*. (E.P. Ben-Joseph & N.A. Green, Editors). Retrieved from kidshealth.org: http://kidshealth.org/parent/medical/lungs/asthma_basics.html?tracking=P_RelatedArticle#
2 Centers for Disease Control and Prevention (2015). *Breathing Easier*. Retrieved from https://www.cdc.gov/asthma/pdfs/breathing_easier_brochure.pdf
3 Centers for Disease Control and Prevention (2017). *Asthma's Impact on the Nation*. Retrieved from https://www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf
4 Callander, E.J.; Schofield, D.J. (2015). Effect of asthma on falling into poverty: The overlooked costs of illness. *Annals of Allergy, Asthma & Immunology*, 374-378.
5 Centers for Disease Control and Prevention (2014). *Asthma's Impact on the Nation*. Retrieved from http://www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf
6 Centers for Disease Control and Prevention (2014). *Asthma's Impact on the Nation*. Retrieved from http://www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf
7 The Nemours Foundation (2014). *Asthma Basics*. (E.P. Ben-Joseph, & N.A. Green, Editors). Retrieved from kidshealth.org: http://kidshealth.org/parent/medical/lungs/asthma_basics.html?tracking=P_RelatedArticle#

Air Quality

1 Texas Commission on Environmental Quality (2013). *Compliance with Eight-Hour Ozone Standard*. Retrieved from Texas Commission on Environmental Quality: https://www.tceq.texas.gov/cgi-bin/compliance/monops/8hr_attainment.pl
2 American Lung Association (2017). *State of the Air 2017*. Retrieved from stateofthеair.org: http://www.lung.org/assets/documents/healthy-air/state-of-the-air/state-of-the-air-2017.pdf
3 Texas A&M Transportation Institute (2015). *Urban Mobility Information: Performance Measure Summary – Dallas-Fort Worth-Arlington TX*. Retrieved from Texas A&M Transportation Institute: https://static.tti.tamu.edu/tti.tamu.edu/documents/ums/congestion-data/dallas.pdf
4 Texas Commission on Environmental Quality (2015). *North and Northeast Texas Area Evaluation*. Retrieved from Texas Five-Year Ambient Monitoring Network Assessment: http://www.tceq.state.tx.us/assets/public/compliance/monops/air/5yr/2015-5yr-north.pdf
5 United States Environmental Protection Agency (2013). *Ground-Level Ozone Standards Designations*. Retrieved from EPA.gov: http://www.epa.gov/airquality/ozonepollution/designations/faq.htm

Childhood Cancer

1 National Cancer Institute (2017) *Childhood Cancer*. Retrieved from https://www.cancer.gov/types/childhood-cancers
2 Kyle, Amy D (2001). *Children, Cancer, and the Environment*. Retrieved from http://www.envirohealthpolicy.net/kidstest/Cancer%20Pages/EnvironmentalCausesCancerChildren.htm
3 The American Cancer Society (2015). *Cancer in Children*. Retrieved from http://www.cancer.org/acs/groups/cid/documents/webcontent/002287-pdf.pdf

STIs and HIV

1 Centers for Disease Control and Prevention (2015). *Adolescent and School Health*. Retrieved from http://www.cdc.gov/healthyyouth/sexualbehaviors/
2 Centers for Disease Control and Prevention (2012). *HIV, Other STD, and Pregnancy Prevention Education in Public Secondary Schools — 45 States, 2008–2010*. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6113a2.htm
3 Centers for Disease Control and Prevention (2016). *Sexually Transmitted Disease Surveillance 2015*. Atlanta: U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/std/stats15/STD-Surveillance-2015-print.pdf
4 Smith, Jordan (2012). *Texas' Attack on Planned Parenthood Leaves Women's Health in Its Wake*. Retrieved from https://www.austinchronicle.com/daily/news/2012-09-26/texas-attack-on-planned-parenthood-leaves-womens-health-in-its-wake/

Economic Security

Levels of childhood poverty offer a broad perspective of both the economic condition of the region and the overall well-being of North Texas children. In Dallas and Grayson counties, 1 in 4 children and nearly as many in both Fannin and Cooke counties lives in poverty. Even Collin and Denton counties, which recorded the lowest levels of childhood poverty in the region, report that nearly 1 in 10 children lives in poverty. Children who grow up in poverty experience a greater risk of poor academic performance, abuse and neglect, behavioral and emotional problems, and developmental delays.[1] Long-term poverty can even affect a child's brain development by increasing activity in parts of the brain associated with anxiety and fear, while suppressing parts of the brain that override impulse in favor of rational decision-making.[2]

One recent study suggests that childhood poverty has a lasting impact on one's ability to regulate food intake even as an adult. Long-term food insecurity and the inconsistency of meals have a lasting impact that manifests similarly to the health problems of chronic dieters.[3] This long-term impact of poverty and food insecurity will likely affect North Texas for years to come; in Dallas, Cooke, Fannin and Grayson counties, 1 in 4 children is food insecure, while 1 in 5 children in Collin and Denton counties is food insecure. While the food deserts of South and West Dallas have received much media attention, the U.S. Department of Agriculture identifies at least one food desert near the county seat of each of the six North Texas counties.[4] The location of food deserts is further exacerbated by the concentration of low-income housing in urban areas with fewer city services and less-accessible public transportation.[5]

Across the region, the various regional housing authorities reported that more than 30,000 families use Housing Choice vouchers, which amounts to 89.4 percent of vouchers available in the region. More than 3,000 vouchers went unused in 2015. In the same year, the Texas Homeless Education Office reported that more than 15,000 public schoolchildren lacked a permanent residence. Unstable housing and homelessness among youths have a lasting impact that includes higher risks of mental health problems, criminal behavior and victimization, substance abuse, poor education outcomes and long-term unemployment.[6] But fair public housing practices can mitigate the impacts of housing stability by providing relief from economic stress and freeing up money for families to spend on health care and nutrition. Furthermore, well-constructed and managed affordable housing alleviates other environmental stressors caused by pollutants and toxins often present in substandard housing.[7]

[1] American Psychology Association (2017). Effects of Poverty, Hunger and Homelessness on Children and Youth. Retrieved from http://www.apa.org/pi/families/poverty.aspx

[2] Stromberg, Joseph (2013, November 25). How Growing Up in Poverty May Affect a Child's Developing Brain. Retrieved from Smithsonian.com: http://www.smithsonianmag.com/science-nature/how-growing-up-in-poverty-may-affect-a-childs-developing-brain-180947832/?no-ist

[3] Ferdman, R.A. (2016, February 12). The crippling thing about growing up poor that stays with you forever. *The Washington Post*. Retrieved from https://www.washingtonpost.com/news/wonk/wp/2016/02/12/the-crippling-thing-about-growing-up-poor-that-stays-with-you-forever/?utm_term=.791d8bb35e3a

[4] U.S. Department of Agriculture Economic Research Service (2017). *Food Access Research Atlas.* Retrieved from USDA.gov: https://www.ers.usda.gov/data-products/food-access-research-atlas/

[5] Satija, N. (2016, January 2). Dallas Struggles to Escape Segregated Legacy. *The Texas Tribune. Retrieved from https://www.texastribune.org/2016/01/02/dallas-struggles-overcome-segregated-housing-legac/*

[6] National Network for Youth (2017). *Consequences of Youth Homelessness.* Retrieved from nn4youth.org: https://www.nn4youth.org/wp-content/uploads/IssueBrief_Youth_Homelessness.pdf

[7] Lubell, J.; Crain, R.; Cohen, R. (2007). *The Positive Impacts of Affordable Housing on Health: A Research Summary.* Retrieved from Enterprise Community: https://www.enterprisecommunity.org/download?fid=1775&nid=13889

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In 2017, the U.S. Department of Health and Human Services defined the federal poverty level for a family of four at $24,600.

1 in every 5
children in North Texas lives in poverty.

Children living in poverty are
7X more likely
to be in poor or fair health.

1 in 10
homeless children lives in **Texas.**

Housing instability among children has **steadily increased** in Dallas, Cooke, Denton and Fannin counties.

1 in 3 North Texas children lives in a **single-parent family.**

Nearly 33%
of single-parent families are food insecure.

For every family receiving housing assistance in Texas, there are
3 HOUSEHOLDS
that are either **homeless or in need of assistance.**

FOOD INSECURITY
in all six counties exceeds the national average.

MORE THAN
260,000 CHILDREN
in North Texas are considered **food insecure.**

For single parents earning a poverty wage, child care accounts for
46%
of their income.

In Texas, **the average annual cost of center-based child care is $8,880** for an infant, or $740 per month.

NEARLY
500,000 CHILDREN
in North Texas qualify for free or reduced-priced lunches.

Despite these options at school, **many children still miss meals** on weekends and over the summer.

Children Living in Poverty

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

Across North Texas, 233,693 children lived in poverty in 2015, which is about 1 in every 5 children. In Dallas and Grayson counties, more than 1 in 4 children live in poverty. The national poverty rate for children is 20.7 percent, while 23 percent of Texas children live in poverty. As a region, North Texas has a comparable poverty rate to the nation, but only Collin and Denton counties outperformed the national average in 2015, each reporting 8.9 percent poverty rates. Denton County, however, rose to 10.1 percent in 2016.

Poverty and health outcomes are inextricably linked because poverty is both a cause and a consequence of poor health. Children living in poverty are seven times more likely to be in poor or fair health compared with those in high-income families.[1] Poverty has also been shown to create chronic stress, affect concentration, and cause memory and behavioral problems. Furthermore, the effect of poverty on children's health is cumulative. Children in poverty are more likely to have depression, low self-esteem and difficulty getting along with peers. Childhood poverty even increases the risk of injury, mortality and entry into the juvenile justice system.[2]

		2011	2012	2013	2014	2015	2016
Dallas	Number	201,739	196,252	198,612	198,829	183,178	172,363
	Percent	30.2	29.5	29.8	29.7	27.2	25.3
Collin	Number	23,865	23,645	24,740	22,087	21,653	18,087
	Percent	10.4	10.3	10.2	9.2	8.9	7.2
Cooke	Number	1,912	1,822	2,243	2,036	2,028	N/A
	Percent	19.4	18.8	24.3	21.9	22.0	N/A
Denton	Number	22,534	19,305	21,440	18,328	17,755	20,547
	Percent	12.0	10.1	11.3	9.4	8.9	10.1
Fannin	Number	1,802	1,410	1,737	1,628	1,615	N/A
	Percent	24.0	19.0	24.1	22.6	22.5	N/A
Grayson	Number	6,679	7,506	5,184	6,508	7,464	4,982
	Percent	23.1	26.2	18.3	22.6	25.4	16.4

Data Source: U.S. Census Bureau; American Communities Survey, 1Y Estimates Collin, Dallas, Denton, & Grayson, 3Y and 5Y Estimates Cooke, Fannin.

The Massachusetts Institute of Technology (MIT) suggests a place-based, cost-of-living approach to understanding and defining poverty. For example, the MIT living wage calculator defines the living wage for a family of two adults and two children in Collin County as $14.69 per hour. That is nearly three times the $5 poverty wage for that family and twice the statutory minimum wage of $7.25.[3] Federal and state benefits continued to be tied to the official definition of poverty, leaving many families making more than a poverty wage but less than a living wage.

According to the Economic Policy Institute, income inequality was the largest contributor to rising poverty rates from 1979 to 2007, surpassing traditional determinants such as racial composition and family structure.[4] Still, some of these traditional determinants are also tied to income inequality.

In Dallas and Grayson counties, poverty affects more than 1 in 4 children.

The National Partnership for Women and Families reports that women are paid 80 cents for every dollar paid to men, and this gap becomes more pronounced for women of color. Black women are typically paid 63 cents and Hispanic women just 54 cents for every dollar paid to white men.[5] Examples of policies to reduce inequality include ending residential segregation, a guaranteed living wage, earned income tax credits and universal pre-K.[6]

Children Receiving TANF (Temporary Assistance to Needy Families)

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

	2011	2012	2013	2014	2015	2016*
Dallas	9,111	7,611	5,889	5,189	4,345	4,067
Collin	576	548	443	350	331	308
Cooke	76	73	55	54	57	44
Denton	374	331	344	287	288	283
Fannin	74	72	78	69	56	44
Grayson	246	250	245	177	145	132

Data Source: Texas Health and Human Services Comission, TANF Annual Reports.

In Texas, the Temporary Assistance for Needy Families (TANF) program provides financial assistance for children and their parents in the form of Lone Star Card payments for basic needs including housing, utilities and food. According to the Center for Budget and Policy Priorities, in fiscal year 2015, there were 664,700 Texas families with children living in poverty and another 289,400 living in deep poverty, yet only 29,800 were receiving TANF. In other words, in 2015, only 4 percent of Texas families with children living in poverty were receiving TANF – the lowest rate in the nation and a precipitous decline from the 47 percent reported in fiscal year 1996.[1]

In 2016, the average monthly TANF enrollment for children in North Texas was 4,878; that is a 53 percent decrease from the 10,457 children enrolled in an average month in 2011.

To qualify for TANF, families must meet certain socioeconomic requirements. While the federal government sets the basic rules, states are given the freedom to tailor the program to their own needs. A decade ago, the monthly income limit was $401 for a single-parent family of three.[2] Today, the income limit is set at $188 for the same family model. To receive TANF, the child's parent must agree to pursue a job or training, take parenting classes, vaccinate their children and guarantee their child's school attendance. If all requirements are met, a single-parent family of three can expect to receive a maximum of $286 per month. [3]

Another mitigating factor affecting assistance to poor families is that the base funding for TANF block grants to each state has been frozen since 1996. In essence, welfare benefits have been depleted nationally, leaving 1.5 million households struggling to survive on $2 a day or less per person.[4] A 2018 federal budget proposal drastically cuts anti-poverty programs; if passed, TANF will lose 13 percent of current funding, and the Supplemental Nutrition Assistance Program (SNAP) will lose 29 percent.[5]

Only 4 percent of North Texas children in poverty received TANF benefits in 2015.

** Numbers for 2016 are an average of months from January to November. Numbers for December 2016 are not yet available.*

Housing Instability

Number of children and youth without a permanent residence

There has been a steady increase in the rate of homelessness in the United States among children and youth. The most recent data reports that more than 1 million students nationally are identified as homeless,[1] and 1 in 10 of those homeless children lives in Texas.[2] Of those children, 69 percent are pre-kindergarten to 8th grade students.[3]

In North Texas, Dallas, Cooke, Denton and Fannin counties all experienced a steady increase of children and youth experiencing housing instability, while in Collin and Grayson counties, there was a decrease in 2015 from the previous year.

Homelessness, as reported by schools, is measured using the definition contained in the McKinney-Vento Homeless Assistance Act and is reflected in the included table. In addition to those children with no shelter at all, the definition was expanded to include children staying in temporary shelter like hotels or the houses of family and friends. The National Center on Family Homelessness estimates that, based on this definition, the number of children experiencing homelessness nationally could be as high as 2.5 million children.[4]

	2011	2012	2013	2014	2015
Dallas	5,325	6,555	6,821	8,646	8,959
Collin	1,971	2,193	2,566	2,933	2,913
Cooke	19	22	69	92	123
Denton	1,190	1,615	1,079	1,702	2,096
Fannin	49	65	112	92	103
Grayson	848	883	1,125	1,175	859

Data Source: Texas Homeless Education Office: Texas Local Education Agency Homeless Count Totals.

Housing instability has acute adverse effects on children and youth. A study conducted by the University of Texas estimates that 25 percent of homeless youth are at high risk for human trafficking.[5] Unsheltered homeless youth are most at risk due to their highly unstable sleeping and living conditions, which often lead them to seek shelter at parks, playgrounds, abandoned buildings and other dangerous places.[6] Moreover, homeless youth are more likely to repeat a grade in school and experience social and emotional distress and food insecurity. They are also at a higher risk for dropping out.[7] Approximately 47 percent of children in homeless families are black, despite black children only being 15 percent of the national child population.[8]

1 in 10 homeless children lives in Texas.

Subsidized Housing

Number of families using housing choice vouchers

		2011	2012	2013	2014	2015
Dallas	Number of Families Using Vouchers	26,609	27,831	27,758	26,570	26,654
	Number of Authorized Vouchers	28,912	29,054	29,154	29,562	29,656
Collin	Number of Families Using Vouchers	1,199	1,151	1,114	1,042	1,067
	Number of Authorized Vouchers	1,262	1,263	1,263	1,263	1,263
Cooke	Number of Families Using Vouchers	395	391	346	286	298
	Number of Authorized Vouchers	416	416	416	416	416
Denton	Number of Families Using Vouchers	1,484	1,497	1,477	1,391	1,471
	Number of Authorized Vouchers	1,525	1,526	1,526	1,526	1,526
Fannin	Number of Families Using Vouchers	200	197	207	173	164
	Number of Authorized Vouchers	277	277	277	277	277
Grayson	Number of Families Using Vouchers	595	619	625	612	631
	Number of Authorized Vouchers	693	718	718	718	718

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

In Texas, 841,000 low-income households spend more than half of their income on rent.[1] The federal Housing Choice Voucher program was created in 1974 to assist low-income families in the procurement of safe housing in the private marketplace. The Housing Choice Voucher program expands housing options beyond subsidized housing projects to apartments, townhomes and single-family homes. In certain situations, families may even use the vouchers to supplement the purchase of a home. Housing subsidies are administered by public housing authorities that are responsible for paying landlords directly, while families are responsible for paying the difference.[2]

In 1985, seven black women sued the city of Dallas, the Department of Housing and Urban Development and Dallas Housing Authority, arguing that families were forced to live in segregated and inferior public housing. The Supreme Court ruled in the women's favor. The lawsuit, known as the Walker case, allowed voucher holders to live in many neighborhoods and counties in North Texas that had previously been off-limits.[3]

From 2011 to 2015, the number of authorized vouchers available across the six counties has remained fairly stable, especially in the suburban counties, but the number of families actually using those subsidies has varied over those years. Dallas, Collin, Denton and Grayson counties all reported high utilization rates near or exceeding 85 percent. Cooke and Fannin counties reported significantly lower utilization rates at 71.6 percent and 59.2 percent, respectively. While federal housing assistance was 15 percent higher in 2014 than 2000, need still outpaces growth. In Texas, for every family receiving assistance, there are three times more low-income households that are homeless or allocate more than half their income toward rent and do not receive assistance due to lack of funding; 63 percent of these families are working, 40 percent have children and 69 percent live in poverty.[4]

Despite increased federal housing assistance since 2000, need still outpaces growth.

Food Insecurity

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

In 2015, more than 260,000 children in North Texas were considered food insecure by Feeding America, and all six counties reported rates of childhood food insecurity that exceeded the national rate of 17.9 percent. Moreover, only Collin and Denton counties reported rates lower than the state average of 23.8 percent. Feeding America estimates that across the six North Texas counties, food-insecure families would need an additional $380 million to meet their total food need.[1] Despite lagging behind the nation, each of the six counties has demonstrated a consistent decline in food insecurity since 2013.

In North Texas, more than 450,000 children qualify for free or reduced-price lunch,[2] and all students in Dallas ISD are eligible to receive free lunches and breakfasts, per a district policy passed in 2013.[3] According to one study, 64 percent of Texas high school students missed at least one breakfast during the previous week.[4] For children in southern Dallas, food insecurity is at least partly due to living in a food desert where healthy, affordable food simply isn't available.[5] In 2016, the city of Dallas even offered $3 million to any grocery store chain that would open a store in the southern Dallas food desert, but no stores were willing to accept the offer.[6]

Nationally, food insecurity persists despite the fact that most people who are food insecure do not live in poverty, and a majority of those in poverty are not food insecure. In fact, as many as 26 percent of food-insecure people live in households in which income is greater than 185 percent of the poverty line, which disqualifies them for most food assistance programs. Households with children are often hit the hardest, especially if they are headed by a single parent. Predominantly black and Hispanic households are also more likely to experience food insecurity than their white counterparts.[7]

		2011	2012	2013	2014	2015
Dallas	Number	172,610	175,810	179,020	173,400	162,240
	Percent	26.6	26.8	27.1	26.0	24.2
Collin	Number	39,440	44,530	50,380	50,380	47,920
	Percent	18.0	19.9	22.0	21.6	20.2
Cooke	Number	2,290	2,410	2,560	2,510	2,340
	Percent	23.2	24.5	26.6	26.4	24.7
Denton	Number	32,820	37,230	41,360	41,140	38,970
	Percent	18.4	20.4	22.2	21.7	20.1
Fannin	Number	1,950	1,980	2,210	2,080	1,870
	Percent	25.8	26.5	30.1	28.6	26.0
Grayson	Number	7,190	7,670	8,140	7,970	7,480
	Percent	24.8	26.5	28.0	27.3	25.6

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

More than 260,000 children in the six counties are considered food insecure.

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

Number of women, infants and children who received WIC services

Enrollment in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has been steadily declining over the past five years. In 2013, total WIC enrollment in the six counties was 96,262 for infants and children and 36,033 for women. In 2017, enrollment dropped to 77,463 for infants and children and 31,464 for women, a decrease of 19.5 percent and 12.7 percent, respectively, or a 17.7 percent decrease overall.

		2013	2014	2015	2016	2017
Dallas	Infants and Children	72,721	71,539	68,306	64,265	60,750
	Women†	28,444	28,593	27,585	26,637	25,502
Collin	Infants and Children	8,153	7,878	7,051	6,818	6,578
	Women†	2,920	2,901	2,625	2,415	2,319
Cooke	Infants and Children	881	866	814	779	759
	Women†	301	295	307	327	293
Denton	Infants and Children	11,295	8,766	7,916	7,174	6,711
	Women†	3,301	3,237	2,964	2,696	2,417
Fannin	Infants and Children	683	683	624	592	602
	Women†	225	234	226	226	211
Grayson	Infants and Children	2,529	2,504	2,287	2,113	2,063
	Women†	842	884	819	756	722

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

This decline in enrollment outpaces the state as a whole, for which enrollment has fallen 11.9 percent for infants and children and 10.3 percent for women. This could be due to improving economic conditions in the North Texas area, but it could also reflect a decrease in awareness of the program among new mothers or less outreach from the program itself. The U.S. Department of Agriculture cites lower unemployment rates and declining birth rates as possible explanations of a similar nationwide trend.[1] Together, the counties represent 12.9 percent of infants and children and 14.5 percent of women enrolled in WIC within the State of Texas.

WIC is a federally funded social service program managed at the state level to provide a safety net for low-income families. Among adults, only women who are pregnant, breastfeeding or have infants younger than 6 months old meet the qualifications to receive WIC services, while their children qualify up to the age of 5. There are also income requirements to receive the benefit; the gross yearly income must be less than $30,044 for a household of two or $45,510 for a family of four.[2]

WIC provides a more holistic approach than other safety net programs. Recipients are required to attend a health checkup as part of their qualification for benefits, and the program employs dietitians to provide nutritional guidance to its beneficiaries.[3] In addition, WIC promotes breastfeeding education and other online education. WIC's nutritional benefits also come in the form of a WIC card that is recharged during clinic visits and can be used to purchase certain groceries from a predetermined grocery list designed by the program.

WIC enrollment has been steadily declining since 2013.

Benefits may also be unique to the county in which they are administered.[4] In summer 2017, Denton County WIC formed a partnership with the Denton County Community Market to provide vouchers that recipients could exchange for locally grown produce at the market.[5]

SNAP Enrollment

Average monthly enrollment in the Supplemental Nutrition Assistance Program (SNAP) for children under 18

In 2016, 286,127 children in the six-county region were enrolled in the Supplemental Nutrition Assistance Program (SNAP) during an average month; that is down slightly from 2015, but the general trend since 2011 has been upward in both Dallas and Denton counties.

	2011	2012	2013	2014	2015	2016
Dallas	220,101	221,864	219,669	219,262	235,492	227,173
Collin	21,801	21,525	20,451	20,585	22,054	21,585
Cooke	2,309	2,176	2,187	2,209	2,448	2,611
Denton	21,228	21,507	21,411	22,129	24,883	24,941
Fannin	1,907	1,842	1,815	1,812	1,920	1,866
Grayson	8,169	7,797	7,490	7,340	8,210	7,951

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

SNAP is a federal program that supplements a family's income for the purchase of healthy food. While SNAP is available to any family meeting the requirements, nearly 70 percent of participants nationwide are families with children.[1] For a family to qualify for benefits, they must meet certain requirements, including a monthly income limit of $3,342 for a family of four and a requirement to work at least 20 hours per week. After qualifying, a family of four would receive a maximum of $649 per month in benefits.[2]

The benefit awarded to each recipient is determined by the U.S. Department of Agriculture's Low-Cost Food Plan, which replaced the Thrifty Food Plan in 2015 as the basis of benefit calculation.[3] Still, nutrition experts at the Institute of Medicine and the National Research Council note that household benefit levels are based on unrealistic assumptions about the cost of food, preparation time and access to grocery stores.[4] For households with children and at least one working-age, non-disabled adult, 62 percent of those adults worked while receiving SNAP, and 87 percent worked during the previous or subsequent year.[5] This signifies the SNAP program is supporting the working poor.

After cuts in 2014 that reduced benefits for most SNAP recipients, legislation in 2015 and 2016 raised benefits slightly and also added protections for certain jobless adults and veterans that exempt them from time limits on benefits.[6] Despite those changes, the proposed 2018 United States federal budget includes cuts to the SNAP program in excess of 25 percent. While legislative experts are pessimistic about Congress' willingness to pass this proposed budget, the proposal is indicative of a will to reduce spending on programs aimed at poverty alleviation.[7]

On average, 286,127 children in the six counties are enrolled in SNAP each month.

School Meal Eligibility

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

		2011	2012	2013	2014	2015	2016
Dallas	Number	325,767	333,519	345,053	353,009	355,458	365,046
	Percent	70.9	71.4	72.8	72.7	71.9	73.0
Collin	Number	37,658	39,541	41,148	41,626	42,922	43,154
	Percent	22.4	22.8	23.1	22.6	22.6	22.0
Cooke	Number	3,340	3,397	3,445	3,565	3,568	3,533
	Percent	54.5	55.0	55.6	56.7	56.1	55.5
Denton	Number	35,455	37,382	39,552	39,964	41,088	41,843
	Percent	31.6	32.4	33.4	33.1	33.3	33.3
Fannin	Number	3,014	3,022	3,067	3,107	3,040	3,047
	Percent	56.6	57.5	57.6	58.1	57.1	57.8
Grayson	Number	11,037	11,280	11,491	11,845	11,877	12,045
	Percent	52.6	53.5	54.2	54.9	54.5	54.3

Data Source: Texas Education Agency: Academic Excellence Indicator System (2011); Texas Academic Performance Reports (2012-2016), Economically Disadvantaged Students.

Nearly half a million children in North Texas qualify for free or reduced-price lunches based on National School Lunch Program (NSLP) requirements. In Dallas County, 73 percent of all students qualify for free or reduced-price lunches, as do more than half of all students in Cooke, Fannin and Grayson counties.

To qualify for the program, students must either meet the family income requirement — $44,955 for a family of four — or they may qualify if they are in foster care, attend Head Start, are homeless, or live in a household receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits.[1] All students in Dallas ISD are eligible to receive free lunch and breakfast, regardless of their qualification for NSLP.[2]

Despite free or low-cost food options at school, with more than 260,000 food-insecure children in North Texas, many children still miss meals on weekends or over the summer.[3] During the summer, they may benefit from the Summer Food Service Program (SFSP) that provides free nutritious meals to children when school is not in session. For sites where more than half of the local children are eligible for free or reduced-price lunches, there is no eligibility requirement for children seeking meals. Meals may also be distributed through SFSP sites in summer camps or nonresidential day camps.[4]

In North Texas, the United Way of Metropolitan Dallas and the Texas Hunger Initiative Dallas regional office co-facilitate the Dallas Summer and Supper Council, which works with a significant group of SFSP partners that provide meals during the summer. Similarly, local nonprofits and churches often run non-federally funded summer meal programs, like the one coordinated by several churches in Fannin County.

Overall, the federal school meal program has received additional attention since the federal government has decided to overhaul school lunches by rolling back many of the requirements implemented by the Healthy, Hunger-Free Kids Act of 2010. This legislation required increased servings of whole grains, fruits and vegetables, while reducing sodium and sugar content of school meals.[5]

In Dallas County, 73 percent of students qualify for free or reduced-price lunches, but all DISD students may receive free meals.

Opposition to these regulations stem from claims of increased food waste following program implementation; however, some researchers dispute those findings, while others suggest that the return of higher sodium and sugar content will put children at risk of high blood pressure and diabetes, regardless of food waste.[6]

Children Living in Single-Parent Families

Number and percent of children living with one parent

According to the American Communities Survey, 1 in 3 North Texas children — 378,690 in total — lives in a single-parent family. The region conforms closely to the national and state rates, which are 34.9 percent and 35.5 percent, respectively.

That said, Collin, Cooke, and Denton counties have far smaller percentages of children living in single-parent families than either the nation or the state as a whole. On the other hand, Dallas and Grayson counties have higher percentages of children in single-parent families. No clear trend emerges for the region, although Dallas and Grayson counties appear to be experiencing fairly steady increases.

Single-parent families, while quite common, often result in higher stress levels for both children and parents. Children in single-parent families are more likely to drop out of school, disengage from the workforce or become young parents.[1] Parents in these families often have fewer opportunities to spend time with their children. Both custodial and non-custodial parents may struggle with balancing visitation and its effect on themselves and the child.

		2011	2012	2013	2014	2015
Dallas	Number	253,103	251,813	266,787	270,522	267,236
	Percent	39.9	39.4	41.6	42.3	41.3
Collin	Number	52,667	45,602	54,996	46,978	47,926
	Percent	23.5	20.0	23.9	20.0	19.9
Cooke	Number	2,644	2,468	2,525	2,524	2,389
	Percent	28.4	26.6	28.0	27.7	26.4
Denton	Number	43,850	43,723	47,973	43,886	45,713
	Percent	24.1	23.8	25.8	22.9	23.5
Fannin	Number	2,785	2,381	2,631	2,507	2,398
	Percent	38.5	33.3	37.8	36.1	35.2
Grayson	Number	10,541	10,503	10,976	9,527	13,028
	Percent	38.0	41.4	41.0	34.3	47.0

Data Source: U.S. Census Bureau; Decennial Census (2000), American Communities Survey, 1Y Estimates (Collin, Dallas, Denton, & Grayson) 3Y & 5Y Estimates (Cooke & Fannin).

Furthermore, for children with divorced parents, the initial change could affect school performance and relationships with extended family.[2] Single-parent families are also at higher risk for food insecurity; nearly 33 percent of single-parent families were food insecure in 2015, compared with just 13 percent overall.[3]

According to the U.S. Census Bureau, 83 percent of custodial parents nationwide were mothers, and only 2.6 million (19 percent) of the 13.4 million custodial parents eligible for child support actually received the full amount owed to them. On average, a custodial mother could expect to receive just more than $5,000, while custodial fathers averaged about $6,500. Despite receiving less child support than fathers on average, these payments account for about 16 percent of a custodial mother's annual income, compared to just 9 percent for custodial fathers.[4]

Nearly 33 percent of single-parent families are food insecure, compared with 13 percent overall.

Families with All Parents Working

Number and percent of families with children in which all present parents are employed or serving in the armed forces

		2011	2012	2013	2014	2015
Dallas	Number	160,798	183,366	189,388	194,341	189,886
	Percent	57.0	64.9	66.0	66.9	66.6
Collin	Number	84,425	83,565	83,030	89,542	90,838
	Percent	70.3	70.3	70.3	70.9	69.9
Cooke	Number	3,205	3,103	3,086	3,281	3,342
	Percent	75.4	79.9	77.5	77.2	78.7
Denton	Number	62,295	69,087	68,842	74,066	77,228
	Percent	71.4	71.8	72.5	73.5	75.0
Fannin	Number	2,508	2,330	2,425	2,402	2,403
	Percent	79.5	70.0	74.5	75.5	73.8
Grayson	Number	9,568	9,414	9,492	8,552	9,475
	Percent	71.1	69.5	72.6	65.9	73.2

Data Source: U.S. Census Bureau; American Communities Survey, 1Y Estimates Collin, Dallas, Denton, & Grayson, 3Y and 5Y Estimates Cooke, Fannin.

According to the Bureau of Labor Statistics, approximately 40 percent of all families in the United States had children in 2016, and 61.1 percent of two-parent households had both parents working. In single-parent families, 82.6 percent of single fathers were employed, compared with 72.5 percent of single mothers.[1]

Nationally, across all family types, 71.3 percent of families with children had all parents working. Only Dallas and Collin counties reported percentages lower than the national average. While the year-over-year trends vary across the six counties, the percentage of families with all parents working remains high across the region.

A recent study examining the links between maternal employment and cognitive, social and emotional outcomes for children found that the social-emotional impact of first-year maternal employment is neutral because positive outcomes offset whatever negative effects are reported by parents and third-party caregivers.[2] Dual-income households are likely to be better off financially, and studies show that there is no overall effect on children's emotional and social well-being. Still, having both parents working can make it difficult to find a healthy work-life balance.[3]

Policies that support families with working parents can ease the difficulties associated with both parents working. Some of these policies include extending paid parental leave, giving parents the right to request part-time or flexible work schedules, and providing more support for high-quality child care and universal pre-K.

The United States is among the few industrialized countries that do not mandate a period of paid maternity leave. Under the federal Family and Medical Leave Act (FMLA), only half of new mothers are eligible for a period of job-protected leave, but the law makes no provision for paid leave and the period of leave is only 12 weeks.[4]

Research suggests that there are advantages for children who have a parent who works part time rather than full time in the child's first year of life. Federal and state child care policies affect the cost, quality and type of care offered and can substantially affect child development and parents' ability to work.[5]

The percentage of families with all parents working remains high across the region.

Finally, although the United States lags behind peer nations in universal pre-K offerings, in the 2015 Texas legislative session, House Bill 4, a grant program of $130 million to schools, was passed with bipartisan support as an effort to bolster pre-K offerings in the state.[6]

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 Program within the Texas Department of Family and Protective Services

	2011	2012	2013	2014	2015	2016
Dallas	101,893	101,435	98,247	99,875	96,899	98,429
Collin	51,307	51,688	54,837	57,925	59,678	60,992
Cooke	968	928	970	1,099	1,087	1,046
Denton	34,883	35,929	37,165	38,769	40,880	42,825
Fannin	631	642	814	738	724	787
Grayson	3,483	3,600	3,628	3,538	3,542	3,538

Data Source: Texas Department of Family and Protective Services; Annual Report and Data Book, 2011-2016.

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 Program within the Texas Department of Family and Protective Services

	2011	2012	2013	2014	2015	2016
Dallas	2,482	2,404	2,144	2,154	2,006	1,860
Collin	853	872	825	835	787	780
Cooke	47	45	48	51	45	42
Denton	740	737	713	732	722	719
Fannin	25	30	27	25	18	17
Grayson	105	110	99	98	96	94

Data Source: Texas Department of Family and Protective Services; Annual Report and Data Book, 2011-2016.

In 2016, there were 3,512 licensed or registered child care facilities in North Texas, and those facilities were licensed to care for 207,617 children collectively. Most of those facilities were licensed child care centers, which account for the vast majority of the slots, but some children receive care in a home-based setting.

Although every county experienced a decrease in the number of facilities from 2015 to 2016, only Cooke and Grayson counties experienced a decrease in the number of slots. This is because the other four counties saw a decrease in the number of home-based facilities from 2015 to 2016, accompanied by an increase in the number of licensed centers, which can be licensed for more slots.[1]

While child care slots are an important component of child care availability, they are not a measure of utilization. It is not known whether these facilities are operating at or near capacity. Moreover, the licensed capacity is primarily a function of physical space; that is, capacity is based on how many children can fit in a space while still meeting the minimum space requirements. Capacity, therefore, is not based on staff availability. A center could have the physical space to accommodate many more children than its staff can properly care for.[2]

It is difficult to know the full demand for child care, but in North Texas, one-third of all children live in a single-parent home, and there are 373,172 families in which all present parents are employed.[3] Just meeting the demand for slots, however, does nothing to address the quality of care provided.

The National Association for the Education of Young Children (NAEYC) conducts an independent accreditation of child care providers who go beyond licensing requirements to meet a higher standard of quality. In North Texas, there are only 47 NAEYC-accredited providers: 31 in Dallas County, 11 in Collin County, four in Denton County and one in Grayson County.[4]

Quality care is key to early development for children and can having a lasting impact. One study from the National Institutes of Health found that quality early child care positively affected children well into their teen years.[5] Yet another study demonstrated a link between quality early child care and improved academic performance as late as high school. [6]

The cost of child care is a significant concern for families, and it is not insubstantial. In Texas, the average annual cost of center-based care for an infant is $8,880; similar care

In Texas, the average annual cost of center-based care for an infant is $8,880.

averages $6,823 for preschool-aged children and $3,260 for after-school care.[7] For a single parent earning a poverty wage, the care of an infant child would cost 46 percent of their household income. The care of a 4-year-old would amount to about 35 percent of the household's income, while a school-aged child would require about 17 percent of a poverty-level income to receive after-school care.[8]

Eligible Children in Subsidized Child Care

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

	2011	2012	2013	2014	2015	2016
Dallas	24,102	25,361	22,398	22,383	21,935	20,954
Collin	3,065	2,475	2,718	2,416	2,289	2,472
Cooke	1	170	182	222	214	171
Denton	3,676	3,083	3,321	3,034	3,027	3,070
Fannin	170	178	144	144	181	160
Grayson	1,061	1,123	1,121	1,123	1,083	914

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

Across North Texas, 27,741 children received free or reduced-price child care services in 2016 through the Texas Workforce Commission Child Care Services program, which is funded through the federal Child Care and Development Fund.[1] That accounts for about 13 percent of the child care slots available in the region. All centers that accept subsidies must participate in the Texas Rising Star Program Assessment, which evaluates the quality of child care centers based on a wide variety of criteria, including staff qualifications, parental engagement and unannounced monitoring visits.[2]

Families with children under age 13 may qualify if they are transitioning from a public assistance program, are low-income or require protective services.[3] The program is designed to provide parents with the flexibility to work, attend workforce training or pursue adult education.[4]

In Texas, the average annual cost of center-based care for preschool children is $6,823, and for after-school care it is $3,260.[5] Child care for an infant may cost as much as $8,880, which amounts to about 46 percent of annual income for a single parent earning a poverty wage. Even after-school care may cost as much as 17 percent of a poverty-level income.[6] For families who receive child care subsidies, the average maximum reimbursement rate only covers approximately 66 percent of the cost of center-based care.[7]

The number of children receiving child care subsidies in the region has steadily decreased over time. Since 2012, the number of children receiving child care subsidies has declined by 14 percent. The bulk of that decline has been concentrated in three counties: Dallas, Fannin and Grayson. Those counties experienced declines of 17.3 percent, 10.1 percent and 18.6 percent respectively. Collin and Denton counties have remained largely stable following sharp declines from 2011 to 2012, while Cooke County has fluctuated over the same period.

About 13 percent of child care slots in the region go to children receiving free or reduced-priced services.

End Notes

Children Living in Poverty

1 Joint Center Health Policy Institute (2003). *Income and Wealth*. Retrieved from http://www.unnaturalcauses.org/resources.php?topic_id=7
2 American Psychology Association (2015). *Effects of Poverty, Hunger and Homelessness on Children and Youth*. Retrieved from http://www.apa.org/pi/families/poverty.aspx
3 Massachusetts Institute of Technology (2015). Living Wage Calculator. Retrieved from http://livingwage.mit.edu/
4 Economic Policy Institute (2017). *Poverty*. Retrieved from http://stateofworkingamerica.org/fact-sheets/poverty/
5 National Partnership for Women and Families (2017). *Fact Sheet*. Retrieved from http://www.nationalpartnership.org/research-library/workplace-fairness/fair-pay/americas-women-and-the-wage-gap.pdf
6 Powell, J.A. (2014). *Six Policies to Reduce Economic Inequality*. Retrieved from Haas Institute for a Fair and Inclusive Society: http://haasinstitute.berkeley.edu/six-policies-reduce-economic-inequality

Children Receiving TANF (Temporary Assistance to Needy Families)

1 Center on Budget and Policy Priorities (2016). TANF Caseload and TANF-to-Poverty Ration Fact Sheet. Retrieved from http://www.cbpp.org/sites/default/files/atoms/files/tanf_trends_tx.pdf
2 See *Children Living in Poverty*
3 National Center for Children in Poverty (2015). *TANF Cash Assistance*. Retrieved from http://www.nccp.org/profiles/TX_profile_36.html
4 Texas Health and Human Services Commission (2017). *TANF Cash Help*. Retrieved from https://yourtexasbenefits.hhsc.texas.gov/programs/tanf/families
5 Abello, Oscar Perry (2017). *Trump Budget Could Change Food Assistance That Helps Millions*. Retrieved from https://nextcity.org/daily/entry/trump-budget-2018-social-safety-net-cuts-food-stamps
6 Lu, Denise; Soffen, Kim (2017). *What Trump's budget cuts from the social safety net*. Retrieved from https://www.washingtonpost.com/graphics/politics/trump-budget-benefits-cuts/?utm_term=.b3de09f85c4b

Housing Instability

1 National Center for Homeless Education (2017). *Children and Youth Experiencing Homelessness: An Introduction to the Issues*. Retrieved from http://nche.ed.gov/downloads/briefs/introduction.pdf
2 LaMarche, Pat (2013). *About 1 in 10 Homeless Kids Live in Texas*. Retrieved from http://www.huffingtonpost.com/pat-lamarche/about-1-in-10-homeless-ki_b_2716927.html
3 The Texas Education of Homeless Children and Youth Program (EHCY) (2017). *THE TEXAS PICTURE 2014 - 15 School Data*. Retrieved from http://www.theotx.org/wp-content/uploads/2017/02/Infographic-Annual-Report-2015-16.pdf
4 The National Center on Family Homelessness (2014). America's Youngest Outcasts: A Report card on Child Homelessness. Retrieved from http://new.homelesschildrenamerica.org/mediadocs/275.pdf
5 The University of Texas at Austin (UT Austin) (2016). *Institute on Domestic Violence & Sexual Assault, Human Trafficking by the Numbers: The Initial Benchmark of Prevalence and Economic Impact for Texas*. Retrieved from http://sites.utexas.edu/idvsa/files/2017/02/Human-Trafficking-by-the-Numbers-2016.pdf
6 KERA (2015). *Who are the Homeless Kids of Texas?* Retrieved from http://stories.kera.org/homeless-in-high-school/2015/05/17/homeless-kids-in-texas/
7 Texas Appleseed (2017). *Young and Homeless in Texas*. Retrieved from http://www.theotx.org/resource_type/data-texas/
8 American Psychological Association (2017). *Effects of Poverty, Hunger, and Homelessness on Children and Youth*. Retrieved from http://www.apa.org/pi/families/poverty.aspx

Subsidized Housing

1 The Center on Budget and Policy Priorities (2017). National and State Housing Data Fact Sheets. Retrieved from http://www.cbpp.org/research/housing/national-and-state-housing-data-fact-sheets
2 Texas Department of Housing and Community Affairs (2015). *Section 8 Housing*. Retrieved from Texas Department of Housing and Community Affairs Website: https://www.tdhca.state.tx.us/section-8/
3 Livesley-O'Neill, Will (2016). *What housing mobility in action looks like in Dallas-Fort Worth*. Retrieved from https://texashousers.net/2016/01/28/what-housing-mobility-in-action-looks-like-in-dallas-fort-worth/
4 The Center on Budget and Policy Priorities (2017). National and State Housing Data Fact Sheets. Retrieved from http://www.cbpp.org/research/housing/national-and-state-housing-data-fact-sheets

Food Insecurity

1 Feeding America (2017). *Child Food Insecurity in Texas*. Retrieved from FeedingAmerica.org: http://map.feedingamerica.org/county/2015/child/texas
2 See *School Meal Program Eligibility*
3 Haag, M. (2013, October 1). All Dallas ISD Students Will Now Get Free Breakfast and Lunch. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/news/2013/10/01/all-dallas-isd-students-will-now-get-free-breakfast-and-lunch
4 Centers for Disease Control and Prevention (2014). *High School YRBS Youth Online: Texas 2013 Results*. Retrieved from Centers for Disease Control and Prevention: https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=TX
5 Chang, J. (2011, August). Lack of Grocery Stores Creates Unhealthy Food Desert in Southern Dallas. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/southern-dallas/2011/08/27/lack-of-grocery-stores-creates-unhealthy-food-desert-in-southern-dallas
6 Wilonski, R. (2017, March 21). If Dallas Really Wants to Spend $3 Million Feeding Food Deserts, Look No Further Than the Corner Store. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/opinion/commentary/2017/03/21/dallas-really-wants-spend-3-million-feeding-food-deserts-look-corner-store
7 Feeding America (2017). *Poverty and Hunger Fact Sheet*. Retrieved from FeedingAmerica.org: http://www.feedingamerica.org/assets/pdfs/fact-sheets/poverty-and-hunger-fact-sheet.pdf

Enrollment in WIC

1 U.S. Department of Agriculture: Economic Research Service (2015). *WIC Experienced Largest Decrease in Participation in Program's History in 2014*. Retrieved from USDA.gov: https://www.ers.usda.gov/amber-waves/2015/june/wic-experienced-largest-decrease-in-participation-in-program-s-history-in-2014/
2 Texas Department of State Health Services (2017). *Welcome to Texas WIC*. Retrieved from Texas WIC: http://texaswic.dshs.state.tx.us/wiclessons/english/about/
3 Texas Department of State Health Services (2017). *Real Nutrition & Support for Your Family*. Retrieved from Texas WIC: http://texaswic.dshs.state.tx.us/wiclessons/english/nutrition/
4 Texas Department of State Health Services (2017). *Texas WIC Card FAQ*. Retrieved from Texas WIC: http://texaswic.dshs.state.tx.us/wiclessons/english/ebtcard/
5 Martin, K. (2017, August 19). Vouchers Good for Fresh Produce for WIC Clients at Denton Community Market. *Denton Record Chronicle*. Retrieved from http://www.dentonrc.com/news/denton/2017/08/19/vouchers-good-fresh-produce-wic-clients-denton-community-markets

SNAP Enrollment

1 Center on Budget and Policy Priorities (2016). *Policy Basics: Introduction to the Supplemental Nutrition Assistance Program (SNAP)*. Retrieved from https://www.cbpp.org/research/policy-basics-introduction-to-the-supplemental-nutrition-assistance-program-snap
2 Health and Human Services Commission: Your Texas Benefits (2014). *SNAP Food Benefits*. Retrieved from http://yourtexasbenefits.hhsc.texas.gov/programs/snap
3 Food Research and Action Center (2017). *SNAP/Farm Bill*. Retrieved from FRAC.org: http://frac.org/action/snap-farm-bill
4 Institute of Medicine and National Research Council (2013). *Supplemental Nutrition Assistance Program: Examining the Evidence to Define Benefit Adequacy*. Retrieved from https://fns-prod.azureedge.net/sites/default/files/ops/IOMSNAPAllotments.pdf
5 Rosenbaum, D. (2013). The Relationship Between SNAP and Work Among Low-Income Households. Retrieved from http://www.cbpp.org/cms/index.cfm?fa=view&id=3894
6 Food Research and Action Center (2017). *SNAP/Farm Bill*. Retrieved from FRAC.org: http://frac.org/action/snap-farm-bill
7 Bottemiller Evich, H.; Boudreau, C.; Hopkinson, J. (2017, May 23). Trump's Budget Takes Aim at SNAP, Crop Insurance. *Politico*. Retrieved from http://www.politico.com/story/2017/05/23/trumps-budget-takes-aim-at-snap-crop-insurance-238724

School Meal Eligibility

1 Food Research and Action Center (2015). *School Meal Eligibility*. Retrieved from http://frac.org/federal-foodnutrition-programs/national-school-lunch-program/eligibility/
2 Haag, M. (2013, October 1). All Dallas ISD Students Will Now Get Free Breakfast and Lunch. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/news/2013/10/01/all-dallas-isd-students-will-now-get-free-breakfast-and-lunch
3 See *Food Insecurity*
4 Benefit Finder (2017). *Texas Summer Food Service*. Retrieved from Benefits.gov: https://www.benefits.gov/benefits/benefit-details/1754
5 Green, E.L.; Hirschfeld Davis, J. (2017, May 1). Trump Takes Aim at School Lunch Guidelines and a Girls' Education Program. *The New York Times*. Retrieved from https://www.nytimes.com/2017/05/01/us/politics/nutrition-rules-school-lunches-michelle-obama.html?mcubz=3
6 Scutti, S. (2017, May 2). *USDA Shifts Obama-Era School Lunch Guidelines*. CNN.com. Retrieved from http://www.cnn.com/2017/05/02/health/school-lunch-changes/index.html

Children Living in Single-Parent Families

1 Mather, M. (2010, May). U.S. Children in Single-Mother Families. Retrieved from Population Reference Bureau: http://www.prb.org/pdf10/single-motherfamilies.pdf
2 American Psychological Association (2017). *Single Parenting and Today's Family*. Retrieved from APA.org: http://www.apa.org/helpcenter/single-parent.aspx
3 Feeding America (2017). *Hunger and Poverty Fact Sheet*. Retrieved from http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/hunger-and-poverty/hunger-and-poverty-fact-sheet.html
4 Solomon-Fears, Carmen (2016). *Child Support: An Overview of Census Bureau Data on Recipients*. Retrieved from https://fas.org/sgp/crs/misc/RS22499.pdf

Families with All Parents Working

1 Bureau of Labor Statistics (2016). Employment Characteristics of Families Summary. Retrieved from http://www.bls.gov/news.release/famee.nr0.htm
2 Brooks-Gunn, J.; Han, W.-J.; Waldfogel, J. (2010). *First-Year Maternal Employment and Child Development in the First Seven Years*. Monographs of the Society for Research in Child Development, 75(2), 7-9. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4139074/
3 Healthy Children (2015). *Working Parents*. Retrieved from https://www.healthychildren.org/English/family-life/work-play/Pages/Working-Parents.aspx
4 United States Department of Labor (2012). *Fact Sheet #28: The Family and Medical Leave Act*. Retrieved from DOL.gov: https://www.dol.gov/whd/regs/compliance/whdfs28.htm
5 Brooks-Gunn, J. Op cit.
6 Giddings, Helen (2016). *Texas needs universal pre-K*. Retrieved from: http://www.mysanantonio.com/opinion/commentary/article/Texas-needs-universal-pre-K-6857139.php

Access to Child Care

1 Texas Department of Family and Protective Services (2016). *DCL: Operations on August 31*. Retrieved from Texas Health and Human Services: https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Care_Licensing/Day_Care/Operations_on_August_31.asp
2 Texas Department of Family and Protective Services (2017). *Minimum Standards for Child-Care Centers*. Retrieved from https://www.dfps.state.tx.us/Child_Care/documents/Standards_and_Regulations/746_Centers.pdf
3 See *Children Living in Single-Parent Families* and *Families with All Parents Working*
4 National Association for the Education of Young Children (2017). *Search NAEYC Accredited Programs*. Retrieved from NAEYC.org: https://families.naeyc.org/search_programs/results/0/TX/76203/50/0/0/0/us/0
5 Barnett, W.S. (1995). Long-Term Effects of Early Childhood Programs on Cognitive and School Outcomes. Future of Children, 25-50.
6 Vandell, D.L.; Belsky, J.; Burchinai, M.; Steinberg, L.; Vandergrift, N.; NICHD Early Child Care Research Network (2010). Do Effects of Early Child Care Extend to Age 15 Years? Results From the NICHD Study of Early Child Care and Youth Development. *Journal of Child Development*, 737-756.
7 Child Care Aware of American (2017). *2017 State Child Care Facts in the State of Texas*. Retrieved from http://usa.childcareaware.org/wp-content/uploads/2017/07/TX_Facts.pdf
8 United States Census Bureau (2017). *Poverty Thresholds*. Retrieved from Census.gov: https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

Eligible Children in Subsidized Child Care

1 Texas Workforce Solutions and the University of Texas Health Science Center at Houston (2017). *Financial Assistance For Child Care*. Retrieved from Texas Rising Star: https://texasrisingstar.org/parents/financial-assistance-for-child-care/
2 Texas Workforce Solutions and the University of Texas Health Science Center at Houston (2017). *TRS Program Assessment*. Retrieved from Texas Rising Star: https://texasrisingstar.org/providers/trs-program-assessment/
3 Texas Workforce Solutions and the University of Texas Health Science Center at Houston (2017). Eligibility. Retrieved from Texas Child Care Solutions: http://texaschildcaresolutions.org/financial-assistance-for-child-care/eligibility/
4 Texas Workforce Solutions and the University of Texas Health Science Center at Houston (2017). *Financial Assistance for Child Care*. Retrieved from Texas Rising Star: https://texasrisingstar.org/parents/financial-assistance-for-child-care/
5 Child Care Aware of America (2017). *2017 State Child Care Facts in the State of Texas*. Retrieved from http://usa.childcareaware.org/wp-content/uploads/2017/07/TX_Facts.pdf
6 United States Census Bureau (2017). *Poverty Thresholds*. Retrieved from Census.gov: https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
7 Texas Institute for Child & Family Wellbeing and Ray Marshall Center for the Study of Human Resources (2017). *2017 Texas Child Care Market Rate Survey Final Report*. Austin, Texas: The University of Texas at Austin. Retrieved from https://txicfw.socialwork.utexas.edu/wp-content/uploads/2017/07/FinalReport_2017_Market_Rate_7.10.17_Publish.pdf

Safety

Issues of childhood safety tend to focus on the immediate physical integrity of children, but safety concerns can arise in ways that are not directly physical from the start. Issues like suicide are often rooted in mental health concerns,[1] and neglect, the most common type of child maltreatment, often does not involve direct physical harm to a child.[2] Neglect of children is often unintentional and can result simply from working parents leaving their children unsupervised or under the care of inadequate caretakers, like older siblings.[3] In Texas, neglectful supervision makes up more than half of all confirmed abuse or neglect cases.[4] Across all counties with the exception of Fannin County, there has been a decrease in the number of confirmed victims of abuse and neglect, and deaths from abuse and neglect have increased or stayed the same in every county except Cooke County. Still, given that the average caseload for local Child Protective Services workers exceeds the national best-practice threshold of 17 in every county, it is certainly possible that cases go unreported or uninvestigated.[5]

Children who do not have adequate child care can also be affected by other safety hazards besides neglect. Drowning deaths are down across all counties except for Dallas County, but drowning is not the only safety hazard that can be found in the home. Improperly maintained housing can present many safety hazards for children who reside within their walls: mold, lead and unsupervised pets can all do harm to a child's health. Such environmental hazards in the home are especially heightened for children in low-income or public housing.[6]

Not only can housing conditions affect the safety of children, but housing stability affects childhood safety as well. While homelessness is an indicator of economic security, it also presents children with a new set of safety risks. For example, 32 percent of homeless youths report experiencing sexual assault, and 1 in 3 teens will be recruited by a sex trafficker within 48 hours of leaving home.[7] Homeless youths are also particularly vulnerable to prescription drug misuse, which often co-occurs with other risky behaviors like hard drug use and unprotected sex.[8] Homeless LGBT youths are at a particularly high risk of sexual exploitation, physical assault and substance abuse.[9] Child-related sex crimes, overall, are down in all counties except for Grayson and Fannin, while alcohol- and drug-related emergency room visits have increased overall in North Texas.

1 National Institute of Mental Health (2012). *Many Teens Considering Suicide Do Not Receive Specialized Mental Health Care.* Retrieved from NIMH.NIH.gov: https://www.nimh.nih.gov/news/science-news/2012/many-teens-considering-suicide-do-not-receive-specialized-mental-health-care.shtml

3 Pillado, O.; Kim, T.; Dierkhising, C. B. (2010). *Fact Sheet: Child Maltreatment.* Retrieved from Southern California Academic Center of Excellence on Youth Violence Prevention at the University of California, Riverside: https://stopyouthviolence.ucr.edu/factsheets/FACTSHEET%20ChildMaltreatmentSpring2010.pdf

3 Administration on Children, Youth, and Families: Children's Bureau (2013). *Leaving your Child Home Alone.* Retrieved from Child Welfare Information Gateway: https://www.childwelfare.gov/pubPDFs/homealone.pdf

4 Texas Department of Family and Protective Services (2017). *Child Supervision.* Retrieved from DFPS.State.TX.gov: https://www.dfps.state.tx.us/child_protection/Child_Safety/child_supervision.asp

5 Clark, P. (2016). *New Report Shows CPS Caseloads Still in Danger Zone for Texas Kids.* Retrieved from Texans Care for Children: http://txchildren.org/posts/2016/3/9/new-report-shows-cps-caseloads-still-in-danger-zone-for-texas-kids

6 Hood, E. (2005). Dwelling Disparities: How Poor Housing Leads to Poor Health. *Environmental Health Perspectives, 113(5), A310-A317.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1257572/

7 National Sexual Violence Resource Center (2010). *Housing, Homelessness, and Sexual Violence Statistics.* Retrieved from NSVRC.org: http://www.nsvrc.org/sites/default/files/NSAC11_Handouts/NSAC11_Handout_With_Statistics.pdf

8 Rhoades, H.; Winetrobe, H.; Rice, E. (2014). Prescription Drug Misuse among Homeless Youth. *Drug and Alcohol Dependence, 10(1016), 229-233.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4029497/

9 Substance Abuse and Mental Health Services Administration (2017). *Homelessness and Housing.* Retrieved from SAMHSA.gov: https://www.samhsa.gov/homelessness-housing

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Suicide is the
THIRD
leading cause of death
among children
ages 10 to 14 nationally.

North Texas has
half as many approved foster homes
(1,244) as children needing
placements **(nearly 3,000).**

In Fannin County, CPS caseloads were
MORE THAN
DOUBLE
the national recommendation of
17 cases per worker and the state
average of 22, with 50.3 cases per
CPS caseworker in 2016.

In 2015, there were
843 hospitalizations of North
Texas children for traumatic injuries, a
25% reduction
from 2014. These include drowning, falls,
burns and car accidents.

There were
7,454 confirmed cases of child abuse and neglect
in North Texas in 2016.

Cooke County had the highest rate at **21.1 cases per 1,000 children.**

Within the past school year,
1 in 3 Texas students
in grades 7 through 12 **has used alcohol.**

CHILD ABUSE AND NEGLECT

Confirmed Victims of Child Abuse and Neglect

Number of cases confirmed by Child Protective Services (CPS) and the rate per 1,000 children

		2011	2012	2013	2014	2015	2016
Dallas	Number	5,069	5,107	5,505	5,967	5,847	4,535
	Rate	7.7	7.7	8.3	8.9	8.6	6.6
Collin	Number	1,097	1,082	1,168	1,393	1,297	1,183
	Rate	4.8	4.6	4.8	5.6	5.1	4.6
Cooke	Number	100	122	208	198	225	206
	Rate	10.2	12.5	21.4	20.3	23.0	21.1
Denton	Number	909	929	898	972	902	806
	Rate	4.9	4.8	4.5	4.8	4.3	3.8
Fannin	Number	56	52	91	126	108	135
	Rate	7.5	6.9	12.1	16.6	14.1	17.7
Grayson	Number	289	453	559	584	675	589
	Rate	9.9	15.5	19.1	19.9	22.9	19.9

Data Source: Texas Department of Family and Protective Services; Annual Report and Data Book, 2011-2016.

Deaths from Child Abuse and Neglect

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

	2011	2012	2013	2014	2015	2016
Dallas	30	11	17	14	24	24
Collin	2	4	3	4	1	4
Cooke	0	1	3	0	1	0
Denton	1	2	2	3	2	3
Fannin	0	0	1	0	0	1
Grayson	3	0	3	1	1	4

Data Source: Texas Department of Family and Protective Services: Data Books and Annual Reports 2011-2016.

According to the Texas Department of Family and Protective Services, there were 7,454 confirmed cases of child abuse and neglect in the North Texas region in 2016, accounting for about 12 percent of the 58,644 total confirmed cases in the State of Texas for the same year.

The three urban and suburban counties of Dallas, Collin and Denton all reported lower rates of abuse and neglect than the state's rate of 7.9 per 1,000 children. Collin and Denton counties reported particularly low numbers at 4.6 and 3.8 cases per 1,000 children, respectively. Every county, except Fannin, saw a decrease in both the number and rate of child abuse and neglect, and many of the counties have experienced two to three years of decline.

There were 36 child deaths in North Texas from abuse and neglect in 2016, which accounts for about 16 percent of the 222 child abuse and neglect deaths in the state that year. The total number for the region has increased in each of the past two years, but Dallas County, which accounts for the bulk of the deaths, has remained the same for the past two years of data.

Child Protective Services (CPS) conducted nearly 20,000 investigations in 2016, and roughly 12,000 of those occurred in Dallas County.[1] Dallas is one of five areas around the state where CPS has instituted an alternative to traditional investigations called Alternative Response. The new method allows CPS greater flexibility when addressing less serious allegations. This allows caseworkers to engage families while resolving safety issues in the home and preventing future encounters with CPS. The department plans to implement this program statewide by late 2018.

The department also provides in-home services called Family Based Safety Services, offering family counseling, crisis intervention, parenting classes and other services in the home so families can learn to protect their children without the need to remove the child.[2]

The United Way of Metropolitan Dallas, a member of the *Beyond ABC* Advisory Board, serves as the coordinating agency for the Dallas County implementation of Healthy Outcomes through Prevention and Early Support, also known as Project HOPES. Project HOPES is primarily focused on early intervention and prevention of child abuse and neglect among children from birth to age 5. It is a community-based program that focuses on home visits, early childhood education and other family services to provide support and alleviate the stressors that often lead to child abuse and neglect among at-risk populations.[3]

Child abuse and neglect can have a lasting effect on its victims. Not only is there suffering at the time of abuse, but many victims are shown to experience depression, anxiety, higher rates of early-age drinking and smoking, and an elevated risk of sexually transmitted infections later in life.[4] The vast majority of victims know their perpetrator, and about 25 percent of victims are younger than age 5.[5] Texas law requires all individuals who may suspect child abuse or neglect to make an official report. This requirement extends even to those who might otherwise engage in privileged communications, such as attorneys, clergy and counselors.[6]

Every county, except Fannin, reported a decrease in child abuse and neglect in 2016.

Children Receiving Services for Domestic Violence

Number of children under 18 years of age living in family violence shelters

		2011	2012	2013	2014	2015	2016
Dallas	Brighter Tomorrows	330	347	311	309	344	289
	The Family Place	1,691	1,847	1,708	1,501	1,407	1,335
	Genesis Women's Shelter	288	151	697	496	353	288
	Peaceful Oasis	NA	3	49	60	58	29
Denton		267	329	318	709	734	1,004
Grayson		160	147	161	162	234	154

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.

In 2016, more than 3,000 children received services related to domestic violence in Dallas County, including shelter, basic needs fulfillment and referrals. According to the 2015-16 report of the Dallas Domestic Violence Task Force, at least 75 Dallas children were unable to be placed by referral agencies. While lack of space may be a contributing factor, shelters are often unable to serve women with teenage male children or more than five children of any age or sex. According to the report, Dallas shelters had 235 beds available for women and children and four for men and children in the 2015-16 reporting year.[1]

Child victims of domestic violence suffer not just in the moment, but with continued stress through nightmares, anxiety and post-traumatic stress, as well as long-term physical and mental health problems, and depressed educational outcomes.[2] The lasting negative effects of domestic violence are not only experienced by direct victims, but also by those who witness it. When children are exposed to violence at a young age, they are more prone to depression and increased aggressive behavior.[3] Witnessing a domestic violence event — like many adverse childhood experiences — can have long-term impacts that result in increased violent behaviors like bullying, dating violence or fighting later in life.[4]

Victims of domestic violence often lack the resources to seek help, and many victims do not seek help, either out of fear or because they are unaware of the available services.[5] Children are especially vulnerable because they typically cannot advocate on their own behalf. While the number of children served by local shelters informs the scope of domestic violence in the area, it also highlights the challenges that come with measuring it. Because most shelters run near full capacity all year long, changes in the numbers served over time likely reflect changes in space, staffing, or funding, and not necessarily changes in the number of children affected by domestic violence.

More than 3,000 children in Dallas County received domestic violence services in 2016.

Child Protective Services (CPS) Caseloads

Average number of cases assigned to each CPS caseworker per month

The average caseload for a Child Protective Services (CPS) caseworker in North Texas in 2016 was 28.6 at any given time, exceeding the state average of 22 cases per caseworker. Only Fannin and Grayson counties reported average caseloads greater than the regional average; Fannin County reported an alarming 50.3 cases per caseworker. The average caseload for the region, when excluding Fannin County, is about 24.3, which is much closer to the state average. In fact, Collin, Cooke and Denton counties all reported average caseloads below or very near the state average. Still, each of the six counties had an increased caseload in 2016 compared with 2015, and for Dallas, Fannin and Grayson counties, 2016 represents their highest average caseload over the reported time period.

CPS received increased attention in 2016 with record numbers of children sleeping in CPS offices for two or more nights at a time.[1] This is just one symptom of an overworked and understaffed department. In some cases, caseloads are down so far in 2017; *The Dallas Morning News* reports that caseloads for investigators in Dallas County were as low as 11.1 in April 2017.

	2011	2012	2013	2014	2015	2016
Dallas	26.9	27.1	24.9	25.3	23.4	27.9
Collin	24.2	24.8	21.8	20.8	18.8	19.6
Cooke	20.1	22.4	22	20.4	17.7	21.7
Denton	25.6	25.3	23.5	19.9	19.2	22.6
Fannin	22.1	20.1	21.7	35.3	34	50.3
Grayson	22.9	24.9	22.3	23.5	24	29.5

Data Source: Texas Department of Family and Protective Services; Data Books and Annual Reports 2009-2016.

At the same time, the number of caseworkers in other capacities also increased from April 2016 to April 2017. This provided hope that the total average caseload at the end of 2017 could decrease significantly in the region.[2]

Increased average caseloads are closely related to staff turnover. In 2016, staff turnover among CPS employees spiked, and every county except Collin reported a turnover of more than 25 percent. Fannin County reported a turnover rate of 46.5 percent, which likely explained the sharp increase in average caseloads in 2016.[3] The state addressed this issue in December 2016 by hiring 829 new employees, including caseworkers, supervisors and other support staff, as well as providing a $12,000 raise to its front-line workers.[4] According to *The Dallas Morning News*, fewer caseworkers and supervisors have quit since the changes were made.[5]

Staff turnover among CPS employees spiked in 2016.

The 85th Texas Legislature adopted numerous reforms to the state's foster care system, including reorganizing state agencies, developing new models for foster care and infusing additional state funds. These changes were intended to increase the number of foster care homes, reduce staff turnover and improve medical care for children in foster care.[6]

Approved Foster Care Homes and Residential Treatment Centers (RTCs)

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

		2011	2012	2013	2014	2015	2016
Dallas	Approved Homes	796	715	735	717	783	767
	Residential Treatment Centers (RTCs)	2	4	4	4	3	3
Collin	Approved Homes	243	211	199	193	201	232
	Residential Treatment Centers (RTCs)	0	0	0	0	1	1
Cooke	Approved Homes	5	3	2	7	3	5
	Residential Treatment Centers (RTCs)	0	0	0	0	0	0
Denton	Approved Homes	206	167	174	203	215	212
	Residential Treatment Centers (RTCs)	1	0	0	0	0	0
Fannin	Approved Homes	10	9	11	12	10	8
	Residential Treatment Centers (RTCs)	0	0	0	0	0	0
Grayson	Approved Homes	33	25	20	12	18	20
	Residential Treatment Centers (RTCs)	0	0	0	0	0	0

Data Source: Texas Department of Family and Protective Services; Data Books and Annual Reports 2011-2016.

According to the Texas Department of Family and Protective Services, in 2016 there were 1,244 foster homes and four residential treatment centers in North Texas approved by child-placing agencies. The number of approved foster care homes decreased in Dallas, Denton and Fannin counties, while increasing in Collin, Cooke and Grayon counties. Although the number of approved homes varies from year to year, no discernable trend emerges from recent years. In the same year, there were 6,470 North Texas children in the conservatorship of the state. While about 28 percent of children in conservatorship reside with a relative, about 46 percent are placed in foster care, which leaves nearly 3,000 children to be placed in the 1,244 approved homes.[1]

The lack of approved foster care homes and appropriate residential treatment centers is one reason why Child Protective Services (CPS) has resorted to having children sleep in state offices or local hotel rooms.[2] Toward the end of 2016, the number of children without a placement for two or more nights had been steadily declining, but by March 2017, the number surpassed any single month in 2016.[3] In fact, just seven months into Texas' fiscal year, there had been a record 314 children who spent at least two nights in a CPS office, hotel or shelter.[4]

To become an approved foster care home, individuals who will care for the children must be at least age 21 and financially stable, and they must comply with any investigations regarding their family life and the safety of their home.[5] Additionally, prospective foster parents must agree to a nonphysical discipline policy, obtain CPR trainings and complete 20 hours of annual training.[6] Residential treatment centers, on the other hand, are licensed facilities that specialize in providing clinical treatment for specific disorders and psychological, physical, sexual or emotional trauma.[7]

There are 1,244 approved North Texas foster homes for nearly 3,000 children needing placement.

Children in Conservatorship

Number of children under legal responsibility of the Texas Department of Family and Protective Services (DFPS), and the rate per 1,000 children

		2011	2012	2013	2014	2015	2016
Dallas	Number	3,716	3,948	4,382	4,382	4,646	4,626
	Rate	5.5	5.9	6.4	6.4	6.8	6.8
Collin	Number	465	429	468	504	541	515
	Rate	2.3	1.8	1.9	2.0	2.1	2.0
Cooke	Number	89	87	148	130	128	160
	Rate	9.0	8.9	15.0	15.0	13.1	16.4
Denton	Number	596	684	684	625	616	687
	Rate	3.4	3.5	3.2	3.1	3.0	3.2
Fannin	Number	41	30	39	39	50	76
	Rate	5.4	4.0	5.1	5.1	6.5	10.0
Grayson	Number	163	146	253	253	279	406
	Rate	5.8	5.0	8.5	8.5	9.5	13.7

Data Source: Texas Department of Family and Protective Services: Data Books and Annual Reports 2011-2016.

In 2016, 6,470 children were under the legal responsibility of the Texas Department of Family and Protective Services (DFPS). That accounts for about 13 percent of the 48,795 total Texas children held in state conservatorship. In 2016, DFPS was legally responsible for about 7 of every 1,000 children in Texas. That is about the same as the number in Dallas County, but in Cooke, Fannin and Grayson counties, the rates were much higher at 16, 10 and 14 per 1,000 children, respectively. Children are placed under state supervision when there is an immediate danger to their health or safety, and they may be subject to supervision in their own home or in an out-of-home placement. In 2016, about 46 percent of children placed in out-of-home care resided in foster homes, while about 28 percent resided in kinship care with a close relative.

For the past two years, Child Protective Services (CPS), and especially its Dallas office, has been described by some as in crisis.[1] For the first six months of the state's 2017 fiscal year, the number of children who spent at least two nights sleeping in a CPS office or local hotel rose to 314, which exceeds the total from the entire previous year. The crisis has resulted, at least in part, from an increase in removals that coincided with a loss of beds statewide from both voluntary closures and new regulatory restrictions.[2] Although children without placements remained high through the spring, there has been some success in preventing turnover and improving caseloads among caseworkers. After the state approved a $12,000 salary increase for frontline CPS workers and added 829 new employees, the rate of departures from the department slowed.[3] Similarly, the average caseload for CPS investigators was as low as 11.1 in April 2017, down from 28.1 at the same time in 2016, but investigators are only one type of caseworker at CPS.[4]

Despite its recent troubles, CPS notes several positive outcomes compared with previous years. In 2016, CPS placed 5,703 children in permanent adoptive homes. While that was only a small increase over the previous year, it represents a 7 percent increase since 2012. Similarly, while the department saw a rise in the amount of time spent in foster care in 2013 and 2014, an effort to reverse the trend succeeded, and from the end of 2014 to spring of 2016, CPS placed 65 percent of its children under age 6 who had spent two years in care into permanent homes.[5]

In 2016, 7 of every 1,000 children in Texas were under the legal responsibility of the state, but the ratio is higher in Cooke, Fannin and Grayson counties.

Child-Related Sex Crimes

Number of cases filed by report or indictment for indecency with a child or aggravated sexual assault on a child, and the number of confirmed victims of sexual abuse

Sexual abuse of a child can be difficult to measure because it so often goes unreported. But there is data on both indictments for indecency with and sexual assault on a minor from the Office of Courts Administration, as well as confirmed victims of sexual abuse from the Texas Department of Family and Protective Services.

In 2016, there were 642 confirmed victims of sexual abuse in the six-county region. This was a fairly significant decline from the 774 reported in 2015. In fact, for the region as a whole, there were fewer confirmed victims in 2016 than in any other year since 2011. Despite that, the 56 confirmed victims in Grayson County represented the highest number reported there in the same time period.

Similarly, the number of cases filed by information or indictment for indecency with a child or aggravated sexual assault on a child fell in every county except Fannin in 2016. Moreover, the 542 total cases filed across the region in 2016 was the lowest recorded since 2011. Based on these two measures, child-related sex crimes are on the decline in the region.

		2011	2012	2013	2014	2015	2016
Dallas	Indictments	329	295	309	295	329	295
	Confirmed Victims	428	515	517	508	474	387
Collin	Indictments	122	139	124	128	159	138
	Confirmed Victims	127	112	117	113	134	96
Cooke	Indictments	11	13	8	11	10	2
	Confirmed Victims	12	13	7	14	16	10
Denton	Indictments	67	95	103	85	83	69
	Confirmed Victims	77	103	85	86	96	88
Fannin	Indictments	19	28	23	24	11	17
	Confirmed Victims	4	8	10	11	5	5
Grayson	Indictments	30	44	25	17	29	21
	Confirmed Victims	29	41	40	41	49	56

Data Source: The Texas Office of Court Administration: Court Activity Reporting and Directory System; Texas Department of Family and Protective Services; Annual Report and Data Book, 2011-2016.

Child sexual abuse accounts for a wide array of action, including fondling, rape, sodomy, indecent exposure and the production of pornographic materials, among others. The perpetrator in any of these situations could be any adult or an older child.[1] Typically, however, the aggressor is someone that the child knows, such as a parent, caregiver, educator, family friend or other family member.[2]

Any victim of sexual abuse is likely to experience long-term social, emotional and physical trauma as a consequence of sexual abuse, and these effects can be magnified for children. Victims may exhibit signs of low self-esteem, lack of trust, guilt and shame following sexual abuse. Such stress may manifest itself in the form of physical responses such as sleep disorders, drug or alcohol abuse, eating disorders and self-harm. Children may experience any of these responses amidst the hardship of disclosing events to friends, family or law enforcement, further exacerbating the long-lasting effects of sexual abuse against minors.[3]

Child-related sex crimes have been on the decline in North Texas since 2011.

Overall Child Mortality

Number of children under the age of 19 who died due to any cause

In North Texas, the number of children under the age of 19 who died due to any cause has remained fairly consistent over the past five years. That number was about 650 in 2016.

Overall, child mortality rates have decreased statewide, as well as nationally. For children older than 1 year, the leading cause of death is unintentional injury.[1] Some of the leading causes of preventable, unintentional child deaths in Texas are motor vehicle accidents, drowning, homicide, sleep-related deaths and suicide.[2]

For infants, the leading causes of death are congenital anomalies, premature birth and sudden infant death syndrome (SIDS). After unintentional injuries, children younger than 5 most often die from congenital anomalies and homicide.

For children between the ages of 5 and 19, the leading causes of death after unintentional injury are malignant tumors, suicide and homicide.[3] Nationally, homicide is the leading cause of death for black children, the second leading cause of death for Hispanic or Latino children, and the third leading cause of death for American Indians and Alaska Natives ages 10 to 24.[4]

	2011	2012	2013	2014	2015
Dallas	463	419	412	452	450
Collin	105	71	93	98	97
Cooke	<10	<10	<10	<10	<10
Denton	64	76	58	89	66
Fannin	<10	<10	<10	<10	<10
Grayson	23	16	19	15	23

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

In 2015, Parkland Health & Hospital System became the first major hospital system in the U.S. to implement a universal suicide screening program that identifies risk factors and intervenes immediately. The program has been implemented not just at the hospital, but also at its Community Oriented Primary Care clinics, which often treat low-income children.[5]

Dallas, Collin and Denton counties have experienced a slight decline in overall child deaths from 2014 to 2015, as well as over the longer term. Grayson County experienced a slight increase in 2015, while Cooke and Fannin counties reported fewer than 10 deaths for most or all years.

Child mortality rates have decreased statewide and nationally.

Across the region, the number of child deaths was about 650 for both 2014 and 2015, although precise numbers are not known due to masking in the smaller counties. Still, that number represents an estimated 16 percent of the 4,163 child deaths in Texas in 2015.

Child Homicide

Number of deaths from intentional injury of children under age 20

Among the North Texas counties, Dallas County had the most victims of homicide under the age of 20, with 27 cases in 2015. 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 counties all had fewer than 10 cases, with Cooke and Fannin counties reporting zero cases.

In its 2014-15 biennial report, the Texas Child Fatality Review Team determined that 86.2 percent of child homicides could have been prevented.[1] Ultimately, the Child Fatality Review Team found that 27.6 percent of homicides are caused by abuse and neglect.

An even more common factor was assault, which was the cause of 29.9 percent of child homicides; furthermore, two-thirds of child homicides involve a weapon of some kind.[2] It is common for homicides with younger victims to be committed by family members, and they may be undercounted, as some deaths from suffocation or beatings may be classified as accidental.

	2011	2012	2013	2014	2015
Dallas	25	17	32	22	27
Collin	<10	<10	<10	<10	<10
Cooke	<10	0	0	0	0
Denton	0	<10	<10	0	<10
Fannin	0	0	0	0	0
Grayson	<10	<10	<10	0	<10

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

On the other end of the spectrum, when a teenager is the victim of a homicide, it is typically at the hands of a male acquaintance and involves a firearm.[3] In fact, for those aged 10 to 24, homicide is the leading cause of death among blacks, the second leading cause of death among Hispanics and the third leading cause of death among American Indians and Alaska Natives, according to the Centers for Disease Control and Prevention.[4] At the community level, some of the predictors of homicide rates include concentrated economic disadvantage, poverty and unemployment.[5]

Dallas County had the most victims of homicide under the age of 20, with 27 cases.

Adolescent Suicide

Number of intentional deaths by suicide and other self-inflicted injury among children 19 years old and younger

In 2015, there were between 28 and 52 suicides among those under age 20 in North Texas. The exact number is not known because numbers fewer than 10 are not reported in order to protect the identities of the victims. While many of the counties have masked data for three or more years, it is clear that the number of child and adolescent suicides in North Texas has remained fairly constant.

According to the Centers for Disease Control and Prevention, suicide is the third leading cause of death among children ages 10 to 14 and the second leading cause for those 15 to 24 years old.[1] Nationally, there were 2,474 suicides among children and adolescents under the age of 20 in 2015. That is roughly three suicides for every 100,000 children 19 and under.

Hispanic and black youths were less likely to commit suicide, with rates of 1.72 and 1.98 per 100,000 children, respectively. Males were much more likely to commit suicide, with 4.27 deaths per 100,000 compared with just 1.7 per 100,000 for females. More specifically, among children under 20, white, non-Hispanic males report the highest rates of suicide at 5.52 per 100,000.[2]

	2011	2012	2013	2014	2015
Dallas	9	16	11	16	15
Collin	7	<10	<10	<10	10
Cooke	0	0	<10	0	0
Denton	5	<10	<10	<10	<10
Fannin	0	<10	<10	<10	<10
Grayson	3	<10	0	<10	<10

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

According to the 2015 Youth Risk Behavior Surveillance Survey (YRBSS), 17.7 percent of high school students seriously considered suicide during the previous year, and 14.6 percent made a plan about how they could attempt suicide. Despite mortality data that show a higher rate of suicide among males, the YRBSS shows that female high school students were more likely to consider suicide and make a plan. Female students also were more likely to attempt suicide and to be treated by a doctor or nurse as a result.[3]

In February 2015, Parkland Hospital & Health System implemented a universal suicide screening program in its emergency department to quickly identify and assist patients who may be at risk to commit suicide. According to the hospital, 40 percent of suicide victims are treated by a non-behavioral health provider in an emergency setting in the months prior to death. In May 2015, the hospital expanded the program to its Community Oriented Primary Care clinics, where doctors treat many of the region's low-income children.[4]

Males were much more likely to commit suicide, with 4.27 deaths per 100,000 children.

All Unintentional Deaths of Children

Number of unintentional deaths of children (ages 0-19 years)

In 2015, as many as 121 children died in North Texas as a result of an unintentional injury, which is the leading cause of death from ages 1 through 24.[1] The leading causes of preventable, unintentional child deaths in Texas are motor vehicle accidents, drowning, homicide, sleep-related deaths and suicide.[2]

According to the Texas Child Fatality Review Team, only 24 percent of adolescent drivers who died in motor vehicle crashes were properly wearing seat belts, and only 4.3 percent of back-seat child passengers were correctly wearing their seat belts or child seat restraints at the time of the collision. To combat these preventable deaths, the Children's Health Injury Prevention Program received a three-year grant from Toyota and Cincinnati Children's national safety program Buckle Up for Life. The program offers bilingual classes and car seat events with trained specialists who educate parents and caregivers on car seats, booster seats, general seat belt safety and distracted driving, and provides car seats to families who are unable to afford them.[3]

Drowning deaths, of which there were at least 14 in North Texas in 2015, most often occur in backyard pools. Children under age 5 account for 68.8 percent of drowning fatalities statewide. In 35 percent of drowning deaths that occurred in pools, the pool in question had no physical barrier such as a pool fence to limit access. Lack of parental supervision was cited as a contributing factor in 44 percent of drowning deaths involving children under age 5.[4]

In 2013, there were 153 sleep-related deaths in Texas, and about half of them occurred while the infant was sleeping in an adult bed. Regardless of where an infant was sleeping, sleep-related infant deaths occur most often when lying on the stomach.[5]

		2011	2012	2013	2014	2015
Dallas		79	61	53	77	72
	Motor Vehicle	21	18	16	33	31
	Drowning	14	8	<10	<10	12
Collin		14	<10	19	13	12
	Motor Vehicle	< 10	< 10	< 10	< 10	< 10
	Drowning	<10	0	<10	<10	<10
Cooke		0	<10	<10	<10	<10
	Motor Vehicle	0	<10	0	<10	<10
	Drowning	0	0	<10	<10	0
Denton		11	11	<10	12	10
	Motor Vehicle	<10	<10	<10	<10	<10
	Drowning	<10	<10	<10	<10	<10
Fannin		3	<10	0	<10	<10
	Motor Vehicle	<10	<10	0	<10	<10
	Drowning	0	0	0	<10	0
Grayson		6	<10	<10	<10	<10
	Motor Vehicle	<10	0	0	<10	<10
	Drowning	0	0	<10	<10	0

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

Motor vehicle accidents, drowning, homicide, sleep-related deaths and suicide are the leading causes of preventable, unintentional child deaths in Texas.

Pediatricians recommend that infants should be placed to sleep on their backs and in cribs, rather than co-sleeping in family beds.[6]

Traumatic Injuries

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

In 2015, there were 843 hospitalizations of North Texas children for traumatic injuries. This is down from 1,133 in 2014, which represents a 25 percent reduction. Most of the that decline is accounted for by the most populous counties, Dallas and Collin, which saw declines of 31 percent and 27 percent, respectively.

While encouraging, this decrease in hospitalizations does not necessarily represent a trend, as numbers tend to fluctuate from year to year. Moreover, it is necessary to note that this data only represent children who are admitted to the hospital as a result of injury, not those who are treated in the emergency room.

According to the Centers for Disease Control and Prevention (CDC), an estimated 9.2 million children from birth to age 19 are treated in emergency departments for unintentional injuries each year, and more than 12,000 die as a result of those injuries.[1] Medical and societal costs related to childhood traumatic injuries are around $87 billion annually.[2]

	2011	2012	2013	2014	2015
Dallas	686	1,101	754	704	484
Collin	227	216	213	201	146
Cooke	13	17	15	11	9
Denton	175	152	161	154	156
Fannin	7	12	9	16	22
Grayson	55	59	58	47	26

Data Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2011-2015.

Typical traumatic injuries include drowning, falls, burns, poisoning, suffocation and vehicular accidents. The most common causes of injury to children under the age of 9 are falls, blunt force, and animal or insect bites. Children 10 to 14 are more likely to suffer from overexertion, while those 14 to 19 are more likely to be injured in motor vehicle collisions.[3] Traumatic injuries have an immediate impact on families and their financial situations, but they may also lead to longer-term stressors such as permanent disabilities, traumatic stress and depression.[4]

To reduce nonfatal injuries and their impact on children and families, the CDC promotes using a public heath framework centered on educating the public about issues of childhood safety, advocating for the adoption of effective safety laws and ordinances, and promoting innovation in the development of safety latches and safer designs for all consumer products.[5]

Children under the age of 9 are most often injured by falls, blunt force, and animal or insect bites.

ALCOHOL AND SUBSTANCE ABUSE

Alcohol-Related Collision (Motor-Vehicle) Deaths

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

	2011	2012	2013	2014	2015	2016
Dallas	6	8	10	13	13	15
Collin	2	1	0	3	2	3
Cooke	0	0	0	0	0	0
Denton	0	2	0	2	0	2
Fannin	0	2	0	0	1	0
Grayson	0	1	2	2	2	0

Data Source: Texas Department of Transportation: Texas Motor Vehicle Crash Statistics, 2011-2016.

Alcohol- and Substance Abuse-Related ER Visits

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

		2011	2012	2013	2014	2015
Dallas	Alcohol	281	232	220	264	204
	Drugs	125	110	175	189	199
Collin	Alcohol	79	64	85	70	95
	Drugs	46	40	42	52	43
Cooke	Alcohol	3	0	1	0	10
	Drugs	0	0	0	0	0
Denton	Alcohol	61	65	60	62	59
	Drugs	30	24	18	28	35
Fannin	Alcohol	1	0	0	1	6
	Drugs	1	0	2	1	0
Grayson	Alcohol	3	10	6	7	0
	Drugs	1	3	0	0	0

Data Source: Dallas-Fort Worth Hospital Council Foundation: Business Intelligence (2011-2015); Texas Department of State Health Services: Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2015.

Alcohol-related motor-vehicle deaths for children and alcohol and drug-related ER visits are up slightly in North Texas throughout the past six years. Fortunately, not all instances of underage drinking or drug use result in death or hospitalization, so these numbers represent only a small portion of alcohol and drug use among minors.

According to the most recent Texas School Survey of Alcohol and Drug Abuse, more than half of all students in grades 7 through 12 have used alcohol at some time, and 1 in 3 have used alcohol during the current school year. Marijuana use is slightly lower, with about 1 in 5 middle and high school students having ever used marijuana and 15 percent having used it during the current school year. Still, 1 in 3 high school seniors reported using some illicit drug during the current school year.[1]

For minors under 21, possessing alcohol or driving under the influence — regardless of intoxication level — can result in license suspension, a fine of $500, community service and mandatory drug awareness classes. Any person providing or selling alcohol to a minor can receive a $4,000 fine and a year in jail.[2] In fiscal year 2017, the Texas Alcoholic Beverage Commission conducted nearly 10,000 sting operations, resulting in a 90.2 percent compliance rate, meaning that less than 10 percent of establishments illegally sold alcohol to a minor during a sting operation. While compliance rates are increasing for establishments that sell alcohol for off-premises consumption (e.g., convenience stores and grocery stores), they are decreasing for restaurants and bars that sell alcohol for on-premises consumption.[3]

Beginning in October 2017, the city of Dallas implemented a "cite and release" program for anyone caught possessing less than 4 ounces of marijuana. The policy does not protect defendants from conviction of misdemeanor possession; rather, it results in a citation and a court summons instead of an immediate arrest. Proponents of the measure believe that it will reduce recidivism and positively affect young persons of color, who are disproportionately affected by drug enforcement.[4]

Apart from alcohol and marijuana, other illicit drugs remain significant public health threats to youths and overall. The federal Drug Enforcement Agency has identified methamphetamine as the primary illicit drug threat in the Dallas region. Despite a pseudoephedrine ban implemented in 2007 and 2008, indicators of meth production and use were higher in 2015 than before the ban. The resurgence of methamphetamine is primarily the result of Mexican importation; meth seizures at the border have increased by 37 percent from 2010 to 2015.

Opioid use among young people is once again on the rise.

Over the same time period, heroin and opioid seizures at the border have fallen, but this does not necessarily reflect the current threat. Opioid use among youth and young adults is once again on the rise. In the 2000s, younger users adopted "cheese heroin" – a mixture of heroin and over-the-counter sleep medicine like Tylenol PM. Today's youths have adopted a new hybrid called "Mexican Queso," which mixes heroin, Xanax and Excedrin PM.[5]

In August 2017, President Donald Trump described the opioid crisis as a national emergency but stopped short of an official declaration.[6] While opioid addiction is a pressing national issue, younger users are more likely to die from heroin overdose than prescription opioid use.[7]

Students Disciplined for Possession of a Controlled Substance on School Grounds

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

In 2016, there were at least 4,976 North Texas students disciplined for possessing alcohol, tobacco or another controlled substance on school grounds. That is slightly up from 2015 but lower than the 5,218 reported for 2014 across all counties.

For all counties, alcohol possession made up the smallest portion of disciplinary action, while controlled substances represented the largest portion for all counties except Fannin. While the region saw a decline from 2015 to 2016, Denton and Fannin counties did experience increases in some categories. Since 2011, the number of students disciplined for possession has increased by about 19 percent for the region.

According to the most recent Texas School Survey of Drug and Alcohol Use, alcohol is the most commonly used substance among middle and high school students. In 2016, 28.6 percent of students in grades 7 through 12 reported using alcohol in the previous month. That is an increase from 21.2 percent in 2012. The percentage of students who smoked tobacco in the past month increased from 8.4 percent to 14.5 percent over the same time period, and 8.9 percent of students reported vaping in the past month.

		2011	2012	2013	2014	2015	2016
Dallas	Alcohol	213	224	210	227	258	228
	Tobacco	420	466	265	379	346	276
	Controlled Substances	2,450	2,539	2,765	3,213	2,780	2,953
Collin	Alcohol	92	67	112	111	115	139
	Tobacco	81	59	89	222	199	202
	Controlled Substances	349	445	483	433	379	417
Cooke	Alcohol	< 5	< 5	<5	0	<5	<5
	Tobacco	13	< 5	<5	11	13	9
	Controlled Substances	5	13	15	11	13	14
Denton	Alcohol	76	70	71	79	93	92
	Tobacco	85	89	114	117	147	127
	Controlled Substances	267	329	299	263	324	388
Fannin	Alcohol	< 5	< 5	<5	<5	0	5
	Tobacco	17	10	<5	8	14	21
	Controlled Substances	13	22	6	8	8	0
Grayson	Alcohol	6	13	18	14	16	11
	Tobacco	27	42	52	79	50	34
	Controlled Substances	71	73	63	43	78	60

Data Source: Texas Education Agency; Disciplinary Report.

Among illicit drugs, marijuana remains the most popular, with 12.2 percent of students in 2016 reporting marijuana use in the previous month. No other illicit drug – including cocaine, heroin, steroids and hallucinogens – was used by more than 2 percent of students. Similarly, commonly abused prescription drugs such as opioids, anti-anxiety and ADHD medications were used by less than 3 percent of all students.[1]

Even for students who may not have used alcohol or drugs, opportunity abounds for students to access these substances. Among seventh through 12th graders, 46.9 percent said that it would be very easy or somewhat easy to obtain alcohol if they wanted it. Similarly, 25 percent of high school seniors reported that alcohol was present at virtually every party they attended during the school year. Marijuana was only slightly less available, as one-third of students in grades 7 through 12 reported that it would be very easy or somewhat easy to obtain marijuana if they wanted to.[2]

The number of students disciplined for possession has increased by about 19 percent since 2011.

ER Visits Related to Gunfire

Number of gunfire-related emergency room visits for children under age 18

	2011	2012	2013	2014	2015
Dallas	45	50	58	64	34
Collin	11	6	7	11	8
Cooke	0	0	0	0	1
Denton	7	2	4	3	2
Fannin	0	1	0	0	0
Grayson	0	2	3	1	2

Data Source: Dallas-Fort Worth Hospital Council Foundation: Business Intelligence (2011-2015); Texas Department of State Health Services: Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2015.

The number of childhood emergency room visits for firearm-related injuries in North Texas has decreased significantly from 2014 to 2015. This is mainly driven by Dallas County, where the number of firearm-related ER visits dropped by nearly one half. Across the region as a whole, the number has fluctuated since 2011 with no clear trends.

In 2015, just less than 10,000 children were non-fatally injured by gunshots nationally; that is a rate of 12.6 per 100,000 children. More than 90 percent of non-fatal gunshot victims are male, who are victims of gun violence at a rate of 22.4 per 100,000 male children, compared with a rate of 2.3 per 100,000 for female children. More than a third (38 percent) of youth non-fatal gunshot victims are black. The rate for black children is 28.5 per 100,000, compared with just 4.6 per 100,000 for white children.[1]

While the number of non-fatal gunshot victims is high, firearm injuries are more likely to result in death than most other illnesses or injuries. About 74 percent of self-inflicted firearm injuries are fatal. By comparison, the fatality rates for firearm-related assaults and unintentional firearm injuries are 14 percent and 6 percent, respectively.[2]

Nationally, 2,080 children died from firearm injuries in 2015, which is a rate of 2.67 deaths per 100,000 children. While the majority of firearm deaths were white children (55 percent), the firearm death rate among white children was only 1.96 per 100,000 — less than the overall rate. On the other hand, for black children, the rate was 6.57 per 100,000. Nearly 85 percent of firearm deaths involved male victims, with a rate of 4.43 per 100,000.[3]

According to the Centers for Disease Control and Prevention, the monetary cost of gun violence to youth is quite high. Firearm-related deaths among children costs nearly $20 million annually in medical expenditures, while firearm-related hospitalizations generate an additional $100 million in medical costs.[4] Besides the monetary costs, gun violence also takes a social and emotional toll on children exposed to it. According to one recent study, 4.2 percent of children witnessed a shooting in the previous year.[5] Children who are exposed to violence are more prone to aggression, depression and post-traumatic stress;[6] moreover, adverse childhood experiences — like exposure to violence — also increase the likelihood that that child may exhibit violent behaviors like bullying, dating violence or fighting later in life.[7]

Firearm-related ER visits in Dallas County dropped by nearly one half from 2014 to 2015.

Commitments to the Texas Juvenile Justice Department (formerly TYC)

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

	2011	2012	2013	2014	2015	2016
Dallas	112	87	46	67	47	34
Collin	11	8	15	8	15	16
Cooke	2	1	1	3	4	0
Denton	16	18	13	10	12	16
Fannin	1	2	2	2	1	0
Grayson	5	9	2	5	6	3

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

The number of adjudicated youths committed to the Texas Juvenile Justice Department (TJJD) decreased in North Texas from 2015 to 2016. TJJD reports that, of the new admissions, 63 percent were between 15 and 16 years of age, and if the range is extended to 15- to 17-year-olds, it includes 87 percent of new admissions. Nearly all youth committed have a need for one or more specialized treatments, and half of the youth need mental health services. Incarcerated youths are three times more likely than their peers to qualify for special education services.[1] In 2015, 90 percent of committed youths were male, while only 10 percent were female. Moreover, 43.1 percent of committed youths are Hispanic, and 37.6 percent are black. A staggering 41 percent of these children have reported a history of abuse or neglect.[2]

Post-adjudication in Dallas County costs $105 a day per youth with the average length of stay at 262 days. Annually, 194 youths are in seclusion, and 140 physical restraints are used. In Collin County, it costs $120 a day per youth with the average length of stay at 194 days, seven youth are in seclusion and four physical restraints are used. In Denton County, it costs $98 a day per youth with the average length of stay at 16 days. Annually, zero youths are in seclusion and 14 physical restraints are used. In Cooke, Fannin and Grayson counties, it costs $98 a day per youth with the average length of stay at 200 days. Annually, 784 youths are in seclusion and 144 physical restraints are used.[3] A Department of Justice report found that even after short amounts of time in seclusion, young people are more likely to experience paranoia, anxiety and depression, and in the most severe cases, isolation can lead to suicide.[4]

During the 2009 Texas legislative session, funds were dramatically shifted from incarceration to juvenile probation departments for commitment-reduction programs. Many of the probation departments used the funds to develop mental health resources.[5] The Texas "smart on crime" approach continues to demonstrate that youth offenders who are kept close to home and participate in diversion programs are less likely to commit additional crimes and more likely to successfully reintegrate into society.[6]

Nearly all adjudicated youths committed to TJJD need one or more specialized treatments, and half need mental health services.

End Notes

Child Abuse and Neglect

1 https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Investigations/Activity.asp
2 https://www.dfps.state.tx.us/About_DFPS/Annual_Report/2016/CPS/services.asp
3 https://www.dfps.state.tx.us/Prevention_and_Early_Intervention/About_Prevention_and_Early_Intervention/programs.asp
4 *Ibid.* Silverman, Amy B. (1996). *The Long-term Sequelae of Child and Adolescent Abuse: A Longitudinal Community Study.* Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/8866117
5 Children's Advocacy Centers of Texas (2014). *Our Impact.* Retrieved from the Children's Advocacy Centers of Texas website: http://www.cactx.org/child-abuse-in-texas
6 Texas Family Code: § 261.101

Children Receiving Services for Domestic Violence

1 Paquette Boots, D.; Bray, T.; Galvan, A. (2016). *Dallas Domestic Violence Task Froce Annual Summary Report: 2015-2016.* The Institute for Urban Policy Research at the University of Texas at Dallas. Retrieved from http://dallascityhall.com/government/city-council/district13/dvtf/Documents/2015-2016%20Annual%20Summary%20Report%20on%20Domestic%20Violence.pdf
2 The National Child Traumatic Stress Network (2017). *Children and Domestic Violence*. Retrieved from NCTSN.org: http://www.nctsn.org/content/children-and-domestic-violence
3 Margolin, G.; Gordis, E. (2004). Children's Exposure to Violence in the Family and Community. *Current Directions in Psychological Science, 13*(4), 152-155.
4 Duke, N.N.; Pettingell, S.L.; McMorris, B.J.; Borowski, I.W. (2010). Adolescent violence perpetration: associations with multiple types of adverse childhood experiences. *Pediatrics*. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/20231180
5 Repko, M. (2015, August). Murdered domestic violence victims in Dallas County didn't seek help, study says. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/crime/2015/08/11/murdered-domestic-violence-victims-in-dallas-county-didnt-seek-help-study-says

Child Protective Services (CPS) Caseloads

1 Garrett, R. T. (2017, April 14). Children Sleeping in CPS Offices Spiked in March, Mystifying Texas Officials. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/child-protective-services/2017/04/14/children-sleeping-cps-offices-spikes-march-mystifying-texas-officials
2 Garrett, R. T. (2017, June 30). Dallas' Once-Troubled CPS Operations are on the Mend, Agency Chief Says. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/child-protective-services/2017/06/30/dallas-troubled-cps-operations-mend-agency-chief-says
3 Texas Department of Family and Protective Services. (2017). *Child Protective Services (CPS): Staff Turnover*. Retrieved from Texas Department of Family and Protective Services: https://www.dfps.state.tx.us/About_DFPS/Data_Book/Employee_Statistics/CPS/CPS-Staff_Turnover.asp
4 Garrett, R. T. (2016, November 22). Abbott's CPS Chief Revamps Pay Raises, Doubles Down on Request for 829 new employees. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/texas-legislature/2016/11/22/abbotts-cps-chief-revampspay-raises-doubles-request-830-new-employees
5 Garrett, R. T. (2017, June 28). Only 1 Kid Slept at the CPS Office Last Weekend, a Sign of Improvement at the Agency. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/child-protective-services/2017/06/28/texas-cps-just-one-kid-sleeping-office-last-weekend-sign-improvement-agency
6 Evans, M. (2017, May 31). Abbott signs bills aimed at addressing crisis in child welfare system. *The Texas Tribune*. Retrieved from https://www.texastribune.org/2017/05/31/abbott-signs-child-welfare-legislation/

Approved Foster Care Homes and Residential Treatment Centers (RTCs)

1 Texas Department of Family and Protective Services (2017). *CPS: Conservatorship Overview: Legal Statuses Granted During Fiscal Year*. Retrieved from Texas Department of Family and Protective Services: https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Placements/Substitute_Care_During_Fiscal_Year.asp
2 Garret, R. T. (2017, March 17). Texas foster-care crisis: Children sleeping in CPS offices again as more removed from homes but state out of places to care for them. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/politics/2016/03/17/texas-foster-care-crisis-children-sleeping-in-cps-offices-again-as-more-removed-from-homes-but-state-out-of-places-to-care-for-them
3 Garrett, R. T. (2017, June 28). Only 1 Kid Slept at the CPS Office Last Weekend, a Sign of Improvement at the Agency. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/child-protective-services/2017/06/28/texas-cps-just-one-kid-sleeping-office-last-weekend-sign-improvement-agency
4 Garrett, R. T. (2017, April 14). Children Sleeping in CPS Offices Spiked in March, Mystifying Texas Officials. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/child-protective-services/2017/04/14/children-sleeping-cps-offices-spikes-march-mystifying-texas-officials
5 Texas Department of Family Services. Texas Adoption Resource Exchange (2015). *Requirements for Foster/Adopt Families*. Accessed July 21, 2015. http://www.dfps.state.tx.us/Adoption_and_Foster_Care/Get_Started/requirements.asp
6 Texas Adoption Resource Exchange. (2014). *Requirements for Foster/Adopt Families.* Retrieved from Adoption, Why Not You?: https://www.dfps.state.tx.us/Adoption_and_Foster_Care/Get_Started/requirements.asp
7 U.S. Department of Health & Human Services Administration for Children and Families (2014). *Residential Services for Unaccompanied Alien Children.* Retrieved from http://www.acf.hhs.gov/grants/open/foa/files/HHS-2015-ACF-ORR-ZU-0833_0.htm.

Children in Conservatorship

1 *The Dallas Morning News* (2017). CPS: The Evolving Foster-Care Crisis in Texas. Retrieved from https://www.dallasnews.com/news/child-protective-services/collection/cps-evolving-foster-care-crisis-texas
2 Garrett, R.T. (2017, April 14). Children Sleeping in CPS Offices Spiked in March, Mystifying Texas Officials. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/child-protective-services/2017/04/14/children-sleeping-cps-offices-spikes-march-mystifying-texas-officials
3 Garrett, R.T. (2017, June 28). Only 1 Kid Slept at the CPS Office Last Weekend, a Sign of Improvement at the Agency. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/child-protective-services/2017/06/28/texas-cps-just-one-kid-sleeping-office-last-weekend-sign-improvement-agency
4 Garrett, R.T. (2017, June 30). Dallas' Once-Troubled CPS Operations are on the Mend, Agency Chief Says. *The Dallas Morning News*. Retrieved from https://www.dallasnews.com/news/child-protective-services/2017/06/30/dallas-troubled-cps-operations-mend-agency-chief-says
5 Texas Department of Protective Services (2016). *2016 Annual Report - Child Protective Services*. Retrieved from Texas Department of Protective Services: https://www.dfps.state.tx.us/About_DFPS/Annual_Report/2016/CPS/accomplishments.asp

Child-Related Sex Crimes

1 U.S. Department of Health and Human Services (2013). *What is Child Abuse and Neglect?* (Child Welfare Information Gateway). Retrieved from https://www.childwelfare.gov/pubPDFs/whatiscan.pdf
2 National Center for Victims of Crime (2015). *Child Abuse Statistics.* Retrieved from http://www.victimsofcrime.org/media/reporting-on-child-sexual-abuse/child-sexual-abuse-statistics
3 Rape, Abuse & Incest National Network (2006). *Adult Survivors of Childhood Sexual Abuse*. Retrieved from Effects of Sexual Assault: https://rainn.org/get-info/effects-of-sexual-assault/adult-survivors-of-childhood-sexual-abuse

Overall Child Mortality

1 National Center for Injury Prevention and Control (2015). *Ten Leading Causes of Death and Injury, by Age Group - 2015*. Retrieved from CDC.gov: https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2015-a.pdf
2 The Texas Department of State Health Service (2013). *Texas Child Fatality Review Team Annual Report 2013.* Retrieved from
3 National Center for Injury Prevention and Control (2015). *Ten Leading Causes of Death and Injury, by Age Group - 2015*. Retrieved from CDC.gov: https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2015-a.pdf
4 Center for Disease Control and Prevention (2012). *Youth Violence*. Retrieved from https://www.cdc.gov/violenceprevention/pdf/yv-datasheet-a.pdf
5 Parkland Hospital & Health System (2016). *Parkland Leads Way Nationally With Innovative Suicide Screening Program*. Retrieved from http://www.parklandhospital.com/phhs/news-and-updates/parkland-leads-way-nationally-with-innovative-suic-769.aspx

Child Homicide

1 Bailey, A.; Flores, R.; Kirby, P. (2015). *Texas Child Fatality Review Team Biennial Report 2014-2015.* Texas Department of State Health Services. Retrieved from http://www.dshs.texas.gov/mch/pdf/Texas-SCFRT-Biennial-Report_2014-2015.pdf
2 http://www.dshs.texas.gov/mch/pdf/Texas-SCFRT-Biennial-Report_2014-2015.pdf
3 Crimes Against Children Research Center. Finkelhor, D.; Ormrod, R.K. (2001). *Homicides of Children and Youth.* Retrieved from Homicide: http://www.unh.edu/ccrc/homicide/
4 Centers for Disease Control and Prevention (2012). *Youth Violence*. Retrieved from https://www.cdc.gov/violenceprevention/pdf/yv-datasheet-a.pdf
5 Martinez, R.; Stowell, J.I.; Cancino, J.M. (2008). *A Tale of Two Border Cities: Community Context, Ethnicity, and Homicide.* Social Science Quarterly, 89: 1–16

Adolescent Suicide

1 National Center for Injury Prevention and Control (2015). *Ten Leading Causes of Death and Injury*. Retrieved from CDC.gov: https://www.cdc.gov/injury/wisqars/LeadingCauses.html
2 National Center for Injury Prevention and Control (2017). *Fatal Injury Reports, National, Regional and State, 1981-2015*. Retrieved from CDC.gov: https://webappa.cdc.gov/sasweb/ncipc/mortrate.html
3 Kann, L.; McManus, T.; Harris, W.; Shanklin, S.L.; Fint, K.H.; Hawkins, J.; Zaza, S.; et al. (2016). Youth Risk Behavior Surveillance — United States, 2015. *Morbidity and Mortality Weekly Report, 65*(6).
4 Parkland Hospital & Health System (2016). *Parkland Leads Way Nationally With Innovative Suicide Screening Program*. Retrieved from Parkland: http://www.parklandhospital.com/phhs/news-and-updates/parkland-leads-way-nationally-with-innovative-suic-769.aspx

All Unintentional Deaths

1 National Center for Injury Prevention and Control (2015). *Ten Leading Causes of Death and Injury, by Age Group - 2015*. Retrieved from CDC.gov: https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2015-a.pdf
2 Bailey, A.; Flores, R.; Kirby, P. (2015). *Texas Child Fatality Review Team Biennial Report 2014-2015.* Texas Department of State Health Services. Retrieved from http://www.dshs.texas.gov/mch/pdf/Texas-SCFRT-Biennial-Report_2014-2015.pdf
3 Press Release (2017). Children's Health℠ and Toyota Bring Car Seat Safety to the Streets of North Texas. Retrieved from https://www.childrens.com/footer/aboutsection/about/newsroom/press-releases/press-release-content/childrens-health-and-toyota-bring-car-seat-safety-to-the-streets-of-north-texas
4 Bailey, A.; Flores, R.; Kirby, P. (2015). *Texas Child Fatality Review Team Biennial Report 2014-2015.* Texas Department of State Health Services. Retrieved from http://www.dshs.texas.gov/mch/pdf/Texas-SCFRT-Biennial-Report_2014-2015.pdf
5 Ibid.
6 American Academy of Pediatrics (2016). *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment.* Retrieved from http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938

Traumatic Injuries

1 Centers for Disease Control and Prevention (2015). CDC Childhood Injury Report. Retrieved from CDC.gov: https://www.cdc.gov/safechild/child_injury_data.html
2 The Center for Disease Control and Prevention (2012). National Action Plan for Child Injury Prevention. Retrieved from Protect the Ones You Love: Child Injuries are Preventable: http://www.cdc.gov/safechild/nap
3 Centers for Disease Control and Prevention (2015). CDC Childhood Injury Report. Retrieved from CDC.gov: https://www.cdc.gov/safechild/child_injury_data.html
4 Miller, T.R.; Romano, E.O.; Spicer, R.S. (2000). The Cost of Childhood Unintentional Injuries and the Value of Prevention. *The Future of Children, 10*(1), 137-163.
5 The Center for Disease Control and Prevention (2012). National Action Plan for Child Injury Prevention. Retrieved from Protect the Ones You Love: Child Injuries are Preventable: http://www.cdc.gov/safechild/nap

Alcohol- and Substance Abuse

1 Marchbanks III, M.P.; Peairson, S.; Baker, C.; Rhodes, S.; Williams, A. (2016). *Texas School Survey of Drug and Alcohol Use: 2016 State Report.* The Public Policy Research Institute at Texas A&M University. Retrieved from http://www.texasschoolsurvey.org/Documents/Reports/State/16State712.pdf
2 Texas Department of Transportation (2017). *Underage Drinking and Driving*. Retrieved from TXDoT.gov: http://www.txdot.gov/driver/sober-safe/underage-drinking.html
3 Texas Alcoholic Beverage Commission (2017). *Self-Evaluation Report submitted to the Sunset Advisory Commission.* Retrieved from https://www.tabc.state.tx.us/publications/agency_report_archives/selfEvaluationReport2017.pdf
4 Goodman, M. (2017, April 12). Dallas City Council Approves Cite and Release Policy. *D Magazine*. Retrieved from https://www.dmagazine.com/frontburner/2017/04/dallas-city-council-approves-cite-and-release-policy/
5 Maxwell, J.C. (2016). *Substance Abuse Trends in Texas: August 2016.* The University of Texas at Austin School of Social Work. Retrieved from https://socialwork.utexas.edu/dl/ari/texas-drug-trends-2016.pdf
6 Ford, M. (2017, August 10). Trump Informally Declares the Opioid Crisis a National Emergency. *The Atlantic*. Retrieved from https://www.theatlantic.com/politics/archive/2017/08/president-trump-declares-the-opioid-crisis-a-national-emergency/536514/
7 Nolan, D.; Amino, C. (2016, February 23). How Bad is the Opioid Epidemic? *PBS Frontline*. Retrieved from http://www.pbs.org/wgbh/frontline/article/how-bad-is-the-opioid-epidemic/

Students Disciplined for Possession of a Controlled Substance on School Grounds

1 Texas Health and Human Services Commission (2016). *Drug Facts among Texas Youth, 2016.* Retrieved from https://www.dshs.texas.gov/sa/documents/TexasDrugFactsAmongYouth2016.pdf
2 Marchbanks III, M. P.; Peairson, S.; Baker, C.; Rhodes, S.; Williams, A. (2016). Texas School Survey of Drug and Alcohol Use: 2016 State Report. The Public Policy Research Institute at Texas A&M University. Retrieved from http://www.texasschoolsurvey.org/Documents/Reports/State/16State712.pdf

ER Visits Related to Gunfire

1 National Center for Injury Prevention and Control (2017). *Web-based Injury Statistics Query and Reporting System (WISQARS) Nonfatal Injury Reports, 2000-2015*. Retrieved from CDC.gov: https://webappa.cdc.gov/sasweb/ncipc/nfirates.html
2 Fowler, K.A.; Dahlberg, L.L.; Haileyesus, T.; Gutierrez, C.; Sarah, B. (2017). Childhood Firearm Injuries in the United States. *Pediatrics*. Retrieved from http://pediatrics.aappublications.org/content/early/2017/06/15/peds.2016-3486#ref-1
3 National Center for Injury Prevention and Control (2017). *Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury Reports, National, Regional and State, 1981-2015*. Retrieved from CDC.gov: https://webappa.cdc.gov/sasweb/ncipc/mortrate.html
4 National Center for Injury Prevention and Control (2017).*Data & Statistics (WISQARS™): Cost of Injury Reports.* Retrieved from CDC.gov: https://wisqars.cdc.gov:8443/costT/ProcessPart1FinishOutServlet
5 Fowler, K.A.; Dahlberg, L.L.; Haileyesus, T.; Gutierrez, C.; Sarah, B. (2017). Childhood Firearm Injuries in the United States. *Pediatrics*. Retrieved from http://pediatrics.aappublications.org/content/early/2017/06/15/peds.2016-3486#ref-1
6 Margolin, G.; Gordis, E. (2004). Children's Exposure to Violence in the Family and Community. *Current Directions in Psychological Science, 13*(4), 152-155.
7 Duke, N.N.; Pettingell, S.L.; McMorris, B.J.; Borowski, I.W. (2010). Adolescent violence perpetration: associations with multiple types of adverse childhood experiences. *Pediatrics*. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/20231180

Commitments to the Texas Juvenile Justice Department (formerly TYC)

1 Texas Juvenile Justice Department (2015). *The Annual Review of Treatment Effectiveness.* Retrieved from https://www.tjjd.texas.gov/Docs/TreatmentEffectivenessReview_2015.pdf
2 Ibid.
3 Texas Criminal Justice Coalition (2017). *Youth County Data Sheets.* Retrieved from http://www.texascjc.org/county-data-sheets
4 *The New York Times* Editorial Board (2014). A Model for Juvenile Detention Reform. Retrieved from https://www.nytimes.com/2014/06/09/opinion/a-model-for-juvenile-detention-reform.html
5 Disability Rights Texas, National Center for Youth Law and Texas Appleseed (2011). *THINKING OUTSIDE THE CELL: Alternatives to Incarceration for Youth with Mental Illness*. Retrieved from https://www.texasappleseed.org/sites/default/files/45-JJTY-CAlternativestoIncarceration.pdf
6 Wallace, Chris (2015). Texas juvenile justice system not centered on punishment. *Fort Worth Star-Telegram*. Retrieved from http://www.star-telegram.com/opinion/opn-columns-blogs/other-voices/article17145605.html

Education

In many ways, education serves as the front door to childhood well-being because children spend so much time in school. Children eat important meals, are physically active, and learn social and emotional skills while at school. Because children spend so much time at school, quality education and development is important to both educational outcomes and overall well-being from preschool through high school.

There are many studies that demonstrate the relationship between quality early child care and preparedness for school,[1] and some states have even demonstrated a link between preschool participation and improved third-grade reading levels.[2,3] Not only does quality early education affect reading levels in elementary school, but it also reduces a child's likelihood to repeat a grade or drop out before high school graduation.[4]

Across North Texas, 38,516 children participated in Head Start, Early Head Start or public pre-kindergarten in 2016. On the other hand, there were 61,000 kindergarteners enrolled in public school in 2016, which means that Head Start and public pre-kindergarten only served about 60 percent of children who would enter kindergarten the next year. About 68 percent of the region's kindergarteners were considered school ready in 2016. Considering the link between preschool, kindergarten readiness and third-grade reading, the region has room to improve both in terms of preschool enrollment and quality improvement that promotes school readiness.

By the time North Texas children reach the third grade, only 42.7 percent meet the post-secondary readiness standard. According to the makers of the ACT college entrance exam, children who aren't meeting their post-secondary readiness standards by the end of eighth grade will not be able to catch up in high school.[5] For North Texas children, the trend continues with only 28 percent of the region's high school graduates scoring college ready on the SAT or ACT college entrance exams.

Childhood education and its associated outcomes are also tied to many of the same stressors as overall health and well-being. Students who are economically disadvantaged don't perform as well in school both locally and nationally.[6] Some of the major issues associated with poverty can exacerbate the problem. For example, chronic absenteeism is far more common among children in poverty and is often the result of family health problems, community safety concerns, and the lack of stable housing and transportation.[7] Locally, student mobility has been shown to be a strong predictor of school-level academic achievement with achievement decreases as a school's population become more mobile.[8]

[1] Keys, T.D.; Farkas, G.; Burchinal, M.R.; Duncan, G.J.; Vandell, D.L.; Li, W., . . . Howes, C. (2013). Preschool Center Quality and School Readiness: Quality Effects and Variation by Demographic and Child Characteristics. *Child Development, 84(4), 1171-1190.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4024382/

[2] Haywoode, A. (2013). *Research Links Preschool Program to Third Grade Reading Success.* Retrieved from Strategies for Children: Eye on Early Education: https://eyeonearlyeducation.com/2013/08/22/research-links-preschool-program-to-third-grade-reading-success/

[3] Child and Family Policy Center (2013). *Preschool Participation and Third-Grade Reading Proficiency.* Retrieved from Child and Family Policy Center of Iowa: https://www.cfpciowa.org/documents/filelibrary/issues/early_care_and_education/PRESCHOOL_PARTICIPATION_AND_THIRD_G_1BEC3D3D09E13.pdf

[4] The Pew Charitable Trusts (2005). *Why All Children Benefit from Pre-K.* Retrieved from The Pew Charitable Trusts website: http://www.pewtrusts.org/news_room_detail.aspx?id=19434

[5] Dougherty, C. (2013). *College and Career Readiness.* Retrieved from ACT Research and Policy: http://www.act.org/content/dam/act/unsecured/documents/ImportanceofEarlyLearning.pdf

[6] Kwon, D. (2015, July 22). Poverty Disturbs Children's Brain Development and Academic Performance. *Scientific American.* Retrieved from https://www.scientificamerican.com/article/poverty-disturbs-children-s-brain-development-and-academic-performance/

[7] Cutillo, M. (2013, February 27). Poverty's Prominent Role in Absenteeism. *Education Week.* Retrieved from http://www.edweek.org/ew/articles/2013/02/27/22cutillo.h32.htm

[8] Commit2Dallas (2016). *Mobility Outliers – How Do Schools Support Mobile Students?* Retrieved from Commit2Dallas.org: http://commit2dallas.org/mobilitybrightspot/

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Access to pre-K improves educational outcomes and helps narrow the achievement gap between socioeconomic groups.

Pre-K enrollment is steady across the six-county region, with

30,745

kids enrolled in 2016.

Less than 1/2

of kindergarten students in Cooke County were deemed kindergarten ready in 2016.

2/3 were kindergarten ready in Grayson County.

Nearly 1 in 3

Dallas County students had Limited English Proficiency (LEP) in 2016.

In Fannin County, it was about **1 in 20.**

Less than

33%

of Fannin County graduates in the class of 2015 **were college ready,** lower than the regional average of **38%.**

Collin and Denton counties have the

HIGHEST PERCENTAGES

of students passing all subjects on the STAAR exam,

with **88.5%** and **82%,** respectively.

Nearly 30,000

North Texas third graders – **more than 1/2** – **are reading below grade level**, a powerful predictor of future high school graduation.

Dallas County has the lowest rate of high school completion at

84%.

Cooke County has the highest at **97.2%.**

Kindergarten Readiness

Percent of assessed kindergarteners demonstrating readiness on an approved assessment

In 2016, about 68 percent of North Texas kindergarteners – or 28,702 students in total – were deemed kindergarten ready when the year began. Nearly 70 percent of North Texas kindergarteners were assessed across the region. Grayson and Dallas counties reported the highest rates of assessment, with 80 percent of Grayson County kindergarteners and 78 percent of Dallas County kindergarteners completing readiness assessments. Statewide, 59.5 percent of assessed kindergarteners were kindergarten ready in 2016[1]; only Cooke County reported a rate lower than the state average. For the three-year period, there has been a generally upward trend with the notable exception of Denton County in 2015, whose rate is considerably lower than in both 2014 and 2016; only 6 percent of Denton County kindergarteners were assessed that year.

The Texas Education Agency only recently made data available regarding kindergarten readiness, which is why there are only three years of data. Moreover, there is not a universal standard regarding the assessments that qualify. In 2015, about 43 percent of assessed kindergarteners were assessed using the Texas Primary Reading Inventory, commonly referred to as the TPRI. The TPRI is one of the most common kindergarten readiness assessments available and is recommended by state law. Districts, however, are allowed to use approved alternatives.[2]

	2014	2015	2016
Dallas	64.4	62.0	65.5
Collin	83.4	76.9	78.9
Cooke	44.7	42.1	45.4
Denton	63.1	39.2	66.1
Fannin	46.2	53.3	64.8
Grayson	51.7	61.4	67.7

Data Source: Texas Education Agency: Texas Public Education Information Resource (TPEIR) 2013-2016.

By 2016, nearly 83 percent of assessed kindergarteners were assessed, according to the Istation Indicators of Progress (ISIP) for Early Reading. The ISIP Early Reading is a computer-based tool that uses adaptive testing techniques to modify the tests based on a student's responses. The ISIP measures reading skills according to five domains: phonemic awareness, alphabetic knowledge and skills, fluency, vocabulary and comprehension.[3] The tool allows teachers to monitor students' progress throughout the year and provides instructional direction for teachers, in addition to point-in-time assessment.

Research suggests that long-term language and literacy can be enhanced before traditional schooling even begins through access to quality early care and education, preschool or Head Start, which build a strong foundation of pre-reading and school readiness skills. This foundation improves a child's likelihood to read at grade-level in third grade, which increases his or her chances of graduating high school and succeeding later in life.[4]

All counties except Cooke reported kindergarten-readiness rates above the state average of 59.5 percent in 2016.

Head Start and Public School Pre-Kindergarten Enrollment

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

		2011	2012	2013	2014	2015	2016
Dallas	Head Start	3,827	4,116	3,699	3,910	4,371	4,583
	Public Pre-K	20,289	20,896	22,622	22,808	22,052	23,570
Collin	Head Start	427	427	439	439	1,187	1,175
	Public Pre-K	2,957	3,022	2,884	2,796	2,619	2,526
Cooke	Head Start	70	70	70	70	630	630
	Public Pre-K	226	224	246	219	228	182
Denton	Head Start	193	193	193	193	193	193
	Public Pre-K	2,676	2,882	3,141	3,002	3,225	3,301
Fannin	Head Start	139	139	139	139	150	161
	Public Pre-K	303	322	310	325	353	338
Grayson	Head Start	253	271	290	290	1041	1029
	Public Pre-K	828	815	897	863	827	828

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

Over the past six years, pre-kindergarten enrollment numbers have increased or maintained across all six counties except for Collin County, which experienced a slight decline. In 2016, 23,570 schoolchildren were enrolled in pre-kindergarten in Dallas County, which is about 75 percent of the total pre-kindergarten enrollments in all six counties. On the other hand, Head Start enrollment, while stable in most counties, more than tripled in Grayson County from 2014 to 2015 and nearly did so in Collin County during the same time period.

Access to universal pre-K is recognized as an important intervention for alleviating socioeconomic inequalities and health disparities. According to the U.S. Department of Agriculture, child care and education are the third-highest expense in a family's budget.[1] A study by the National Bureau of Economic Research suggest that universal pre-K programs improve the chances that children who need treatment for vision, hearing or asthma issues will actually receive that treatment.[2]

In the 2015 Texas legislative session, House Bill 4, a grant program of $130 million, was passed with bipartisan support as an effort to bolster pre-K offerings in the state. Grant allotments per school district are based on the number of students within approved pre-K programs.[3] However, the need is so great across the state that school districts ended up only receiving $367 per student per year, not the $1,500 originally intended for the program.[4] In 2017, Texas lawmakers eliminated pre-K grant funding in the 2018-19 budget but will expand the number of districts required to meet quality standards.[5]

Head Start is a long-running, federally funded educational grant program providing educational programming for low-income children. 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. Current guidelines prescribe that a family of four must have an annual income of equal to or less than $24,600 to be eligible for participation.[6]

Head Start currently serves more than 4,500 children in Dallas County.

Since 1968, the Head Start program in Dallas County has served more than 91,000 children and it currently serves 4,583 children.[7] Funding for Head Start in 2017 is roughly $640 million, just 8 percent more than the 2001 funding level, and far less than what is necessary to keep up with the rising cost of providing quality early child care.[8]

Third-Grade Reading

Percent of third graders meeting the State of Texas Assessments of Academic Readiness (STAAR) standards in reading

		2012	2013	2014	2015	2016	2017
Dallas	Approaches Grade Level	72.9	73.2	70.7	72.0	68.4	67.0
	Meets Grade Level	36.4	36.4	37.9	35.6	38.8	40.5
Collin	Approaches Grade Level	90.8	91.1	90.2	89.2	86.7	85.0
	Meets Grade Level	57.4	57.9	62.4	58.7	61.8	62.5
Cooke	Approaches Grade Level	80.9	81.8	74.2	78.7	73.6	76.1
	Meets Grade Level	34.0	35.3	40.0	36.4	43.2	44.4
Denton	Approaches Grade Level	86.8	88.5	82.5	81.7	80.1	80.2
	Meets Grade Level	49.1	50.2	52.0	46.4	52.1	54.4
Fannin	Approaches Grade Level	76.7	82.1	82.5	81.1	75.3	74.4
	Meets Grade Level	36.9	39.0	43.1	39.8	43.1	43.9
Grayson	Approaches Grade Level	80.8	87.0	83.6	84.6	77.9	76.4
	Meets Grade Level	40.9	42.7	49.3	46.9	42.5	46.2

Data Source: Texas Education Agency: Texas Academic Performance Reports (2012-2016); STAAR Aggregate Data (2012-2016).

Fewer than half (48.6 percent) of North Texas third graders met the grade-level standard on the 2017 State of Texas Assessments of Academic Readiness (STAAR) in reading, while just under 75 percent met the "approaches grade level" requirement on the same test. That means that nearly 30,000 North Texas third graders were reading below grade level in 2017. Still, the region outpaced the state, which reported only 44.8 percent of third graders scoring at grade level.

Beginning with the 2016-17 school year, the TEA renamed the two standards so that the satisfactory standard is now called "approaches grade level" and the post-secondary ready standard is now called "meets grade level."

In Texas, third-grade reading is measured by STAAR and has been since 2012. The Texas Education Agency (TEA) measures STAAR performance against multiple standards. "Approaches grade level" is the standard currently used to rate campus-level accountability; performance against this standard is how the TEA officially rates the performance of its schools. That said, it does not rise to the level of on-grade performance. Rather, "meets grade level" more closely tracks on-grade performance.[1,2]

Third-grade reading ability is assessed as both a measurement of the accumulation of skills from preceding education and an indication of a student's future success. Many students who are not proficient readers by the end of third grade will fall further in later grades,[3] and one study shows that these students are four times more likely to drop out without earning a high school diploma than students reading at grade level.[4] Improving reading skills early can have a profound impact on a child's future, but meaningful instruction and intervention should begin no later than kindergarten to ensure success in the third grade and beyond.[5] This early reading instruction is especially important for children living in poverty, who are already more likely to experience stress related to food insecurity, housing insecurity and family mobility.[6]

The ability to read well by third grade is especially important for children in poverty.

Students with Limited English Proficiency (LEP)

Percent of students enrolled in public school districts who have limited English proficiency

According to the U.S. Department of Education and the U.S. Department of Justice, limited English proficiency (LEP) students make up 9 percent of all public school students and are enrolled in nearly three out of every four public schools.[1] A greater percentage of LEP students are in lower grades, and there is generally a higher concentration in urbanized areas, such as cities and suburbs.[2]

All six North Texas counties experienced a slight increase in the number of LEP students. In 2015-16, 43.2 percent of the total Dallas Independent School District student population in grades pre-kindergarten through 12 were identified as LEP.[3]

According to state law, any school district with 20 or more LEP learners within the same grade level must provide bilingual instruction from pre-kindergarten through fifth grade. Districts that are not required to provide bilingual education must provide English as a second language for students of all grades.[4] As the number of LEP students continues to rise in North Texas, it is worthwhile to note the special considerations that school districts must take into account: LEP students often have different cultures, educational backgrounds, immigration status, socioeconomic status and life experiences. Districts must consider these factors to provide appropriate and effective instruction.

Many in the field of education have adopted the term "English-language learners" instead of LEP because it highlights the instructional needs of students, rather than focusing on their limitations.[5]

	2011	2012	2013	2014	2015	2016
Dallas	26.4	27.2	29.3	28.5	29.5	30.1
Collin	8.6	8.4	8.6	8.7	8.8	8.9
Cooke	9.2	9.3	9.7	10.4	11.0	11.7
Denton	11.5	11.5	11.6	11.9	12.3	12.8
Fannin	4.1	4.2	4.7	5.1	5.2	5.6
Grayson	6.9	7.0	7.6	5.1	8.6	9.1

Data Source: Texas Education Agency; Academic Excellence Indicator System (2011-2012) Texas Academic Performance Report (2013-2016), Student Information.

All six North Texas counties experienced a slight increase in the number of LEP students, or English-language learners.

Students Receiving Special Education in Public Schools

Number of students receiving special education in public schools

The Individuals with Disabilities Education Act (IDEA) is the foundation of special education. Enacted in 1975, it mandates the provision of a free and appropriate public school education for eligible children and youth ages 3 to 21.[1] The bedrock of this legislation is the Individualized Education Plan (IEP), a legal document that explains the child's learning needs, services and measurement of progress. The IEP is tailored for each child, and parents and teachers are required to review it each year. In 2017 the U.S. Supreme Court unanimously ruled in Endrew F. v. Douglas County School District that schools have an obligation to ensure special needs students are making progress "appropriate in light of the child's circumstances."[2] This ruling requires schools to do more than the bare minimum, and it reinforces the spirit of the law, which is to ensure that students with special needs receive adequate support to pursue an education.

Nationally, based on the most current data, students with special needs make up 13 percent of total public school enrollment, and about 95 percent of students ages 6 to 21 served under IDEA are enrolled in traditional schools.[3]

	2011	2012	2013	2014	2015	2016
Dallas	40,323	40,375	39,527	39,882	38,793	40,549
Collin	15,647	16,076	16,569	17,031	17,601	18,513
Cooke	568	526	476	501	514	536
Denton	10,747	10,736	10,931	11,052	11,206	12,070
Fannin	620	618	576	574	562	579
Grayson	2,561	2,373	2,254	2,309	2,292	2,351

Data Source: Texas Education Agency; Academic Excellence Indicator System (2001-2012) Texas Academic Performance Report (2013-2016), Student Information.

There was a slight increase in the number of students receiving special education in public schools across all six counties. Dallas County had the largest increase with 1,756 students from 2015 to 2016.

In *Breaking School Rules*, a statewide longitudinal study of 1 million Texas public secondary students, one of the key findings was that nearly three-quarters of black students who qualified for special education services were suspended or expelled at least once.[4] Another study highlights that the percentage of poor students receiving special education is greater than that of economically secure students.[5]

There was a slight increase in the number of students receiving special education in public schools across all six counties.

High School Completion Rates

Percent of students from a class of beginning ninth graders who graduate or earn a GED by their anticipated graduation date, or within four years of beginning ninth grade

	2011	2012	2013	2014	2015
Dallas	81.2	84.0	83.4	83.9	84.0
Collin	95.2	96.2	96.5	95.9	96.6
Cooke	96.1	94.5	97.8	97.1	97.2
Denton	93.2	93.7	94.2	94.4	94.4
Fannin	96.5	94.3	94.4	93.0	94.7
Grayson	94.3	95.7	94.2	94.0	95.0

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

The high school completion rate is important because of the numerous negative outcomes associated with dropping out of high school. Low high school completion rates have a cross-system impact, affecting the labor force and the criminal justice and health systems.

According to the most recent data collected by the U.S. Bureau of Labor Statistics, workers without a high school diploma made an average of $8,000 to $9,000 less a year than high school graduates earned. Dropping out of high school significantly increases a person's likeliness of being incarcerated, and high school dropouts report poorer health conditions than individuals with diplomas.[1]

Across all six counties, there has been little change in the high school completion rate, which includes students who graduate or earn their GED within four years of entering the ninth grade. Students who continue for additional years and eventually graduate are not included in the completion rate.

The *Texas Tribune* reports that educators and policymakers have been cautiously optimistic about these results because of questions about reporting that arose from a 2006 study conducted by Harvard University, the University of Texas at Austin and Rice University, which reported the state inflated graduation numbers by allowing discretion in the method for counting students.[2]

Despite better long-term outcomes for high school graduates, recent reports show that many local graduates are still not prepared for college. One Dallas County Community College District official estimated that as many as 40 percent of incoming students require developmental or remedial education when they arrive.[3] Similarly, findings from the National Assessment of Educational Progress suggest that not only are fewer graduates ready for college, but the number of graduates scoring below a basic level in math and reading is increasing at an alarming rate.[4]

High school completion rates in the six counties have remained fairly even.

Students Passing All STAAR

Percent of students meeting the 'approaches grade level' standard on all State of Texas Assessments of Academic Readiness (STAAR) exams

Across the region, 77 percent of North Texas students met the "approaches grade level" standard on all State of Texas Assessments of Academic Readiness (STAAR) exams, narrowly exceeding the state figure, which stands at 75 percent. All six counties report numbers somewhat near the state average, but Collin and Denton counties lead the way with 88.5 and 82 percent of students meeting the "approaches grade level" requirement, respectively. Across the board, all counties saw a decrease from the previous year; similarly, all six counties report percentages lower in 2016 than in 2012, when the STAAR exam first went into effect.

Students who meet the "approaches grade level" standard on all tests will differ from grade to grade because different grades are required to take different subject tests. During grades 3 through 8, all students are assessed for reading and mathematics, but other subjects are interspersed during these years: writing at grades 4 and 7, science at grades 5 and 8, and social studies at grade 8.[1]

	2012	2013	2014	2015	2016
Dallas	75.2	74.4	72.6	73.3	71.2
Collin	89.8	90.4	90.5	91.2	88.5
Cooke	75.9	77.1	75.9	77.9	75.0
Denton	85.5	85.2	83.7	84.1	82.0
Fannin	77.3	77.7	77.7	78.7	74.4
Grayson	80.6	81.3	81.2	82.7	78.9

Data Source: Texas Education Agency: Texas Academic Performance Reports (2012-2016).

High school students, rather than taking general subject-matter exams, are required to take end-of-course assessments in four disciplines: English language arts, mathematics, science and social studies. Each discipline includes three courses that a student may take throughout his or her high school career. The key difference from elementary testing is that subjects are no longer tied to specific grade levels.[2]

Beginning with the 2016-17 school year, the TEA renamed the two standards so that the satisfactory standard is now called "approaches grade level" and the post-secondary ready standard is now called "meets grade level."

Collin leads the six counties with 88.5 percent of its students meeting the STAAR requirement.

College Readiness

Percent of public high school graduates who met the Texas Education Agency (TEA) college-readiness standard or scored above criteria on the SAT/ACT tests

Based on the Texas Education Agency (TEA) definition of college readiness, only 38 percent of North Texas graduates in the class of 2015 were college ready. When using the alternative definition — the percentage of graduates scoring college ready on the SAT or ACT — the number drops to 28 percent. Dallas, Fannin and Cooke counties all report college readiness rates lower than the region for both measures; Grayson County only falls behind the regional average when using the SAT/ACT standard.

Across the region, every county exhibits a sharp decline from the class of 2014 to the class of 2015 when using the TEA standard, but this drastic change is likely due to a significant methodological change on the part of the TEA. For the class of 2014, and all classes prior, the TEA defined college readiness based on student scores from three tests: the SAT, ACT and State of Texas Assessments of Academic Readiness (STAAR). If a student met the college-ready criteria on just one of these tests, he or she was considered college ready.

Beginning with the class of 2015, the STAAR exam has been replaced with the Texas Success Initiative Assessment (TSIA) for the purpose of measuring college readiness.[1] Unlike STAAR, the TSIA is not administered to all high school students, nor is it administered to all entering college students; many entering college students may be exempt based on other test scores or veteran status. The TSIA is only administered to students who are already in the process of enrolling in Texas public colleges and universities.[2]

		2011	2012	2013	2014	2015
Dallas	TEA Standard	48.8	55.9	52.9	51.3	23.5
	SAT/ACT Standard	16.4	15.4	14.5	14.5	21.4
Collin	TEA Standard	69.8	74.8	73.4	72.7	63.4
	SAT/ACT Standard	40.7	39.7	38.8	38.0	40.1
Cooke	TEA Standard	53.0	56.5	56.8	52.6	34.6
	SAT/ACT Standard	24.0	14.2	14.9	14.4	14.5
Denton	TEA Standard	65.5	68.3	65.9	62.4	53.3
	SAT/ACT Standard	29.9	28.9	28.3	27.8	32.1
Fannin	TEA Standard	53.8	57.3	54.3	57.4	32.7
	SAT/ACT Standard	15.3	12.8	12.7	11.5	15.7
Grayson	TEA Standard	56.0	64.4	62.4	58.1	41.2
	SAT/ACT Standard	18.5	16.6	17.2	17.3	17.1

Data Source: Texas Education Agency: Texas Academic Performance Reports (2012-2016).

The benefit of the previous college-readiness methodology was that it measured every student by taking STAAR results into account; the new standard is applied more like the SAT/ACT standard, which only measures students who volunteer to take certain tests. The College Board has made strides in recent years to make its college admissions exam more accessible to low-income students. The College Board provides SAT fee waivers to

The College Board is working to make its admissions exam more accessible to all students.

11th- and 12th-grade students who meet certain requirements like being eligible for free or reduced-price lunch, or living in public or subsidized housing. These waivers can cover the cost of two test administrations and sometimes even the cost of college application fees.[3]

Beyond accessing the exam, the College Board has revamped the test by increasing time limits, eliminating the guessing penalty and making the essay optional. These changes are intended to benefit students who lack the resources to access expensive test prep courses or materials.[4]

End Notes

Kindergarten Readiness

1 Texas Education Agency (2017). *Texas Public Kindergarten Programs and Kindergarten Readiness*. Retrieved from Texas-EducationInfo.org: http://www.texaseducationinfo.org/PickList.aspx?Page=Kindergarten+Programs+&+Readiness&Report-Name=tpeir_kg_state_enroll_assess&PickList=School+Year&-SubList=No&Title=Texas+Public+Kindergarten+Programs+and+-Kindergarten+Readiness+-+Statewide&Graph=N&from=Hom

2 Texas Early Learning Council (2011). *Defining School Readiness: National Trends in School Readiness Definitions*. Retrieved from EarlyLearningTexas.org: https://earlylearningtexas.org/media/10138/trends%20in%20school%20readiness%20final%2011-1.pdf

3 Mathes, P.; Torgesen, J.; Herron, J. (2016). *Istation's Indicators of Progress (ISIP) Early Reading Technical Report*. Retrieved from Istation.com: http://www.istation.com/Content/downloads/studies/er_technical_report.pdf

4 Weyer, M. (2017). *Pre-Kindergarten-Third Grade Literacy*. Retrieved from National Conference of State Legislatures: http://www.ncsl.org/research/education/pre-kindergarten-third-grade-literacy.aspx

Head Start and Public School Pre-Kindergarten Enrollment

1 United States Department of Agriculture (2015). *Expenditures on Children by Families, 2015*. Retrieved from https://www.cnpp.usda.gov/sites/default/files/crc2015_March2017.pdf

2 Letzter, Rafi (2017). Universal pre-K improves kids' health in a hidden, powerful way, according to a new study. *Business Insider*. Retrieved from http://www.businessinsider.com/universal-pre-k-health-2017-4

3 Svitek, Patrick (2015). Abbott Signs Early Education Bill, a Top Priority. *The Texas Tribune*. Retrieved from https://www.texastribune.org/2015/05/28/abbott-signs-pre-k-bill-considered-top-priority/

4 Swaby, Aliyya (2016). More money, certainty needed to upgrade pre-K, study finds. *The Texas Tribune*. Retrieved from https://www.texastribune.org/2016/11/23/dallas-report-shows-desire-more-prek-funds/

5 Walters, Edgar; Essig, Chris (2017). A closer look at the final Texas 2018-19 budget. *The Texas Tribune*. Retrieved from https://apps.texastribune.org/final-budget-2017/

6 https://www.benefits.gov/benefits/benefit-details/1941

7 Head Start of Greater Dallas (2015). *About Us*. Retrieved from http://www.hsgd.org/about-us

8 Center on Budget and Policy Priorities (2017). *Head Start*. Retrieved from CBPP.org: https://www.cbpp.org/sites/default/files/atoms/files/5-19-17bud_headstart.pdf

Third-Grade Reading

1 Texas Administrative Code §101.3041(b)(1)

2 Texas Education Agency (2016). Proposed Commissioner of Education Rules. Retrieved from TEA.Texas.gov: http://tea.texas.gov/About_TEA/Laws_and_Rules/Commissioner_Rules_(TAC)/Proposed_Commissioner_of_Education_Rules/

3 Lesnick, J. et al. (2010). Reading on grade level in third grade: How is it related to high school performance and college enrollment? Annie E. Casey Foundation.

4 Annie E. Casey Foundation (2011). Double Jeopardy: How Third Grade Reading Skills and Poverty Influence High School Graduation. (p. 4). Accessed on July 14, 2015. http://fcd-us.org/sites/default/files/DoubleJeopardyReport.pdf. https://nces.ed.gov/nationsreportcard/subject/publications/stt2013/pdf/2014464TX4.pdf

5 Mogan, K. (2015, March 16). 3rd grade may be too late to help poor readers. *Albuquerque Journal*. Retrieved from https://www.abqjournal.com/556046/3rd-grade-may-be-too-late-to-help-poor-readers.html

6 Annie E. Casey Foundation (2010). *EARLY WARNING! Why Reading by the End of Third Grade Matters*. Retrieved from Kids Count Special Report: http://www.aecf.org/m/resourcedoc/AECF-Early_Warning_Full_Report-2010.pdf

Students with Limited English Proficiency (LEP)

1 U.S. Department of Justice and U.S. Department of Education (2015). *Ensuring English Learner Students Can Participate*. Retrieved from ED.gov: https://www2.ed.gov/about/offices/list/ocr/docs/dcl-factsheet-el-students-201501.pdf

2 National Center for Education Statistics (2017). *The Condition of Education: English Language Learners in Public Schools*. Retrieved from Institute of Education Sciences: National Center for Education Statistics: https://nces.ed.gov/programs/coe/indicator_cgf.asp

3 Ledezma, L.R. (2016). *Evaluation of the Bilingual/ESL Program 2015-16*. Retrieved from Dallas Independent School District: https://www.dallasisd.org/cms/lib/TX01001475/Centricity/domain/98/evaluation/15-16/finalrpts/EA16_Bilingual_ESL%20Program.pdf

4 Texas Administrative Code 89.1205

5 National Council of Teachers of English (2008). *English language learners: A policy brief*. Retrieved from: http://www.ncte.org/library/NCTEFiles/Resources/PolicyResearch/ELLResearchBrief.pdf

Students Receiving Special Education in Public Schools

1 National Center for Education Statistics (2017). *The Condition of Education: Children and Youth with Disabilities*. Retrieved from Institute of Education Sciences: National Center for Education Statistics: https://nces.ed.gov/programs/coe/indicator_cgg.asp

2 Roberts, J. (2016). Endrew F. v. Douglas County School District. Retrieved from SCOTUSblog: http://www.scotusblog.com/case-files/cases/endrew-f-v-douglas-county-school-district/

3 National Center for Education Statistics (2017). *The Condition of Education: Children and Youth with Disabilities*. Retrieved from Institute of Education Sciences: National Center for Education Statistics: https://nces.ed.gov/programs/coe/indicator_cgg.asp

4 Fabelo, T.; Thompson, M.D.; Plotkin, M.; Carmichael, D.; Marchbanks III, M.P.; Booth, E.A. (2011). *Breaking School Rules: A Statewide Study of How School Discipline Relates to Students' Success and Juvenile Justice Involvement*. Retrieved from Council of State Governments: Justice Center: https://csgjusticecenter.org/wp-content/uploads/2012/08/Breaking_Schools_Rules_Report_Final.pdf

5 National Center on Educational Outcomes (2017). *Who Are Students with Disabilities?* Retrieved from Moving Your Numbers: http://movingyournumbers.org/our-purpose/who-are-students-with-disabilities

High School Completion Rates

1 Sum, A.; Khatiwada, I.; McLaughlin, J.; Palma, S. (2009). *The Consequences of Dropping Out of High School: Joblessness and Jailing for High School Dropouts and the High Cost for Taxpayers*. Northeastern University. Retrieved from https://repository.library.northeastern.edu/downloads/neu:376324?-datastream_id=content

2 https://www.texastribune.org/2012/11/29/texas-high-school-graduation-rates-climb-why/

3 Owens, R. (2016). TEA Says Texas High School Graduates Aren't Ready For College. Retrieved from http://dfw.cbslocal.com/2016/11/16/tea-says-texas-high-school-graduates-arent-ready-for-college/

4 Camera, L. (2016). High School Seniors Aren't College-Ready. Retrieved from https://www.usnews.com/news/articles/2016-04-27/high-school-seniors-arent-college-ready-naep-data-show

Students Passing All STAAR

1 Texas Education Agency (2015). *STAAR Resources*. Retrieved from http://tea.texas.gov/student.assessment/staar/

2 Ibid.

College Readiness

1 Texas Education Agency (2016). *Glossary: 2015-2016 Texas Academic Performance Reports*. Retrieved from TEA.Texas.gov: https://rptsvr1.tea.texas.gov/perfreport/tapr/2016/glossary_1.18.pdf

2 College for All Texans (2017). *Texas Success Initiative Assessment (TSIA)*. Retrieved from College for All Texans: http://www.collegeforalltexans.com/index.cfm?objectid=63176344-FF-FA-217B-60C9A0E86629B3CA

3 The College Board (2017). *College Application Fee Waivers*. Retrieved from collegeboard.org: https://collegereadiness.collegeboard.org/about/benefits/college-application-fee-waivers

4 Zinshteyn, M. (2016, March 5). Will the New SAT Better Serve Poor Students? *The Atlantic*. Retrieved from https://www.theatlantic.com/education/archive/2016/03/will-the-new-sat-better-serve-poor-students/472311/

RESEARCH METHODOLOGY

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

METHODOLOGY

As with 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 information is as recent as 2016.

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 2015 report. As is common 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 2016 and prior years. What this means for the reader is that, on occasion, data presented in the 2017 report may differ from data presented in past reports even if the source remained the same. The reader can rest assured that the source of those discrepancies was typically a shift in the source agency's calculation or reporting practices, and that data presented in the 2017 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. Examples include such sources as the Texas Education Agency, Texas Department of Family and Protective Services, Texas Department of State Health Services Center for Health Statistics and others. In select few instances, official data sources may have changes in collection strategies. For example, the source for asthma prevalence has changed from the Youth Risk Behavior Surveillance System to a different CDC study, the National Health Interview Survey. Additionally, while immunization coverage estimates were previously only available for Dallas County through the National Immunization Survey, they are now reported by school districts to the Texas Department of State Health Services.

In limited cases where county-level data were 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 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 team members — 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,
Research and Operations
Sara Mokuria, Associate Director, Leadership Initiatives
Shahrukh Farooq, Research Associate
Alejandro Acero Murillo, Research Assistant

2017 *BEYOND ABC*

Recommendations

The 2017 *Beyond ABC* Advisory Board, comprising representatives from key community organizations throughout the studied area, identified the following recommendations to make life better for children in North Texas:

Health

- **Stabilize funding for CHIP and Medicaid to give more children and families access to health care and insurance coverage.** Texas continues to lag behind other states in health care access, having the highest percentage of residents without health insurance. Furthermore, the number of providers who accept public insurance continues to be low. The Advisory Board supports legislative efforts to protect access to care and encourages community partnerships to enhance the care and well-being of this population.
- **Support children's overall health and wellness by increasing access to behavioral health screenings and services, particularly in underserved communities.** The Advisory Board recognizes that children's emotional and behavioral health is an important component of overall well-being, and it should be prioritized along with physical health. However, even when issues like anxiety or depression are identified, access to qualified services is lacking across the whole state and even more so in rural and lower socio-economic communities. Children's Health Virtual Behavioral Health, which connects patients with licensed providers via secure mobile technology, is one example of how services can be expanded to areas where limited availability and transportation are barriers to access.

Education

- **Continue to pursue stronger training opportunities/qualifications for early childhood teachers and child care workers.** The first years of a child's life are critical to overall development, yet there is a shortage of qualified early childhood teachers, workers and child care centers in North Texas. The Advisory Board commends the 2017 Texas Legislature for helping to fill this gap by authorizing public junior colleges like Collin College and the Dallas County Community College District to offer four-year bachelor's degree programs in early childhood education. Further efforts are recommended to expand access to training for infants and toddlers.
- **Prioritize support for health and healthy behaviors in school, including nutritious meals, physical activity and behavioral/social/emotional health.** Recognizing that children are better learners when they can be physically active, Dallas ISD set a positive example, implementing a new policy requiring 30 minutes of recess per day through eighth grade. Additionally, the district opened several campuses' cafeterias to serve breakfast and lunch during the 2017 winter and spring breaks. The Advisory Board recommends further collaboration between groups to protect children's basic health needs like nutrition, physical activity and emotional well-being in schools.

Economic Security

- **Support increased development of mixed-income neighborhoods and acceptance of housing assistance vouchers.** A lack of affordable housing options is a barrier to children's educational achievement, often forcing families to frequently change homes and schools in search of lower rent. Housing instability and homelessness can also have a profound effect on a child's long-term emotional and behavioral health. The Advisory Board believes that mixed-income neighborhoods provide more employment and learning opportunities for families who live there, especially those in economic distress, and supports efforts by groups like Opportunity Dallas to develop specific recommendations on how these issues can be addressed in North Texas.
- **Increase access to transportation services in underserved neighborhoods, supporting reliable access to jobs, health care and other critical services.** Adequate and reliable transportation, particularly for at-risk populations, is a critical factor affecting access to health care, child care and secure employment. It affects a parent's ability to engage with their child's school as well as a community's livability costs. The Advisory Board recognizes gaps in reliable public transportation availability in many North Texas communities and supports efforts to increase access to and efficiency in services.

Safety

- **Support the state's efforts to stabilize the Child Protective Services workforce to improve the treatment and medical care for the 30,000 children in the Texas foster care system.** The 2017 Texas legislative session included many areas of progress for child welfare, including increased funding for caseworker salaries and the hiring of additional staff, added incentives for foster care families and enhanced medical care for children. The Advisory Board supports increased study of a "community-based care" model to allow for collaboration between public and private entities, as well as continued emphasis on timely medical care for this vulnerable population of children.
- **Enhance medical staff training and screening process for identifying and responding to family violence.** Childhood exposure to domestic violence is a major risk factor for chronic stress, leading to long-term health outcomes affecting the course of their adult life. The Advisory Board supports the Dallas-Fort Worth Hospital Council's efforts to understand how health care providers screen for family violence and recommends further study into best practices so the appropriate interventions can be made.

RECENT STUDIES REGARDING CHILDREN'S ISSUES AND KEY WEBSITES

RECENT STUDIES

2017 Texas School Rankings, 2017. www.childrenatrisk.org/2017-school-rankings

America's Children: Key National Indicators of Well-Being, 2017. www.childstats.gov

Annual Report of Immunization Status of Students, 2017. www.dshs.texas.gov

Checking In: A Snapshot of the Child Care Landscape – 2017 State Fact Sheets, 2017. www.usa.childcareaware.org

Children and Youth Experiencing Homelessness: An Introduction to the Issues. http://nche.ed.gov

Dallas Domestic Violence Task Force Annual Summary Report: 2015-16. www.dallascityhall.com

Human Trafficking by the Numbers: The Initial Benchmark of Prevalence and Economic Impact for Texas, 2016. www.utexas.edu

Hunger Doesn't Take a Vacation: Summer Nutrition Status Report, July 2016. www.frac.org

Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts: Trust for America's Health, 2017. www.healthyamericans.org

Keeping Families Safe Around Medicine: Safe Kids Worldwide, 2017. www.safekids.org

KIDS COUNT Data Book: State Trends in Child Well-being: The Annie E. Casey Foundation, 2017. www.aecf.org

National and State Housing Data Fact Sheets, 2017. www.cbpp.org

Out of Reach 2017: National Low Income Housing Coalition, 2017. www.nlihc.org

State Level Trends in Children's Health Insurance Coverage, 2016. www.shadac.org

State of the Air 2017. www.lung.org

Substance Abuse Trends in Texas: August 2016. www.utexas.edu

Texas Child Fatality Review Team Biennial Report 2014-2015. www.dshs.texas.gov

Texas Foster Care System Analysis and Recommendations, 2017. www.texprotects.org/publications

Texas School Survey of Drug and Alcohol Use: 2016 State Report, 2016. www.texasschoolsurvey.org

The 500 Cities Project: New Data for Better Health, 2017. www.rwjf.org

The Adverse Childhood Experiences (ACE) Study: Adverse Childhood Experiences Study. www.cdc.gov

The Condition of Education: Children and Youth with Disabilities, 2017. www.nces.ed.gov

The Condition of Education 2017: National Center for Education Statistics, 2017. www.nces.ed.gov

KEY WEBSITES REGIONAL

Air North Texas www.airnorthtexas.org

Allen Community Outreach www.acocares.org

Assistance Center of Collin County www.assistancecenter.org

AVANCE-Dallas www.avance-dallas.org

Big Thought www.bigthought.org

Catholic Charities Dallas www.ccdallas.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

CitySquare www.citysquare.org

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

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

The Commit! Partnership www.commit2dallas.org

Communities in Schools Dallas Region www.cisdallas.org

Communities in Schools of North Texas www.cisnt.org

Community Council of Greater Dallas www.ccadvance.org

Community Partners of Dallas www.cpdtx.org

The Concilio www.theconicilio.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 Area Habitat for Humanity www.dallasareahabitat.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 Housing Authority
www.dhadal.com

Dallas Independent School District
www.dallasisd.org

DallasKidsFirst www.dallaskidsfirst.org

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

Early Matters Dallas
www.earlymattersdallas.org

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

Genesis Women's Shelter
www.genesisshelter.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

Momentous Institute
www.momentousinstitute.org

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

North Texas Food Bank
www.ntfb.org

The Rees-Jones Foundation
www.rees-jonesfoundation.org

The Society of St. Vincent DePaul
www.svdpdallas.org

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

Texas Woman's University
www.twu.edu

Texoma Community Center
www.texomacc.org

United Way of Denton County
www.unitedwaydenton.org

United Way of Metropolitan Dallas
www.unitedwaydallas.org

University of Texas at Dallas
www.utdallas.edu

YMCA of Metropolitan Dallas
www.ymcadallas.org

KEY WEBSITES 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

Federal Reserve Bank of Dallas
www.dallasfed.org

First3Years www.first3yearstx.org

Healthy Texas Babies
www.somedaystartsnow.com

Texans Care for Children
www.texanscareforchildren.org

Texas CHIP Coalition
www.texaschip.org

Texas Council on Family Violence
www.tcfv.org

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

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

Texas Hunger Initiative
www.baylor.edu/texashunger

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

KEY WEBSITES 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

Families USA www.familiesusa.org

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

HealthyChildren
www.healthychildren.org

KidsEatRight www.eatright.org

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

Presidential Youth Fitness Program
www.pyfp.org

Prevent Child Abuse America
www.preventchildabuse.org

Safe Kids Worldwide
www.safekids.org

StopBullying.gov
www.stopbullying.gov

Text4baby www.text4baby.org

Taking Steps

The spirit of collaboration is deeply embedded in everything we do at Children's Health, serving as a key component of our success. From the parents we join with to manage their family's health care needs, to the community organizations that help us promote safe and healthy environments, we are constantly identifying collaborative opportunities to advocate for the vulnerable populations that aren't always heard. The Beyond ABC report is a critical part of that effort, allowing us to focus on and prioritize the most urgent community health needs.

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

TOPIC	PROGRAM
Health 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 numerous locations throughout the metroplex, many of which also offer after-hours services. These offices accept CHIP, Medicaid and private health insurance. Since 2000, Children's Health Pediatric Group has completed more than 1 million patient visits.
Increase access to behavioral health screenings and services, particularly in underserved communities	This fall, Children's Health is piloting Virtual Behavioral Health with a select number of schools throughout North Texas. The program connects students with licensed providers via secure mobile technology, eliminating traditional barriers to access such as limited provider availability and transportation issues.
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. in 2016, the Children's Health Community Outreach Team helped approximately 3,513 children and families apply for CHIP and Medicaid assistance. To date in 2017, Outreach representatives have provided some form of enrollment assistance to 2,915 children and families.
Safety Improve the treatment and medical care for the 30,000 children in the Texas foster care system	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 when children enter 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 is addressing these gaps and providing a base for an optimal continuum of care. Additionally, the Center is now utilizing a telemedicine program that connects health care providers, biological parents and Child Protective Services to conduct integrated, virtual care meetings using a HIPAA-compliant secure video connection.
Education Prioritize support for health and healthy behaviors in school	In addition to the innovative Telehealth and GoNoodle initiatives detailed later in this section, Children's Health is also working with Dallas Independent School District as an "industry leader," helping to develop and map hands-on, experiential curriculum for students enrolled in health care education courses. These specialized lessons help students deepen their understanding of health care education through hospital visits and practical application. In recognition of our sustained support of Dallas ISD through programs like this, Children's Health was named the 2016-17 Emmett J. Conrad Extra Mile Award Recipient.

Partners in the Community

In recent years, Children's Health has strengthened and expanded our community programs and services to catalyze wellness from the ground up, ultimately creating a healthier community.

By working with community leaders and organizations to meet families where they are, we connect 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 relationships 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 and Go Weight Management Program, Web-Based Curriculum Tools and Health & Wellness Alliance for Children.

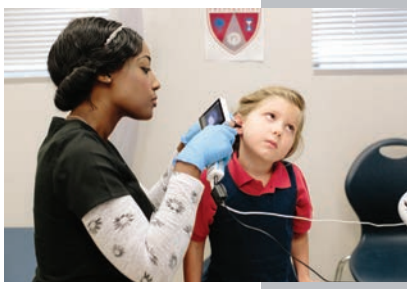
SCHOOL-BASED HEALTH CARE

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.

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.



The 2016-17 school year includes more than 97 school-based Telehealth sites in Dallas, Grayson, Collin, Wise 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.

Web-Based Curriculum Tools

GONOODLE

GoNoodle 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 works with school districts throughout North Texas, including the Dallas Independent School District. For the 2016-17 school year, the program reached 176,118 students and 7,715 teachers in 849 schools across the region.

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. The program works by connecting with patient families and their health care provider to establish a management plan. 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 and self-management skills 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, or free quarterly group education classes, with no insurance or physician referral needed to attend. The Asthma Management Program is shown to result in a 62 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 and Go Weight Management Program

Get Up and Go is a free, 10-week physician-referred weight management program for children and their parents, in collaboration with the YMCA of Metropolitan 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, how to make good food choices, participate in fun physical activities, and set activity goals, which can reduce the chance of serious illnesses, such as diabetes and heart disease. Classes are offered for children across four age groups: preschoolers, ages 2-5; elementary school

students, ages 6-11; middle school students, ages 12-14; and high school students, ages 15-18. Program services include weekly 90-minute meetings for families. Classes are given in both English and Spanish for ages 2-18 and are facilitated by YMCA coaches. 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.

Pre- and post-metrics demonstrate impressive progress. Behavioral Change Questionnaires reveal that as a result of the education and physical activity provided through the 10-week course, 87 percent of children adopt healthier lifestyle behaviors, 78 percent see an increase in their stamina and 90 percent either maintain or decrease their BMI percentile. As Get Up and Go is not a weight-loss program, a child's ability to maintain their weight while they grow taller is considered a win.

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

Health & Wellness Alliance for Children

The Health & Wellness Alliance for Children is a collective impact initiative supported by Children's Health that strives to facilitate collaboration across different cross-sectors to address the social determinants of health, and improve the health and well-being of children in Dallas and Collin counties.

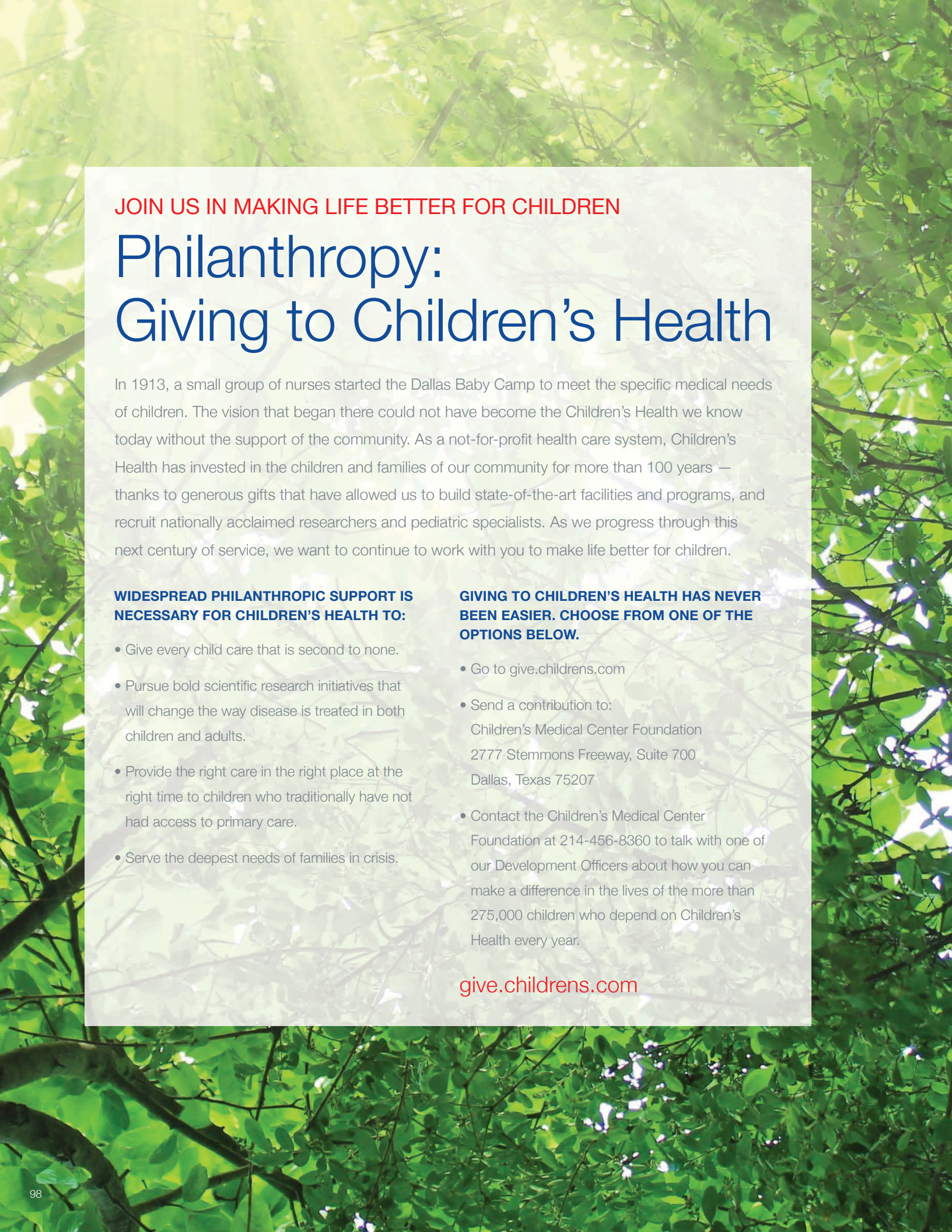
Through various strategic partnerships and initiatives, the Health & Wellness Alliance is focused on the following areas of interest:

- Strengthening the capacity of school health advisory councils
- Expanding the after-school supper program to provide more children with access to a healthy meal and quality health enrichment
- Promoting nutrition education through healthy cooking classes for adults using food pantry ingredients
- Improving communication and client case management among organizations so they are able to connect more families to vital community resources

HEALTH & WELLNESS ALLIANCE FOR CHILDREN®

In an effort to support and sustain the four focus areas listed above, the Health and Wellness Alliance is collaborating with the following community organizations:

- After the Bell Alliance
- Alliance for a Healthier Generation
- Assistance Center of Collin County
- Child Care Group
- Children at Risk
- Children's Advocacy Center of Collin County
- City of Dallas WIC Program
- City of McKinney
- City of Plano
- CitySquare
- Community Council
- Dallas County Health and Human Services
- Dallas ISD
- Dallas-Fort Worth Hospital Council
- Diabetes Health and Wellness Institute
- Frisco Family Services
- Garland ISD
- Health Services of North Texas
- Junior League of Dallas
- Junior League of Collin County
- Life-Paths
- North Texas Food Bank
- Parkland Health and Hospital System
- Plano ISD
- Preston Trail Community Church
- Storehouse of Collin County
- Texas Health Presbyterian Hospital Plano
- Texas Hunger Initiative
- Texas Muslim Women's Foundation
- The Concilio
- The Cooper Institute
- Toyota USA
- United Way of Metropolitan Dallas
- UT Dallas Asia Center
- The Center for Children and Families at The University of Texas at Dallas
- YMCA of Metropolitan Dallas



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 progress through this next century of service, we want to continue to work with you to make life better for children.

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

- Give every child 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 give.childrens.com
- 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 more than 275,000 children who depend on Children's Health every year.

give.childrens.com

View the 2017 *Beyond ABC* report online
at www.childrens.com/beyondabc.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