



2012
beyond 

Assessing Children's Health in the
North Texas Corridor



The North Texas Corridor

This Beyond ABC 2012 report covers five contiguous counties served by Children's at Legacy in Plano: Collin, Cooke, Denton, Grayson and Fannin counties, a corridor stretching from north of Dallas to the Oklahoma border. The total population of children in the five-county area is 453,403.



Children's Medical Center is pleased to present the 2012 edition of *Beyond ABC: Assessing Children's Health*, our annual comprehensive report on the quality of life for children in our community. This year, we specifically looked at the status of children in the northern counties of our service region, which are Collin, Cooke, Denton, Fannin and Grayson counties. We provide care for thousands of children from this area at our Plano campus, Children's Medical Center at Legacy.

One of every nine children in the United States lives in Texas, giving us the unique privilege of nurturing a significant part of the nation's future right here in our own backyard. Yet, 14 percent of the children in our state have no healthcare insurance. This glaring statistic means that Texas has the country's second-highest rate of uninsured children, and thousands of our youngest residents are left vulnerable to entirely preventable injuries and diseases.

Because of the Dallas metropolitan area's explosive youth-population growth, some statistics from the North Texas region are nothing less than startling. In this new Beyond ABC report, we found that:

- Ten percent of the quarter-million children in Collin County have no health insurance of any kind.
- All five northern counties have at least twice the national average of uninsured children. Grayson County has 19.1 percent; Cooke has 23.9 percent.
- Between 2008 and 2011, Collin County had a 69 percent increase in pediatric Medicaid enrollment; Denton County had a 76 percent increase.

Next year, Children's Medical Center will celebrate its centennial. Since our founding in 1913, our mission has been to make life better for all children. Alongside a vital and caring community, we have remained tirelessly committed to this mandate because we know that a healthy childhood is an essential investment in the future for North Texas and for our nation.

I hope that you will read the Beyond ABC 2012 report, take its recommendations to heart and join us in this vital mission. Together, you and Children's Medical Center can work to create a healthier, safer world for all of our children.

Christopher J. Durovich
President and Chief Executive Officer
Children's Medical Center Dallas



Children's Medical Center se complace en presentar la edición 2012 de *Beyond ABC: Assessing Children's Health* (Más allá del ABC, una evaluación de la salud de los niños), el completo informe anual sobre la calidad de vida de los niños de nuestra comunidad. Este año, nos concentramos en la condición de los niños de los condados del norte de nuestra región de servicios, que son Collin, Cooke, Denton, Fannin y Grayson. Brindamos atención a miles de niños en esta área en nuestro centro de Plano, Children's Medical Center at Legacy.

En los Estados Unidos, uno de cada nueve niños vive en Texas, lo cual nos da la oportunidad única de nutrir a gran parte del futuro de la nación aquí mismo. Pero el 14 % de los niños de nuestro estado no tienen seguro de atención de salud. Esta clara estadística nos dice que

Texas tiene la segunda tasa más alta del país de niños sin seguro y que miles de nuestros residentes más pequeños son vulnerables a enfermedades y lesiones totalmente prevenibles.

Debido al explosivo crecimiento de la población joven en el área metropolitana de Dallas, algunas estadísticas del norte de Texas son en verdad alarmantes. En este nuevo informe *Beyond ABC*, descubrimos lo siguiente:

- El 10 % del cuarto de millón de niños que vive en el condado de Collin no tiene ningún tipo de seguro de salud.
- Los cinco condados del norte tienen, por lo menos, dos veces el promedio nacional de niños sin seguro. El condado de Grayson tiene un 19.1 %; el de Cooke tiene un 23.9 %.
- Entre 2008 y 2011, el condado de Collin tuvo un aumento del 69 % en inscripciones en planes pediátricos de Medicaid; el condado de Denton tuvo un aumento del 76 %.

El próximo año, Children's Medical Center celebrará su centenario. Desde la fundación en 1913, nuestra misión ha sido mejorar la vida de todos los niños. Junto con una vital y comprometida comunidad, nos hemos entregado sin descanso a este objetivo porque sabemos que invertir en una infancia saludable es esencial para el futuro del norte de Texas y de nuestra nación.

Espero que lean el informe *Beyond ABC 2012* y sigan sus recomendaciones para apoyarnos en esta misión vital. Juntos, usted y Children's Medical Center pueden lograr un mundo más saludable y seguro para todos nuestros niños.



Christopher J. Durovich

Presidente y director ejecutivo
Children's Medical Center Dallas



2012 beyond **a b c**

Assessing Children's Health in
the North Texas Corridor

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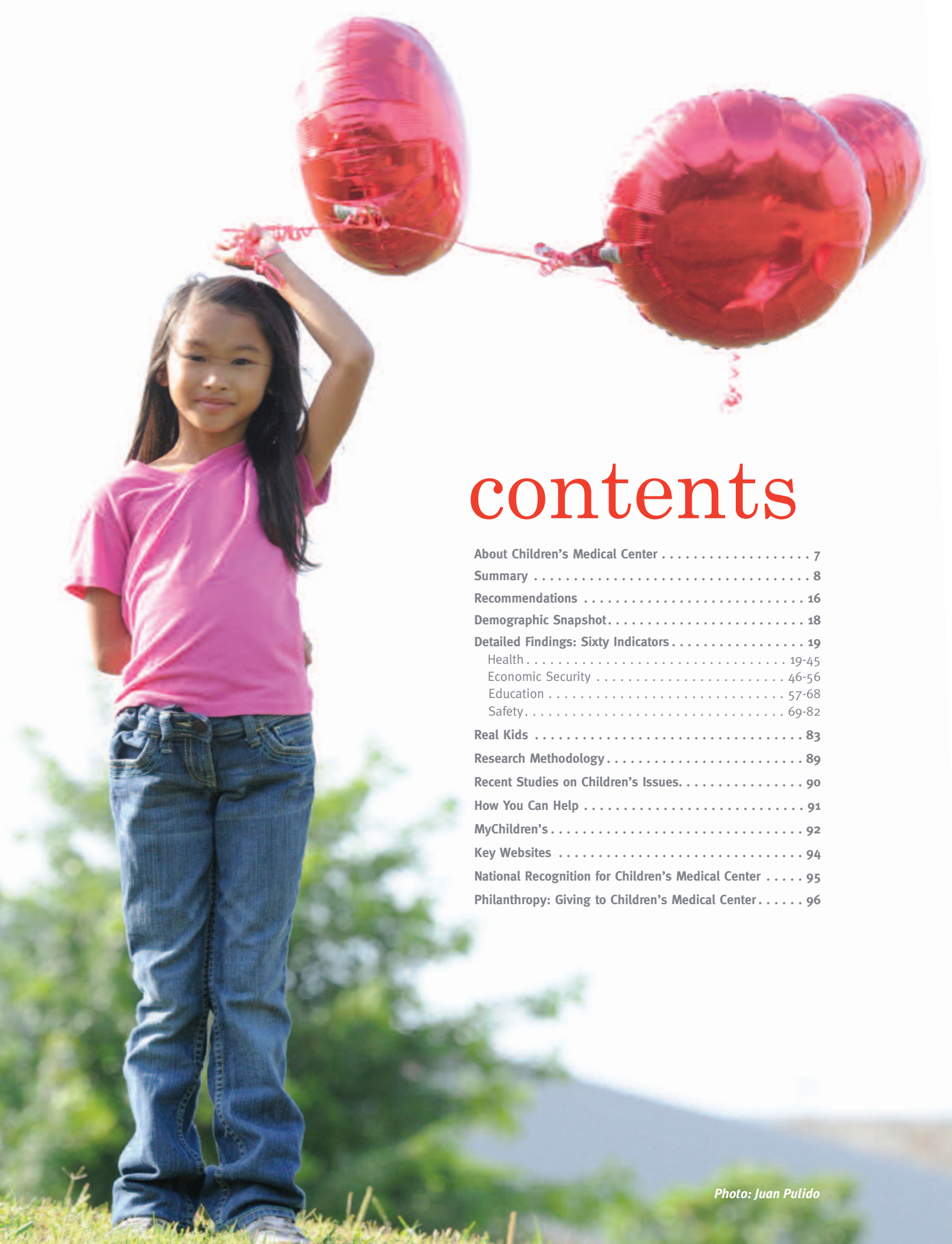
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Beyond ABC Online

In addition to the material printed in this report, you can access previously published information about children’s lives in Dallas County and the North Texas region by visiting: www.childrens.com/about-us/leading-the-way/child-advocacy/beyond-abc.aspx

The link will take you to reports (in .pdf format) issued since 2008 that provide comprehensive information on the quality of life for children in Dallas, Collin, Cooke, Denton, Fannin and Grayson counties, including:

– Assessing Children’s Health in the North Texas Corridor 2011 (covering Collin, Cooke, Denton, Fannin and Grayson counties)

– Assessing Children’s Health in Dallas County 2011
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The "Real Children's Stories" in this report were made possible through the generosity of Caydence Barrett, Taylor Bockemehl, Morgen and Meadow Rhynes, Kamryn Studdard and Anthony Vo, and their families.

Special Thanks

The Beyond ABC staff would like to express our appreciation to Chris Durovich, without whose support and encouragement this report would not be possible.

About Children's Medical Center

For nearly a century, Children's Medical Center has earned its stellar reputation as one of the finest pediatric healthcare providers in the United States by fulfilling its mission to make life better for children. Child advocacy is a vital part of our mission as we continually work to educate officials and the public. Advocacy efforts extend into the areas of children's health insurance (Medicaid and CHIP), child abuse, pediatric AIDS, childhood obesity, immunizations and community health. Children's also leads the Safe Kids Dallas Area Coalition, spearheading local efforts to raise awareness about childhood injury prevention.

In 2008, the hospital opened Children's Medical Center at Legacy in Plano in order to better serve the region's growing pediatric population.

By opening Children's at Legacy, we have been able to expand our sub-specialty programs to Plano and serve children through more than 100,000 patient visits each year, with a focus on family-centered care.

- Children's at Legacy features four state-of-the-art operating rooms, 24-7 emergency services, and full-service laboratory, pharmacy and imaging services.
- Children's at Legacy's full-service emergency room experienced more than 32,000 visits last year, and surgeons performed more than 5,000 surgeries at the hospital.
- Children's at Legacy Ambulatory Pavilion offers the largest suburban group of pediatric specialties in the nation.
- Children's at Legacy has intentionally preserved "green space" to provide an environment of healing and tranquility for patients and families.
- Children's at Legacy provided \$6 million in charity healthcare in 2011.
- Children's at Legacy provides a footprint that will allow the hospital to expand over the coming years.

RECOGNITION

- Children's has been ranked among the top pediatric hospitals in the country by *U.S. News & World Report*. Specific clinical programs that are nationally ranked are Cardiology/Heart Surgery, Gastroenterology, Diabetes/Endocrinology, Neonatology, Nephrology, Neurology/Neurosurgery, Oncology, Orthopedics, Pulmonology and Urology.
- Children's Medical Center Dallas was selected by *Becker's Hospital Review* as one of its "100 Best Places to Work in Healthcare" in 2011.

DISTINCTION

- Children's, which is a private, not-for-profit hospital, is the only pediatric hospital in the nation awarded seven disease-specific certifications by the Joint Commission: Asthma Management, Autism Evaluation/Diagnostic, Diabetes Education, Eating Disorders, Comprehensive Epilepsy Program, Fetal Heart Program and Pediatric Pain Management.
- Children's is among only 5 percent of the nation's hospitals to be named a Magnet Recognition Program by the American Nurses Credentialing Center.
- Children's Dallas was the first designated Level I Trauma Center for pediatrics in Texas.
- As the primary pediatric teaching facility for The University of Texas Southwestern Medical Center, the top medical school in the region, Children's hosts research conducted by its medical staff members that is instrumental in developing treatments, therapies and a greater understanding of pediatric diseases.
- Children's is one of only 14 national pediatric research centers sanctioned by the National Institutes of Health.

SERVICES

- Children's is licensed for 559 beds, with 72 of those at the Children's at Legacy campus.
- Children's serves patients through more than 50 specialty and sub-specialty programs.
- Children's has 71 dedicated pediatric intensive care beds, making it one of Texas' largest ICUs just for children.
- Children's features 28 of the largest, most technologically advanced operating rooms available in pediatrics today.
- Children's boasts the largest heart center for children in North Texas and the only pediatric heart center with a 20-bed dedicated pediatric cardiac intensive care unit.
- Children's is a major pediatric kidney, liver, heart and bone-marrow transplant center.
- Children's specialty centers are among the largest in the country, including centers for cancer, sickle cell and cystic fibrosis patients.
- Children's has a nationally renowned pediatric regional transport services team with accreditation in three modes of transportation: ground ambulance, helicopter and jet.

Summary

If you've lived in North Texas for 40 years or so, you probably can remember a time when there were miles of farms, fields, woodlands and small towns above I-635, and not a single Starbucks or gelateria in sight.

Even the big towns north of Dallas weren't all that big. In 1970, Denton had a population of 39,874; Lewisville, 9,264; McKinney, 15,193; Plano, 17,872; Sherman, 29,061. Frisco was a sleepy Collin County farm town of 1,845 souls. Allen, at 1,940, wasn't much bigger.

Here's how much things have changed...



Allen ranked No. 13 on *Money* magazine's 2012 list of the best small cities to live. No. 2 on that list: Collin's county seat, McKinney.

This year, over the Labor Day weekend, Allen, Texas, made national news with the opening of its new high-school stadium. The gleaming home of the Allen Eagles cost \$60 million, seats 18,000 people and, for its inaugural home game, it was packed with 21,000 fans. It is the largest high-school stadium in Texas that has only one team using it for home games.

In 1970, the entire population of Allen would have looked lost in that stadium. Today, Allen's 84,000 residents can easily fill the new facility every Friday night of football season.

Allen also ranked No. 13 on *Money* magazine's 2012 list of the best small cities to live. No. 2 on that list: Collin's county seat, McKinney, with 136,000 residents.

Thanks to robust job growth in such fields as high-tech and healthcare, all the other major communities in the "North Texas Corridor" – Collin, Cooke, Denton, Fannin and Grayson counties – also have seen their populations grow at a rapid pace. According to the 2010 U.S. Census, Denton now has 113,383 residents; Lewisville, 95,290; Plano, 269,776; Sherman, 38,521; Frisco, 116,989.

Even the much smaller, more rural counties that are farther from Dallas have seen substantial growth. Bonham, the Fannin County seat, grew by 50 percent between 1990 and 2010, to 10,127. Gainesville, the Cooke County seat, grew 12 percent in the same period, to 16,002.

All of the North Texas Corridor, in fact, is gaining population at a far faster rate than is the City of Dallas. Dallas had 1,197,816 residents in the 2010 U.S. Census, meaning it gained less than 1 percent in population since 2000. Frisco, by contrast, grew by 247 percent in that same decade.

The census also told us that 453,403 children under the age of 18 lived in the five northern counties – 8 percent more than reported at the time of the region's last Beyond ABC sur-

vey, in 2010. As the counties have grown, their populations have become younger and far more culturally diverse, and the fiscal strain has increased upon communities' social-service and education budgets and their physical infrastructures.

All across the five counties, new streets, highways and toll roads are built to accommodate new housing developments and shopping centers. New schools are built, but a few years later, even more classrooms must be added to educate the children whose families keep moving to the burgeoning northern suburbs.

New for-profit and non-profit hospitals and medical centers spring up to serve a booming suburban population – although public hospitals seem to be a missing piece in the five counties' community healthcare picture. In the North Texas Corridor, only Cooke County has public hospitals.

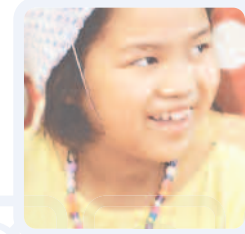
Children's Medical Center Dallas is a private, not-for-profit pediatric hospital that receives no county tax dollars. Yet we annually provide some \$140 million in community benefits, half of which is charity care.

It is our mission to serve every child who comes through our doors, even though 70 percent of those children are either underinsured or uninsured and thus will need financial assistance of some kind. No child is ever turned away because the family cannot afford medical care.

Children's has long taken note of the northern counties' explosive growth, and it has become part of our mission to make sure these communities' children have the medical services they need to grow up into healthy adulthood.

In 2008, Children's Medical Center at Legacy opened in Plano to serve the growing pediatric needs of Collin and the surrounding counties. In 2011, Children's at Legacy had 32,220 Emergency Department visits and 61,680 ambulatory practice visits as well as 5,146 surgical cases.

Children's receives no county tax dollars. Yet annually we provide some \$140 million in community benefits, half of which is charity care.



It has become part of our mission to make sure these communities' children have the medical services they need to grow up into healthy adulthood.

Children's also opened MyChildren's Pediatric Practices in West Plano, East Plano and McKinney to serve the North Texas Corridor. MyChildren's offices bring medical homes to children living in areas where it is difficult to find pediatricians who accept Medicaid and the Children's Health Insurance Program (CHIP).

Only 31 percent of Texas physicians currently accept Medicaid patients, according to a 2012 survey by the Texas Medical Association, down from 42 percent in 2010. Blame for the downturn goes primarily to legislative cuts in reimbursement rates, as well as to the mounds of paperwork involved in government-subsidized healthcare.

Fourteen percent of Texas children have no medical insurance, far worse than the national average of 8 percent. In the North Texas Corridor, the percentage of uninsured children varies, but all of the counties are at least twice the national average. Grayson County is 19.1 percent, and Cooke County is 23.9 percent.

Medicaid is a perennial target for governmental reform, overhaul and cost-cutting. Undoubtedly, changes are needed, and they are inevitable. Everyone has an opinion on what should be done about Medicaid. But



no matter how unpopular the program is in some quarters, the inconvenient fact remains that there are millions of Texas children who desperately need access to healthcare and cannot afford it without assistance. These children depend, in many cases for their very lives, on Medicaid and CHIP.

About 40 percent of Texas children are enrolled in Medicaid; in the North Texas Corridor's five counties, 78,730 young people under the age of 19 are enrolled. Another 25,264 are enrolled in CHIP, which covers children from families with incomes above the Medicaid limit but at or below 200

percent of the federal poverty level (which in 2012 was \$23,050 for a family of four).

During the economic downturn of the past five years, many families' incomes have fallen, and poverty has become more noticeable in pockets of the five counties. Families who used to be middle-class now may live in straitened circumstances; they visit food pantries and enroll in school meal programs to make sure their children do not go hungry. In Collin County, the number of families with children living in poverty doubled in the years from 2000 to 2010.

We hope that all who read this report, like each of us here at Children's Medical Center, will commit to the mission of making life better for all children in the North Texas Corridor.

The Beyond ABC report's 2012 findings, compiled by the University of Texas at Dallas' Institute for Urban Policy Research, revealed several pressing areas of concern for the welfare of the five counties' children. The following issues were identified as having particular urgency by the report's citizen advisory board.

Joyce Sáenz Harris, Editor
Communications & Policy Manager
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In the North Texas Corridor, changing economic and demographic factors greatly affect the environment in which children grow up. The five counties included in this Beyond ABC report have experienced significant growth and change over the last decade. In fact, between 2000 and 2010, North Texas was home to three of the nation's top 25 fastest growing cities – McKinney, Frisco and Lewisville -- and the five-county region as a whole grew by nearly half from 1.1 million to 1.6 million residents. As the population continues to grow, North Texas faces changes in the needs of its children and the scope of appropriate action.

Demographic Shift

Although the region as a whole grew by 49 percent, there are clear demographic and growth differences between the suburban and rural counties. Collin and Denton counties grew by 59 and 53 percent, respectively, but the rural counties each grew by less than 10 percent. So the population growth is largely concentrated in larger suburban counties.

Overall growth in the region has been coupled with major demographic changes. As a whole, the region was 82.5 percent White/Caucasian in 2000, compared to just 74.5 as of the 2010 Census. That represents a 34 percent decrease in the region's White/Caucasian popu-

lation. Over the same time period, the Black/African-American population has increased from just 59,000 to more than 130,000 – a 124 percent increase.

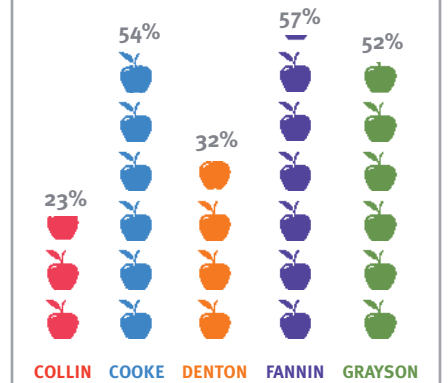
Similarly, the Hispanic/Latino population has grown by 123 percent, from just over 115,000 to 258,000. With growing populations and changing demographics, North Texas counties will not only have to redouble efforts to provide support services for young people, they will also need to embrace innovative and culturally competent solutions.

Economic Security

As the North Texas Corridor continues to grow, it begins to experience some of the issues more often associated with urban areas, and the change is most noticeable in Collin and Denton counties.

According to the 2010 Census, more than 237,000 families with children across the five counties live in poverty, a 41 percent increase from 2000. The 7 percent poverty rate among families with children in Collin and Denton counties is quite low compared to 14.6 percent in Fannin County, 17.5 percent in Grayson County, and 19.9 percent in Cooke County. But the number of families with children living in poverty has more than doubled in Collin County since 2000, and it increased by 88

School Lunch Program Eligibility 2012
by percentage

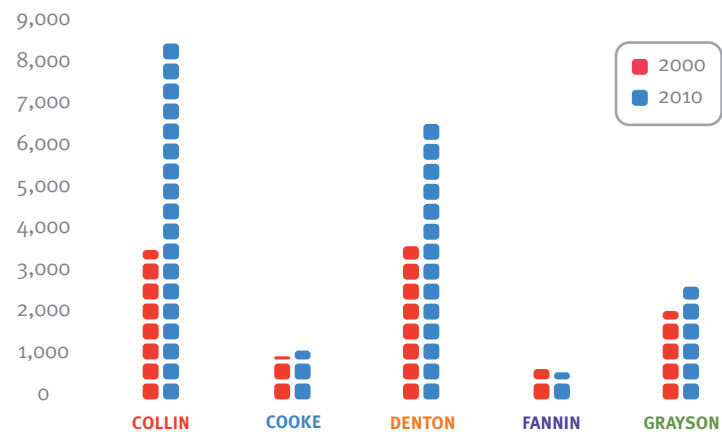


percent in Denton County. As the population continues to grow in the North Texas Corridor, local agencies and service providers seeking to improve the quality of life for North Texas children must be able to adapt to a growing and changing population that increasingly experiences the issues of more urban counties.

Despite major changes over the past 10 years, child poverty has remained stable in more recent years. Enrollment in the Temporary Assistance to Needy Families (TANF) and Women, Infants and Children (WIC) programs has begun to decrease, although the enrollment barriers and benefit expiration may

Number of Families with Children Living in Poverty

2000-2010



contribute to the decline. The most significant change among economic security indicators came in the form of eligibility for free or reduced-price meals for school children. In 2011, the proportion of eligible children increased to nearly one-quarter of the students in Collin County, one-third in Denton County and more than half of all students in Cooke, Fannin and Grayson counties.

Access to Care

For the most part, children who are insured tend to be healthier than uninsured children, and insurance coverage can be related to higher employment rates and generally favorable economic conditions. That being said, the five-county region has experienced an increase in the percentage of children who lack insurance, particularly in the larger, more urban counties.

Over the same time period, the region has experienced dramatic increases in Medicaid and CHIP enrollment. From 2008 to 2011, Collin County experienced a 69 percent increase in Medicaid enrollment and Denton County a 76 percent increase. Similarly, from 2007 to 2011, both counties doubled in CHIP enrollment.

Despite these dramatic increases, it is estimated that 69 percent of Texas'

uninsured children are eligible but not enrolled in Medicaid. Furthermore, a July 2012 survey conducted by the Texas Medical Association shows that the percentage of physicians who accept Medicaid has declined sharply, to 31 percent. With a rapidly growing child population, the North Texas Corridor continues to experience dramatic increases in the demand for and use of medical services, including subsidized care through programs like CHIP and Medicaid.

Child Abuse and Neglect

In 2011, there were 2,451 confirmed cases of child abuse and neglect across the five-county region. The number of cases has trended downward in recent years, but the 2011 figure is 1,000 cases higher than in 2000. Moreover, the number of confirmed cases of child abuse or neglect in Collin County has more than doubled since 2000, and such cases increased by 76 percent in Denton County over the same time period.

The number of children in conservatorship has trended down in recent years. The Center for Public Policy Priorities suggests that this is a result of increased in-home services provided by Child Protective Services (CPS) and an increased focus on placing children in "kinship care."

Still, the booming North Texas population means that support services and infrastructure must grow with the population. While the number of approved foster-care homes has nominally increased in recent years, many children are being placed in unfamiliar surroundings outside their home counties due to the shortage of foster homes. Similarly, the average caseload for a CPS caseworker remains quite high, often double the 12 caseloads per month recommended by the Child Welfare League of America (CWLA).

With a growing population, the North Texas Corridor can expect continued stress on the support systems designed to help youth victims of abuse and neglect. Furthermore, changing demographics in the larger counties means that language and culture barriers can complicate the ability of victims and their families to navigate the various legal, medical and social support systems designed

to help them. Agencies, public and private, must be willing to adapt to these changing circumstances.

Measuring Educational Success

By all measures, the North Texas Corridor enjoys relatively high levels of educational achievement and does so consistently. The greatest year-to-year change for the region occurred in 2003 when the Texas Education Agency (TEA) adopted new standardized test requirements. Texas is again in the process of changing its standardized test and expects to have the State of Texas Assessment of Academic Readiness (STAAR) fully implemented in 2016.

In the first year of testing, results show that fewer than half of high school students across the state met the passing criteria that will take effect in 2016. If this is any indication, the North Texas Corridor, along with the rest of the state, can likely expect passing rates to fall as standards become progressively more difficult over the next four years. Changing testing standards can also affect third-grade reading levels and college readiness indicators. Without a specific college readiness standard during the period of transition, it is unclear how TEA plans to measure college readiness among those students who do not take the SAT or ACT.

While students across the North Texas Corridor perform well relative to nearby urban districts, students in the suburban counties still outperform those in the rural ones, and the suburban districts tend to keep more comprehensive records regarding truancy and school discipline. Still, difficulty measuring progress will persist as long as standards continue to change from year to year.

Between 2000 and 2010, the five-county region grew by a half-million residents.



Recommendations

The citizen advisory board for *Beyond ABC 2012: Assessing Children's Health in the North Texas Corridor* identified the following recommendations for advocates and public officials in Collin, Cooke, Denton, Grayson and Fannin counties:

health

- Protect funding for state programs that address the health and safety of children as the Texas Legislature deals with a budget shortfall for Fiscal Year 2013-2014.
- Protect and add to funding for preventive healthcare programs.
- Enhance the public health infrastructure, particularly in rural areas.
- Increase the percentage of women who receive prenatal care during the first trimester of pregnancy.
- Ensure that every county has at least one healthcare provider who will treat pregnant women on Medicaid.
- Discourage elective deliveries chosen for the sake of convenience rather than for medical safety or necessity.
- Mobilize faith groups, civic leaders and volunteers to help low-income families to access resources such as Medicaid, CHIP, WIC, SNAP and childcare subsidies.
- Ensure that the Texas Medicaid and CHIP eligibility systems effectively and correctly determine eligibility in order to fully eliminate delays, backlogs and erroneous denials.
- Increase access to health and dental services for children and pregnant women through outreach and health-education programs.
- Increase the capacity of services for mental-health and substance-abuse treatment for children and youth.
- Provide comprehensive sexuality education for adolescents in their homes, schools, faith groups and communities.
- Educate legislators to increase reimbursement rates to pediatric primary-care providers who accept Medicaid or CHIP.
- Ask Congress to fund graduate medical education and loan-forgiveness programs to help recruit and train pediatricians, especially for rural areas.
- Coordinate immunization efforts and strengthen the use of the state's central immunization registry (ImmTrac).
- Encourage development of supermarkets in food deserts in order to increase the availability of healthy foods, including fresh fruits and vegetables, in low-income areas.
- Protect green spaces, add bike lanes and improve access to parks for family activities.
- Ensure the implementation of the state's approved school health programs in all public schools and increase student physical activity levels to prevent childhood obesity.
- Improve air quality in the North Texas Corridor.
- Make air-quality measurement a priority in all communities that have heavy industry and/or more than 10,000 residents.
- Establish uniformity in communities' non-smoking ordinances, with the goal to ultimately ban smoking in bars, restaurants and all indoor public places, as well as at outdoor sporting or music events and within 15 feet of public building entrances.

economic security

- Increase each county's stock of safe, affordable housing units.
- Support local efforts to ensure that children in low-income families receive adequate nutrition.
- Protect funding for services for immediate needs such as emergency food and shelter.
- Give hiring preference to qualified veterans and additional social support to vets' families.
- Establish partnerships between businesses and schools to help train and educate a skilled workforce.
- Support and expand public transit systems to assist working families and students.
- Pass zoning ordinances to regulate predatory payday and auto title lenders.

education

- Support teachers and urge parental involvement in public schools to encourage students' attendance, promote appropriate classroom behavior and decrease drop-out rates.
- Protect and increase funding for public education at all levels.
- Ensure that children have access to computers for school assignments.
- Expand affordable after-school and summer childcare options.
- Increase availability of accredited special-education teachers and childcare for children with developmental disabilities.
- Support public libraries.

safety

- Establish a family justice center to deal more effectively with family violence.
- Expand the availability of evidence-based after-school and summer programs that are affordable, safe, engaging and located on the school campus or that include transportation.
- Increase the utilization of mentoring resources by eligible children and families.
- Invest in evidence-based child abuse prevention programs.
- Increase the number of foster and adoptive homes for children in custody of Child Protective Services by increasing recruitment and foster-care rates.
- Establish residential treatment centers designed for youth.
- Provide adequate resource for the Texas Child Protective Services system to reduce caseloads, hire and retain workers and professional staff.
- Intensify parental education and law enforcement of child passenger safety regulations.
- Increase infrastructure for tracking and punishing sex crimes against children.
- Use new Texas law (effective September 2012) to mobilize against bullying in schools and in cyberspace.
- Establish family reunification programs for ex-offenders.



Demographic Snapshot

The region's youth by race, ethnicity, and poverty status

	Total Youth Population	Percent White/Caucasian	Percent Black/African-American	Percent American Indian	Percent Asian	Percent Other Single Race	Percent Hispanic/Latino	Percent of All Children Living in Poverty	Percent of White/Caucasian, Non-Hispanic/Latino Children Living in Poverty	Percent Black/African-American Children Living in Poverty	Percent of Hispanic/Latino Children Living in Poverty
COLLIN	224,677	66.7%	9.4%	.6%	11.7%	11.5%	19.1%	7.7%	3.7%	12.5%	18.9%
COOKE	9,831	77.6%	3.7%	1.4%	.7%	16.5%	26.3%	19.9%	14.8%	18.1%	26.7%
DENTON	182,260	69.6%	8.7%	.8%	6.6%	13.3%	24.5%	7.5%	2.7%	10.5%	15.0%
FANNIN	7,503	84.7%	5.1%	1.4%	.3%	8.4%	14.4%	14.6%	13.7%	55.6%	21.8%
GRAYSON	29,132	76.8%	7.1%	1.8%	.7%	13.6%	18.8%	16.6%	14.1%	22.4%	28.4%
TOTAL	453,403	69.1%	8.8%	.8%	8.5%	12.4%	21.4%	8.5%	4.5%	12.7%	17.8%

SOURCE: 2010 Decennial Census: Summary File 1 and Summary File 2; 2010 American Community Survey 5 Year Estimates.
NOTE: Because race and ethnicity are counted separately by the U.S. Census, the Hispanic/Latino population is spread across other race designations.

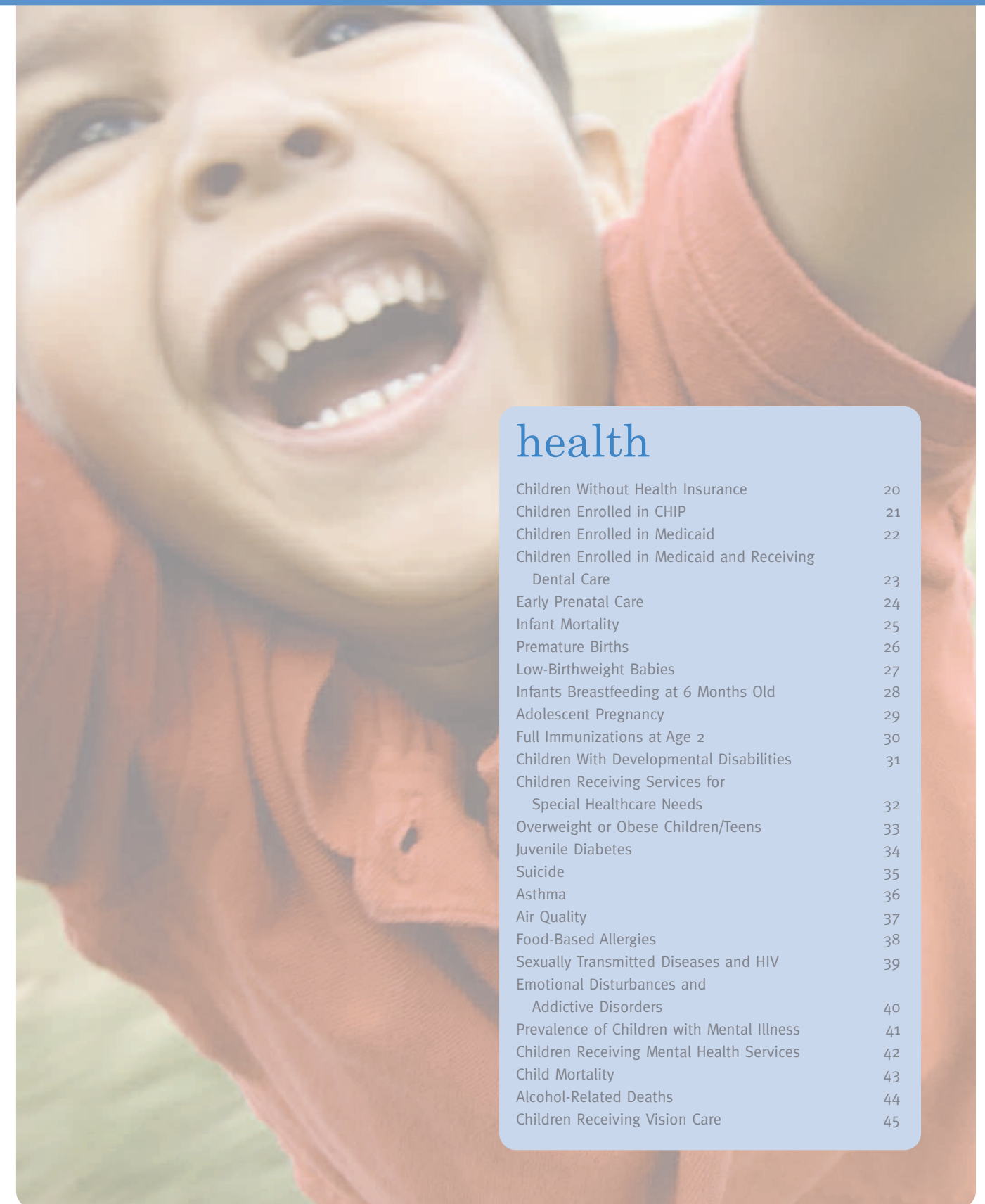
According to the 2010 Decennial Census, approximately 453,403 children under the age of 18 live in the five-county area, ranging from about 7,500 in Fannin County to nearly a quarter of a million in Collin County. By race, 69 percent of the area's children were White/Caucasian, down from 79 percent in the 2010 edition of this report. The area's African-American/Black and Asian populations remain largely unchanged over that time

period. Most of the change can be accounted for by children reporting "other" or multiple races, which made up just over 12 percent of the child population.

In the North Texas Corridor, 8.5 percent of children live in poverty, with the more urban counties (Collin and Denton) reporting slightly lower rates. The smaller, more rural counties report significantly higher poverty rates, ranging from just

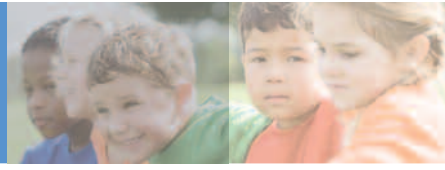
under 15 percent in Fannin County to nearly 20 percent in Cooke County.

In the five counties, the experience of poverty differs markedly across racial and ethnic populations. Fewer than 1 in 20 (4.5 percent) White/Caucasian youths lives in poverty, while about 1 in 8 (12.7 percent) Black/African-American children and nearly 1 in 5 (17.8 percent) Hispanic/Latino children lives in poverty.



health

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Children Without Health Insurance

Percent of children (under age 18) who are without healthcare insurance

According to the Center for Public Policy Priorities, approximately 1.2 million Texas children do not have private or public health insurance. This ranks Texas 42nd nationally for the number of uninsured children and six percentage points worse than the national trend (8 percent nationally compared with 14 percent in Texas).

Generally, children who are insured tend to be healthier than uninsured children, and insurance coverage is positively correlated with the employment rate and parental socioeconomic status.¹ Most uninsured children must resort to receiving primary care through local and county hospital emergency rooms, where they cannot be declined due to their parents' inability to pay.

In 2011, Children's Emergency Departments had a total of nearly 150,000 visits, an increase of 10 percent from 2010. More than 32,000 of those visits took place at the

	2000	2005	2008	2009	2010
COLLIN	13.3	17.6	13.1	11.5	16.7
COOKE	15.8	17.1	23.9	23.9	23.9
DENTON	12.7	18.5	10.3	10.1	17.4
FANNIN	14.5	16.2	16.3	16.3	16.3
GRAYSON	13.7	16.5	15.9	20.8	19.1

Data Sources: U.S. Census Bureau, American Communities Survey 1Y estimates (Collin, Denton, Grayson for 2008, 2009, 2010); 3Y estimates (Cooke, Fannin for 2008-2010).

Denton County's percentage of uninsured children rose most sharply in 2010, to 17.4%.

Children's at Legacy campus in Plano, an increase of 30 percent from 2010.

The percentage of uninsured children for the five-county area covered in this report has generally trended upward between 2008 and 2010, with the two largest counties, Collin and Denton, bringing the issue into relief.

Somewhat less clear is the number of underinsured children within the

same geography. In fact, according to an article published in *The New England Journal of Medicine* in 2010, the prevalence of underinsured children exceeds that of uninsured children.

This large percentage of uninsured and underinsured children, both within the five-county area and within the State of Texas in general, has a potentially significant negative economic impact.

¹ Associated Press. (2012, April 8). 1.2 million Texas children still without insurance. *Houston Chronicle*. Retrieved from <http://www.chron.com/news/houston-texas/article/1-2-million-Texas-children-still-without-insurance-3467592.php>.

Children Enrolled in CHIP

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

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
COLLIN	4,122	4,131	3,448	3,665	3,791	4,802	7,073	8,386	9,507	10,723	10,965
COOKE	573	514	430	395	410	422	591	672	735	679	690
DENTON	4,944	4,957	3,831	3,944	3,850	4,634	6,933	8,077	9,377	10,281	10,904
FANNIN	663	536	413	357	363	365	459	501	518	551	545
GRAYSON	2,054	1,770	1,354	1,230	1,216	1,335	1,563	1,649	1,932	2,064	2,160

Data Sources: Texas Health and Human Services, Children's Health Insurance Program Monthly Enrollment Report. http://www.hhsc.state.tx.us/research/CHIP/monthlyEnrollment_results.asp. NOTE: 2012 data is through May, 2012 only.

The Children's Health Insurance Program (CHIP) is a joint federal and state program providing affordable healthcare coverage for working families who earn too much to qualify for Medicaid but cannot afford private health coverage.

Collin and Denton counties doubled their CHIP enrollment since 2007.

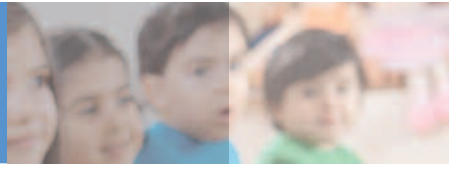
To be eligible, a child must be a U.S. citizen or a legal permanent resident, younger than 19 years of age and uninsured for 90 days.

Family income must be above the Medicaid eligibility limit and at or below 200 percent of the federal poverty level (meaning a family of four would qualify with an annual income of up to \$46,100 in 2012).

The State of Texas experienced a 61 percent CHIP enrollment increase between December 2007 and December 2011, from approximately 350,000 to 562,550 enrollees. The five-county area covered in this report experienced a similar trend for the same time period. Collin and Denton counties doubled their enrollment statistics for the time period.

Additionally, based on partial-year data, 2012 is on pace to exceed 2011 enrollments.

Two prevailing explanations account for the enrollment increases: unprecedented population growth and the eligible population becoming more aware of CHIP. As previously discussed, the child population exceeded statistical estimates. Moreover, media coverage and discourse regarding the Affordable Care Act has raised awareness of not only the need for coverage, but the available resources as well.



Children enrolled in Medicaid

Number of children younger than 19 enrolled in Medicaid

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012*
COLLIN	7,530	10,715	13,031	14,353	16,751	18,004	19,879	22,859	23,941	33,579	31,673
COOKE	1,840	2,315	2,544	2,370	2,778	2,754	2,749	3,188	2,835	3,503	3,094
DENTON	7,915	11,729	13,401	15,030	17,132	17,803	18,775	22,822	24,262	32,985	31,185
FANNIN	1,437	1,847	2,114	1,939	2,076	2,236	2,248	2,522	2,292	2,847	2,482
GRAYSON	5,896	6,914	7,563	7,348	8,084	8,398	8,486	9,505	8,737	11,311	10,296

Data Source: Texas Health and Human Services Commission. *Through June 2012.

The purpose of the Medicaid program in Texas is to promote the health of people who may not have access to healthcare due to ineligibility or inability to pay for it. The Texas Medicaid program's mission is to promote health through emphasizing prevention, encouraging continuity of care and ensuring excellent quality of healthcare.

Approximately 40 percent of Texas children are enrolled in Medicaid. However, it is estimated that 69 percent of uninsured children are eligible but not enrolled.

Eligibility for Medicaid coverage is based on family size and income. For example, a family of four would need an income level of 185 percent of the Federal Poverty Level for infants, 133 percent for ages 1 to 5,

and 100 percent for ages 6 to 19, in order to meet the income limit eligibility guidelines.

Between 2008 and 2011, child Medicaid enrollments increased by 76% in Denton County and 69% in Collin County.

The five-county area represented in this report experienced substantial increases in child Medicaid enrollments in the last decade. In fact, between 2008 and 2011, enrollments increased by 76 percent in Denton County and 69 percent in Collin County.

Moreover, based on the partial-year data reported for 2012, all five counties are on pace to exceed 2011 enrollments. The obvious issue

deduced from the trend is a greater demand on healthcare from the Medicaid segment of the population.

However, a Texas Medical Association (TMA) survey in July 2012 indicated a sharp decline in doctors' acceptance of Medicaid. Only 31 percent of Texas physicians accepted such patients, down from 42 percent in 2010. The TMA report said "cuts to reimbursement rates, bureaucratic red tape and regulatory burdens" are responsible for the drop, according to the *Texas Tribune*.

Access to primary healthcare for the indigent population in Texas will continue to be a challenge, despite the favorable Supreme Court decision regarding the constitutionality of the Affordable Care Act.

Children Enrolled in Medicaid and Receiving Dental Care

Number of eligible children who receive dental care through Medicaid

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	1,805	2,970	6,290	7,688	8,791	9,667	10,768	12,145	15,255	20,331	25,466
COOKE	582	753	1,023	1,166	1,151	1,228	1,334	1,723	2,272	2,673	2,841
DENTON	2,481	3,134	5,558	7,420	8,960	9,662	10,666	12,035	14,777	20,837	25,746
FANNIN	485	644	884	907	969	986	1,026	1,127	1,646	2,012	2,226
GRAYSON	2,298	2,770	3,330	3,655	4,034	4,013	4,310	5,180	6,333	7,808	8,559

Data Source: Texas Health and Human Services Commission.

In 2008, the Centers for Medicare and Medicaid Services (CMS) reported¹ that almost 1.5 million children age 20 and younger received Medicaid dental services in Texas, representing approximately 50 percent of those eligible.

Between 2008 and 2011, the five-county area shows significant increases in dental care utilization through Medicaid. Collin and Denton counties represent the greatest increases at more than 100 percent over the same period.

Over the past decade, the number of children who accessed dental care increased significantly, translating to

improved oral health among the State's low-income population. The upward trend may also be a result of population growth and general awareness of the availability of the program. In either case, an increasing demand has been placed on the State's dental-care provider population.

According to research conducted by University of Southern California's Roseann Mulligan, DDS, dental problems such as cavities can put children at a serious disadvantage in school, potentially resulting in poor academic performance.

Use of pediatric dental Medicaid increased more than 100 percent in Collin and Denton counties since 2008.

Additionally, a 2008 report by the Texas Department of State Health Services (TDSHS) indicated that children living in poverty and from a racial or ethnic minority group commonly experience worse dental health outcomes and generally fewer dental visits compared to their high socioeconomic and non-minority status peers.

¹ 2008 CMS 416 Report

Early Prenatal Care

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

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	90	86.6	80.9	85.4	84.3	73.7	73.2	71	71.1	73.7	72.5
COOKE	84.5	81.6	85.3	88.7	84.9	62.2	57.7	55.2	50.3	54.1	54
DENTON	87.2	87	85.6	87.7	86.4	72.2	68.3	67.2	64.9	66.8	67
FANNIN	86.4	79.6	80.2	75.9	77.8	59.1	58.1	57.6	55.5	53.7	51.9
GRAYSON	82.9	85.3	86.9	84.6	86.2	62.2	57.3	55.5	55.7	52.8	57.9

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

The initial weeks following conception are critical for fetal development, making early prenatal care crucial to the health of pregnant women and their babies. Inadequate prenatal care can lead to adverse pregnancy outcomes, such as low birthweight, preterm birth, and infant mortality. Typical prenatal care consists of counseling about diet, smoking cessation, drug avoidance and the treatment of health complications.

Survey shows 59% of Texas deliveries are paid by Medicaid.

Texas is one of 41 states participating in the Pregnancy Risk Assessment Monitoring System (PRAMS), which is a

Centers for Disease Control and Prevention (CDC)-sponsored initiative to reduce adverse pregnancy outcomes. PRAMS is an ongoing, state-specific surveillance system designed to monitor maternal experiences before, during and after pregnancy.

According to the Texas PRAMS survey, from 2002-2010, 46 percent of pregnant women reported that their pregnancy was unintended, 48 percent reported no health insurance prior to pregnancy and 59 percent reported that Medicaid paid for delivery.

For Texas statewide, PRAMS demonstrates significant disparities among minority populations. For example, non-Hispanic Black women and Hispanic women had a 50 percent

and 30 percent higher prevalence, respectively, of obesity. They also had a 20 percent higher prevalence of overweight, physical inactivity and not taking daily multi-vitamins. Mothers reporting Medicaid-paid deliveries or no health insurance prior to pregnancy experienced higher rates of anemia, obesity, physical inactivity and not taking daily multi-vitamins.

Although varying levels of prenatal care are available through Medicaid, CHIP and Title V, prenatal care declined across the five counties since changes to official birth certificates altered reporting standards in 2005, accounting for the drop from 2004 to 2005. However, prenatal care numbers have stabilized somewhat over the past two years.

Infant Mortality

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

		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	Number	30	36	26	32	33	37	35	42	58	46	48
	Rate	3.5	3.8	4.1	4.8	5.1	5.3	4.6	3.8	5.2	4.3	4.5
COOKE	Number	6	2	1	2	1	3	1	4	7	3	2
	Rate	12	9.7	1.9	11.6	3.7	10.6	3.3	6.6	12.9	5.7	3.9
DENTON	Number	30	25	23	36	39	27	34	41	41	40	45
	Rate	4	4.6	4.7	5.9	5.7	4.4	5	4.4	4.4	4.3	5
FANNIN	Number	1	1	1	2	2	0	3	1	3	2	1
	Rate	2.9	5.9	2.8	5.5	7.3	0	7.1	2.4	7.4	5.2	2.9
GRAYSON	Number	8	6	5	3	6	3	3	9	9	6	8
	Rate	5.2	10	5.2	5.7	4.2	3.2	4.5	5.6	5.7	3.9	5.3

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

Infant mortality is the death of any live-born infant within the first year of life. This is an important measure of overall community health, as high infant mortality rates indicate inadequate maternal and prenatal health, infant malnutrition or poor access to healthcare.

In the United States, infant mortality rates have declined greatly over the past 40 years, from about 20 infant deaths per 1,000 live births in 1970 to fewer than 6 infant deaths per 1,000 births in 2007.

Across the five counties, rates have remained fairly stable. Rates in rural counties may experience greater fluctuation because within smaller

populations, relatively small year-to-year changes can greatly affect the rates.

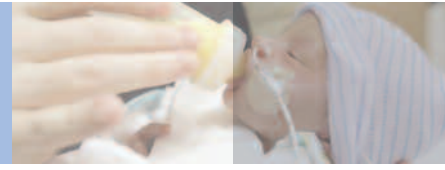
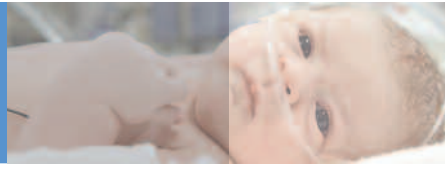
In Denton, Collin and Grayson counties, rates have remained near or below 5 infant deaths per 1,000 births for the past five years. According to the Centers for Disease Control and Prevention, the infant mortality rates in the U.S. were at 6.75 per 1,000 live births in 2007, placing the five counties consistently at or below the national rate.

The greatest disparities occur among racial and ethnic groups. According to the Kaiser Family Foundation, from 2005 to 2007, the infant mortality rate for non-Hispanic Blacks in Texas

was 12.3 per 1,000 births, compared to 5.7 for non-Hispanic Whites and 5.6 for Hispanics.

Infant mortality rates for African-Americans in Texas are more than twice what they are for Hispanics and Caucasians.

For 2010, the most recent year of available data, all five counties reported rates below the Healthy People 2020 goal of 6.0 infant deaths per 1,000 births. Still, there remains considerable room for improvement with regards to overcoming racial disparities in infant mortality.



Premature Births

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

		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	Number	764	860	909	1,052	1,328	1,420	1,474	1,422	1,364	1,242	1241
	Percent	9.9	10.1	10.1	11.0	13.4	13.9	13.7	12.9	12.4	11.8	11.8
COOKE	Number	54	67	72	65	76	66	78	67	63	64	49
	Percent	11.3	13.5	14.2	12.8	14.1	11.8	14.0	12.2	12.5	13.0	10
DENTON	Number	701	697	798	835	1,138	1,138	1,174	1,083	1,033	989	956
	Percent	10.1	9.4	10.3	10.1	13.6	12.9	12.7	11.7	11.2	10.9	10.8
FANNIN	Number	24	27	38	42	68	47	58	47	47	53	37
	Percent	7.3	8.2	11.1	11.9	17.3	12.0	13.8	11.4	11.8	13.9	10.9
GRAYSON	Number	130	189	132	155	217	220	197	179	180	212	192
	Percent	8.9	12.5	8.9	10.2	13.7	14.1	12.7	11.3	11.6	14.2	13

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

In the larger suburban counties, Collin and Denton, premature births have decreased since 2005. But as with many other indicators, a sparser population causes inconsistent fluctuations in the more rural counties of Cooke and Fannin. Despite improvement, all five counties fall far short of the March of Dimes' 2020 goal of 9.6 percent.

As a whole, the United States has higher rates of premature birth than many Western European nations. This is largely because of relatively high rates of adolescent pregnancy, coupled with an increase in older

mothers, particularly through in-vitro fertilization. Moreover, many American women of childbearing age have other risk factors for premature birth, such as obesity, diabetes, high blood pressure or smoking.

All five counties' premature birth rates are higher than the March of Dimes' 2020 goal of 9.6%.

According to Stephanie Goodman of the Texas Health and Human Services Commission, healthcare costs for a premature baby can be 18 times

greater than that of a child born full-term. To combat those costs, Texas Medicaid has implemented a new policy not to cover births when mothers or doctors choose elective induction.

Additionally, in July 2012 the Texas Health and Human Services Commission began a program to establish a 24-hour hotline for women at risk of a premature delivery, in order to advise them on how to take care of themselves during pregnancy. The Commission hopes that the program will save \$32.5 million within two years of implementation.

Low-Birthweight Babies

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

		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	Number	601	691	695	794	791	804	830	840	868	812	843
	Percent	6.9	7.3	7.3	7.8	7.6	7.7	7.7	7.6	7.9	7.6	8.0
COOKE	Number	37	47	47	38	44	38	56	52	43	44	32
	Percent	7.4	9.2	9.0	7.4	8.1	6.7	9.2	8.6	7.9	8.3	6.3
DENTON	Number	498	538	575	591	632	634	705	641	693	662	622
	Percent	6.7	6.8	6.9	6.9	7.1	7.0	7.5	6.8	7.4	7.2	6.9
FANNIN	Number	19	17	29	33	41	26	30	33	27	34	24
	Percent	5.4	5.0	8.3	9.1	10.0	6.5	7.1	8.0	6.7	8.8	7.0
GRAYSON	Number	96	125	95	120	146	111	107	134	112	136	113
	Percent	6.2	7.8	6.2	7.6	8.8	7.0	6.9	8.4	7.0	8.8	7.4

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

According to the Texas Department of State Health Services, the average birthweight after a normal, full-term pregnancy is 7½ pounds (3400g). A baby is considered low-birthweight if he or she is born less than 5½ pounds (2500 grams), and very low birthweight if less than 3 pounds and 4 ounces (1500 grams). Low birthweight babies include both those born pre-term and those who are born at full term but undersized.

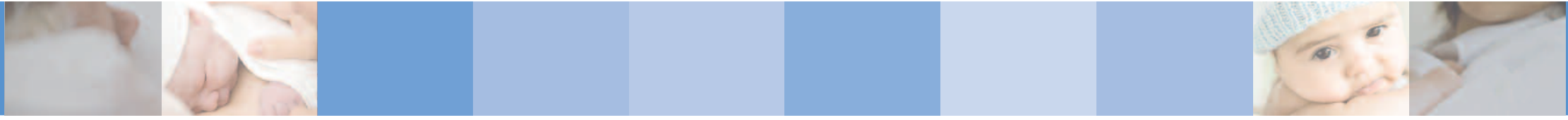
Birthweight is the single greatest contributing factor to death among newborns and a significant determining factor in infant mortality overall.

Low birthweight is also associated with a number of long-term disabilities such as cerebral palsy, mental retardation, vision and hearing impairments and other developmental disabilities. Risk factors associated with low birthweight include maternal smoking, poor maternal nutrition, maternal stress, and violence against the pregnant mother.

All five counties outperform the national level of 8.2 percent low birthweight babies.

Like other birth-related indicators, low birthweight is characterized by significant racial disparities. Nationwide, 13.5 percent of non-Hispanic Black infants were low birthweight, compared with 7.1 percent for White infants and 7 percent for Hispanic infants.

In the North Texas Corridor, there has been a clear upward trend in low-birthweight babies, especially in Collin and Denton counties. Despite this uptick, all five counties outperform the nationwide trend, which has remained stable at 8.2 percent for multiple years.



Infants Breastfeeding at 6 Months of Age

Percent of 6-month-olds receiving any human milk

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TEXAS TOTAL	30	NA	36.5	37.5	35.5	37.3	43.8	48.7	43.6	42.2	50.7

Data Sources: Centers for Disease Control, Breastfeeding Report Card (<http://www.cdc.gov/breastfeeding/>)

The Centers for Disease Control and Prevention (CDC) publishes a “Breastfeeding Report Card” annually. In the 2012 issue, the CDC reports that breastfeeding in the United States is on the rise, with increases in breastfeeding initiation being the largest single-year increase over the prior 10 years.¹ The CDC shows that in 2012, 50.7 percent of Texas infants are breastfed at the age of 6 months.

In 2012, 50.7 percent of Texas infants are breastfed at the age of 6 months.

This increase is perfectly congruent with Healthy People 2020 Breastfeeding objectives for 60.6 percent at 6 months and 34.1 percent at 12 months. The State of Texas has shown an upward trend in breastfeeding since 2005, with the largest increase between 2011 and 2012. Perhaps of even greater interest is that the percentage of children being breastfed at 6 months has almost doubled over the last decade.

According to the American Academy of Pediatrics, new infants should be breastfed exclusively for the first 6

months of life, and nursing should continue through at least the first 12 months, even as the child becomes acquainted to additional foods.²

The World Health Organization recommends breastfeeding for up to two years after birth. Breastfeeding provides the optimal nutrients to a child and is an important first step for supporting ideal development and growth.

¹ Centers for Disease Control (2012). Breastfeeding Report Card, August 2012.
² American Academy of Pediatrics Policy Statement (2012). Breastfeeding and the Use of Human Milk. *Pediatrics*, 129:e827 – e841.

Adolescent Pregnancy

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

		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	Number	196	225	193	201	230	198	218	238	230	217	207
	Rate	11.8	12.1	9.7	9.4	10.0	8.0	8.1	8.3	7.6	6.9	7
COOKE	Number	37	28	26	40	33	37	45	46	30	31	21
	Rate	25.9	19.7	17.7	26.7	21.9	24.9	30.6	32.5	22	23	16.1
DENTON	Number	195	251	225	252	240	250	267	250	278	250	237
	Rate	13.1	15.6	13.4	14.4	13.2	13.2	13.6	12.4	13.5	11.9	10
FANNIN	Number	22	29	22	23	22	26	24	26	26	15	16
	Rate	21.3	27.0	19.9	20.1	18.4	21.4	19.9	21.8	22	12.9	15.5
GRAYSON	Number	112	92	101	99	92	96	81	101	99	89	83
	Rate	27.4	22.8	24.5	23.6	21.8	22.9	19.5	25.0	25.7	23.9	21.1

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

According to data from the Texas Department of State Health Services (TDSHS), adolescent pregnancy has largely been on the decline over the past decade, particularly since 2007.

In 2010, all five counties in the North Texas Corridor reported rates lower than the 21.4 births per 1,000 young women aged 13-17 reported by TDSHS for the state as whole. The downward trend correlates with national data that show a 12 percent drop in the birth rate for young women aged 15-17.

The reasons for the decline are not entirely clear, but nationally it appears that teens are waiting longer

to have sex and, when they do become sexually active, they are using reliable birth control.

In 2010, the teen pregnancy rate in Texas was among the worst in the U.S.: 52.2 births per 1,000 women aged 15-19.

According to data collected from 2006 to 2010 for the National Survey of Family Growth (NSFG), 57 percent of females aged 15-19 had never had sex, and 73 percent of those 15-17 had reported never having sex. Additionally, nearly 60 percent of those who engaged in sexual intercourse reported using a highly effective method of con-

traception, such as the birth-control pill, injections or IUDs.

Although adolescent pregnancy rates are dropping across the state, data from the Centers for Disease Control and Prevention (CDC) paint a somewhat less favorable picture. While the state of Texas reports adolescent pregnancy among women aged 13-17, the CDC reports for women aged 15-19, and the difference is substantial.

According to CDC data, in 2010, the teen pregnancy rate in Texas was 52.2 births per 1,000 women aged 15-19 -- a significant improvement from 61.7 in 2007, but still among the worst in the nation.

Full Immunizations at Age 2

Percent of 2-year-olds vaccinated against vaccine-preventable diseases on the 4:3:1 schedule and at the appropriate age

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
COLLIN	NA	NA	NA	NA	NA	83	84	71.3	69	77	65
COOKE	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DENTON	NA	NA	NA	NA	NA	NA	NA	76.6	NA	NA	NA
FANNIN	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
GRAYSON	NA	NA	NA	NA	NA	NA	NA	70.5	NA	NA	NA
TEXAS TOTAL	74.9	71.3	78.1	75.4	81.5	79.5	82.8	79.6	69.9	74.9	NA

Data Sources: Centers for Disease Control and Prevention (MMWR_2010); National Immunization Survey; Department of State Health Services; Collin County Health Department. (more) 2000-2010 State Data, <http://www.cdc.gov/vaccines/stats-surv/immz-coverage.htm#chart> 2006-2007 Collin County Data comes from Collin County Health Department. 2008 County specific information comes from DSHS Texas County Retrospective Immunization School Survey (TCRISS)

The Centers for Disease Control and Prevention (CDC) publishes recommended immunization schedules for children. Children up to the age of 35 months should be vaccinated for a variety of illnesses and diseases including rotavirus, measles, mumps and diphtheria, among others. National Immunization Survey Data for 2011 indicated that almost 80 percent of children in the United States and 71 percent of children in Texas are vaccinated on the 4:3:1¹ schedule.

One major initiative to increase vaccination coverage in Texas is the Texas Immunization Registry called ImmTrac. ImmTrac is a free service that tracks immunization data over the course of a registrant's lifetime.

The registry is secure and confidential and consolidates immunization data from a variety of sources, accessible only to those authorized by law.

Although participation is voluntary, ImmTrac can be a valuable tool for healthcare in Texas, especially for children, as it can be a useful data source for setting local policy priorities and strategy.

The rates of immunization in Texas peaked in 2007 at almost 83 percent, but was as low as 69.5 percent of children in 2000 and just above 71 percent in 2011. The average rate for Texas is just above 75 percent for 2000 to 2011, indicating that the proportion of children being immunized is in decline.

Media coverage of the now-discredited link between early childhood vaccination and autism-spectrum disorders may be one explanation; the growth of home schooling might well be another. The State of Texas, through the Texas Department of Health and Human Services (DHHS), Immunization

Branch, mandates immunization for all students attending a public or private elementary or secondary school or a child-care facility.

Immunization rate for Texas is in decline at just above 75 percent.

The CDC emphasizes that the United States has the "safest [and] most effective vaccine supply in history" and that certain myths regarding the risk of vaccination, such as a link between vaccination and autism-spectrum disorders or sudden infant death syndrome, should be disregarded.

¹ The 4:3:1 series for children aged 2 years included 4 doses of combined diphtheria/tetanus/pertussis, 3 doses of poliovirus, and one dose of combined measles/mumps/rubella. Currently, the most commonly reported vaccination schedule is 4:3:1:3:3, which is the same as 4:3:1 plus 3 doses of Haemophilus influenzae type B and 3 doses of Hepatitis B.

Children with Developmental Disabilities

Estimated number of children with developmental disabilities

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	4,579	4,728	4,878	5,017	5,144	5,265	5,368	5,456	5,524	5,582	7,449
COOKE	314	308	306	305	304	303	303	302	302	302	335
DENTON	3,874	3,973	4,081	4,184	4,290	4,397	4,496	4,589	4,678	4,765	6,190
FANNIN	230	230	231	231	233	234	235	236	236	236	256
GRAYSON	884	879	878	877	875	874	876	877	877	874	1007

Data Sources: U.S. Census Bureau, Children's ABC 2010.

The estimated number of children with developmental disabilities increased by 49 percent in Collin County and by 48 percent in Denton County between 2004 and 2011. A contributing factor for the sharp increase in the five-county area is the population growth experienced over the same time period.

Childhood developmental disabilities include diagnoses such as attention deficit and hyperactivity disorder (ADHD), autism, intellectual disability,

As the population increased in the five counties, so did the estimated number of children with developmental disabilities.

cerebral palsy, seizures, stuttering, hearing loss, blindness and learning disorders.

Children with developmental disabilities require more general care as well as a coordinated effort by parents or

guardians, social workers, healthcare providers, teachers and others to integrate them into the community.

Recent research suggests an increase in the incidence of developmental disabilities¹ with particularly large increases in autism and ADHD. Males are more likely than females to have a disability, and children of low socioeconomic status are at greater risk for certain disabilities.

¹ Boyle, CA et al (2011). Trend in the prevalence of developmental disabilities in US children, 1997 - 2008. *Pediatrics*, 127(6):1034-1042.

Children Receiving Services for Special Healthcare Needs

Number of children who receive services through the State's Children with Special Healthcare Needs Services Program

		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	Clients Served	48	26	17	26	35	32	39	39	38	32	24
	Waiting List	0	15	20	14	22	33	37	22	14	22	31
COOKE	Clients Served	2	3	1	0	0	0	0	0	1	1	1
	Waiting List	0	0	0	0	0	1	1	0	1	3	3
DENTON	Clients Served	30	21	15	28	28	30	36	36	36	30	27
	Waiting List	0	8	15	7	22	25	26	13	11	13	13
FANNIN	Clients Served	3	0	0	2	4	5	6	2	1	0	0
	Waiting List	0	2	2	1	1	1	1	1	1	1	0
GRAYSON	Clients Served	15	8	9	8	8	7	7	6	7	4	3
	Waiting List	0	3	6	4	4	2	2	1	1	7	3

Data Source: Texas Department of State Health Services.

The mission of the Children with Special Healthcare Needs (CSHCN) Program of the Texas Department of State Health Services is to “support family-centered, community-based strategies for improving the quality of life for children with special healthcare needs and their families.”

More children are in need of special healthcare services, but fewer are being provided the services.

Generally, the demand for services from the CSHCN program far exceeds capacity. The data shown for the five-county North Texas Corridor area indicates “wait-listing” for services for at least one year.

Additionally, the actual number of children served by the CSHCN has generally declined, indicating an interesting disparity between need and provision. More children are in need of special healthcare services, but fewer are being provided the services.

To be eligible for the program, a child must reside in Texas, be under the age of 21, come from a household at or below a certain income level and have a medical problem that is expected to: 1) persist for 12 months; 2) limit one or more major life activities; 3) require more healthcare than typical; and 4) have physical symptoms (CSHCN does not extend services to children with only mental, emotional or behavioral problems or a developmental delay). Eligible children can obtain assistance with

medical, dental, and mental healthcare, prescription medication, individualized therapy and insurance premiums, among other things.

According to data from the 2007 National Survey of Children's Health,¹ children with special healthcare needs in Texas have more difficulty obtaining a specialist's care when needed compared with children that do not have special healthcare needs, and also when compared nationally. Moreover, in Texas these children also were more likely to have inadequate health insurance and had repeated at least one grade in school, compared to children who did not have special healthcare needs.

¹ See <http://www.childhealthdata.org/browse/snapshots/nsch-profiles/cshcn-in-context?geo=45>

Overweight or Obese Children/Teens

Percent of Texas high school students who were overweight and obese

	2001	2003	2005	2007	2009	2011
TEXAS	29	30.3	28.9	31.5	29.2	31.6

Data Sources: Childrens Beyond ABC 2010; Youth Risk Behavior Surveillance System.

For the five-county area in 2011, the greatest percentage of children surveyed in Texas,¹ 31.6 percent, were identified as overweight or obese when compared to prior years.

In children, the definition for being classified as overweight is having a Body Mass Index (BMI) greater than or equal to the 85th percentile of all children, but less than or equal to the 95th percentile for age and gender. Obesity refers to having a BMI greater than the 95th percentile.

According to the Texas Department of State Health Services' Center for Health Statistics (TDSHS), 32 percent of Texas high school students were overweight or obese in 2007. Additionally, 21.3 percent of low-income children aged 2 to 5 years old (who were enrolled in the State's Women and Children (WIC)

Supplemental Nutrition Program in 2007) were overweight or obese, with the highest rates among Hispanics.

31.6% of children were identified as overweight or obese.

Being overweight or obese can result in a condition called pre-diabetes and creates a greater likelihood of risk factors for hypertension, sleep apnea and cardiovascular disease, as well as bone and joint problems. Obese and overweight children also are at greater risk for being stigmatized in school, which can have a negative impact on their self-esteem.

According to the Centers for Disease Control, the problem of obesity begins in childhood. In the United

States, the rate of obesity among children aged 6 to 11 years of age tripled between 1980 and 2008.² Being overweight or obese is preventable, as it results from an imbalance between the number of calories expended and the number of calories consumed.

In 2011, a report for the Children's Hospital Association of Texas recommended a rigorous three-point strategy to address childhood obesity: 1) emphasize “away-from-school food” that is healthy and balanced; 2) promote physical activity, especially while in school; 3) recognize and capitalize on community involvement, which can include educating families and increasing access to fresh produce in grocery stores.

¹ The Youth Risk Behavior Surveillance System or YRBSS.

² U.S. Centers for disease Control and Prevention (2011). Health Topic: Childhood Obesity. Retrieved from <http://www.cdc.gov/healthyouth/obesity/facts.htm>.

Juvenile Diabetes

Estimated number of children under age 20 diagnosed with or having juvenile diabetes

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	396	409	422	434	445	456	465	472	478	630	645
COOKE	27	26	26	26	26	26	26	26	26	28	29
DENTON	335	344	353	362	371	381	389	397	405	524	536
FANNIN	19	19	19	20	20	20	20	20	20	21	22
GRAYSON	76	76	76	76	75	75	75	76	75	85	87

Data Sources: American Diabetes Association; U.S. Bureau of the Census.

The American Diabetes Association (www.diabetes.org) estimates the U.S. prevalence for individuals under the age of 20 at 0.26 percent, meaning that about one in every 400 children has diabetes. Males and minorities are at the greatest risk for being diagnosed as diabetic.

The research division of the Juvenile Diabetes Research Foundation reports that the incidence of diabetes in children has increased exponentially over the last three decades in the United States. Type 2 diabetes, a form previously seen mostly in adults, also is emerging earlier in life, mostly due to

the increasing incidence of overweight and obesity in children and teens.

Type 1 diabetes (juvenile or insulin-dependent diabetes) is a disorder of the body's immune system in which the body has difficulty manufacturing insulin and regulating blood sugar. Living with juvenile diabetes means making healthy lifestyle changes to accommodate the management of the disease, including the monitoring of blood-sugar levels, dietary discipline and scheduling of regular medical check-ups. Unchecked diabetes may lead to kidney failure, blindness and loss of limbs.

In 2011, an estimated 1,319 young people in the five counties had diabetes.

Additionally, a child with diabetes must be particularly mindful of the challenges inherent in attending school. The American Diabetes Association has published a document called "Safe at School: Safety and Fairness for Children with Diabetes," which is available on the association's website. It provides valuable insight and information for parents and children on the best approaches to addressing and facing those challenges.

Suicide

Number of intentional deaths by suicide and other self-inflicted injury among 10- to 19-year-old children

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	3	0	4	4	3	2	5	9	2	5	7
COOKE	0	0	0	0	0	0	0	0	1	2	0
DENTON	3	1	3	1	4	6	0	2	3	2	5
FANNIN	1	0	0	0	0	0	0	0	1	1	0
GRAYSON	1	0	0	2	3	0	1	2	1	1	3

Data Sources: Texas Department of State Health Services, Center for Health Statistics (NOTE: 2011 data are provisional).

The North Texas Corridor shows an increase in the number of suicides for Collin, Denton, and Grayson counties between 2010 and 2011, but a decline for Cooke and Fannin counties for the same period. Over the past decade, the total five-county area had the fewest suicides in 2002 (1) and the most in 2011 (15). The average number of suicides between 2002 and 2011 is 8.6 for the five-county area.

According to the Centers for Disease Control and Prevention (CDC), 60 percent of high-school students nationwide say they have thought about suicide, and 9 percent report having attempted suicide at least once. The CDC adds that the proportion of youth who attempted suicide escalated from 6.3 percent in 2009 to almost 8 percent in 2011. In fact, for young people aged 10 to 24, suicide is the third leading cause of death nationally and accounts for 13 percent of deaths in that age group.

Fifteen young people committed suicide in the five counties in 2011, the highest number in a decade.

Suicide is the tenth leading cause of death of Texans overall, and it is the second leading cause of death for 15- to 19-year-olds in Texas. In fact, a study by Texas Mental Health America reports that Texas youth have the highest suicide risk rate in the nation. Suicide attempts are the most common reason for adolescent psychiatric emergency-room visits, according to the Neurobehavioral Research Laboratory and Clinic (NRLC) in San Antonio.

More males than females "complete" their suicide attempts, and they tend to use more violent means to do so. However, females attempt suicide at a higher rate than males. According to the NRLC, "Teenage Hispanic girls have the highest rates of all groups

of suicide attempters, and Texas has more reported attempts for this group than those reported nationally."

There are a multitude of risk factors associated with teen and youth suicide, including prior attempts, psychological disorders, abuse, aggression, impulsivity and bullying, among others.¹ Cyber-bullying has also recently been implicated as a cause of suicide and is generally defined as "willful and repeated harm inflicted through the means of social networking, internet, computers, cell phones and/or other electronic devices."² Youth suicide should remain a concern for policymakers and advocates, especially as technology becomes more integrated into daily life.

¹ See <http://teens.webmd.com/preventing-teen-suicide> for a comprehensive list of suicide risk factors among teens and youth.

² See www.cyberbullying.us for more information

Asthma

Estimated number of children who have had asthma during their lifetime

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	15,873	16,391	16,911	17,392	17,833	18,253	18,607	18,915	19,150	19,352	25,823
COOKE	1,087	1,069	1,061	1,056	1,054	1,050	1,049	1,047	1,045	1,046	1,164
DENTON	13,431	13,775	14,149	14,504	14,873	15,242	15,585	15,908	16,219	16,519	21,461
FANNIN	799	798	800	802	808	810	814	819	819	820	890
GRAYSON	3,066	3,048	3,042	3,040	3,035	3,030	3,038	3,040	3,040	3,030	3,493

Data Sources: Texas Department of State Health Services; American Lung Association; Children's Beyond ABC 2010.

In their 2012 “State of the Air” report, the American Lung Association (ALA) gave Collin and Denton counties a grade of “F” due to the high number of ozone days between 2008 and 2010. Unhealthy levels of ozone and particle pollution in urban areas can exacerbate the symptoms associated with asthma, which in turn can have a serious and substantial impact on the healthcare system. There are more than 50,000 children in the North Texas Corridor estimated to have asthma, based on population and prevalence rate.

This represents a substantial economic impact on healthcare, especially in counties where access is limited or where children are uninsured or under-

insured. Asthma can generally be managed effectively and inexpensively in most primary-care settings.

The National Institutes of Health (NIH) estimates that 9 million children in the United States have asthma. Asthma is considered one of the most chronic disorders in childhood and is the third leading cause of hospitalizations among children under the age of 15. The Texas Department of State Health Services reports the highest age-specific hospitalization rate for asthma is among children aged 0 to 4 years.

The ALA defines asthma as a chronic inflammation of the airways. Various environmental stimuli — allergies,

dust, pollution, certain foods, temperature changes, cigarette smoke and even exercise — can trigger the airways to become obstructed due to inflammation.

More than 50,000 children in the North Texas Corridor are estimated to have asthma.

Asthma is a leading cause of school absenteeism, accounting for approximately 14.4 million lost school days in 2008. In 2005, about 680,000 emergency room visits for patients under age 15 in the U.S. were attributed to asthma. Asthma also may be life-threatening. In 2007, 152 children in the U.S. died due to asthma.

Air Quality

Yearly summary of hourly ozone data collected by Continuous Ambient Monitoring Stations (CAMS)

		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	Max	115	113	118	113	117	114	118	110	109	107	112
	Mean	32	31	31	30	34	35	31	33	32	32	35
DENTON	Max	122	133	117	118	122	118	139	108	113	94	114
	Mean	28	28	29	27	30	32	27	28	29	28	32

Data Source: www.tceq.texas.gov/cgi-bin/compliance/monops/yearly_summary.pl

The University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation published “County Health Rankings” for all 50 states. The rankings were based on a number of measures including adult smoking rates, graduation rates, and air pollution (number of particulate-matter days and ozone days).

The American Lung Association gave a grade of “F” to both Collin and Denton counties for their high-ozone days.

Of particular interest is that when comparing counties on physical environment factors alone (air pollution, access to recreational facilities, limited access to health foods and fast-food

restaurants), Collin County is ranked 199th, Cooke 45th, Denton 212th, Fannin 111th and Grayson 169th among 221 ranked counties in Texas.¹

The North Texas Corridor has two Continuous Ambient Monitoring Stations (CAMS), one in Frisco and one at the Denton County airport. Although maximum values for the year are within threshold for increased risk for sensitive populations, there has been a slight downward trend. Yearly averages have remained generally steady with only a slight upward trend. However, in its 2012 “State of the Air” report, the American Lung Association gave a grade of “F” to both Collin and Denton counties because of the number of days with unhealthy air in their urbanized areas.

According to the Environmental Protection Agency (EPA), the Clean Air

Acts Amendments of 1990 significantly increased the role of the federal government in regard to pollution standards by expanding its authority and responsibility. In a prospective study from March 2011, the EPA examined the impact of the Clean Air Act from 1990 to 2020. According to the report, the benefits from the implementation of the Amendments are disproportionately greater than the costs.

One of the greatest benefits comes from improved health due to emissions control programs that reduce air pollution. The report estimates that over 200,000 deaths will be prevented due to the implementation of Clean Air Act Amendments.

¹ See <http://www.med.wisc.edu/news-events/population-health-institute-ranks-the-health-of-every-county-in-the-nation/31027> for more information.

Food-Based Allergies

Estimated number of children with food allergies

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	12,210	12,608	13,008	13,378	13,718	14,040	14,313	14,549	14,730	19,403	19,864
COOKE	836	822	816	812	810	807	807	805	804	875	895
DENTON	10,331	10,595	10,883	11,156	11,440	11,724	11,988	12,237	12,475	16,126	16,509
FANNIN	614	613	615	616	621	623	626	630	630	668	684
GRAYSON	2,358	2,344	2,340	2,338	2,334	2,331	2,337	2,338	2,338	2,624	2,687

Data Sources: Children's Beyond ABC 2010; The Centers for Disease Control & Prevention; Food Allergy Initiative.

The Food Allergy and Anaphylaxis Network (FAAN) reports that an estimated 6 million children have some kind of food allergy, and that young children are affected the most often. Additionally, the Centers for Disease Control and Prevention (CDC) estimate a tripling of the prevalence of peanut allergy among children between 1997 and 2008.

One in every 13 children in the United States has a food allergy.

Between 2004 and 2006, about 9,500 children under age 18 were discharged from a hospital with a food-allergy diagnosis. Children with a food allergy are two to four times more likely to have another health-related condition such as asthma. These statistics suggest a growing health concern relating to food allergies.

In September 2010, Children's opened the only academic-affiliated pediatric food allergy center in North Texas. The following year, Texas Senate Bill 27 was passed into law, requiring public school districts to adopt and administer policies for the protection and care of students with

food allergies and/or at risk for anaphylaxis by August 1, 2012.

The guidelines were established by the Texas Department of State Health Services and call for the identification of children with food allergies, the development and application of action plans, risk exposure reduction in school, staff training and post-anaphylaxis reaction review of policy and procedures. The most recent research has shown that one in every 13 children in the United States has a food allergy, or approximately two children in every classroom.

Sexually Transmitted Diseases (STDs) and Human Immunodeficiency Virus (HIV)

Number of cases in children younger than 20 years

		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	Syphilis	<3	0	<3	3	<3	4	<3	<3	6	7	5
	Chlamydia	270	300	297	351	372	374	447	562	633	669	745
	Gonorrhea	89	52	62	61	70	81	124	127	118	116	133
	HIV	<3	0	<3	<3	0	<3	<3	4	7	2	4
COOKE	Syphilis	<3	<3	0	0	0	0	0	0	0	0	0
	Chlamydia	33	44	23	29	35	29	33	23	31	47	31
	Gonorrhea	8	15	<3	7	14	8	10	5	7	5	5
	HIV	0	0	0	0	<3	0	0	0	0	0	0
DENTON	Syphilis	<3	<3	<3	<3	0	<3	<3	6	4	5	1
	Chlamydia	241	239	286	217	259	288	358	443	396	565	594
	Gonorrhea	72	62	56	<3	64	82	91	109	86	105	100
	HIV	<3	<3	<3	3	3	3	<3	3	3	2	9
FANNIN	Syphilis	0	0	0	0	0	0	0	0	<3	0	0
	Chlamydia	51	126	24	29	49	29	22	32	30	42	16
	Gonorrhea	11	53	8	7	22	10	7	12	5	3	2
	HIV	0	0	0	0	0	0	0	0	0	1	0
GRAYSON	Syphilis	0	0	<3	0	3	0	<3	0	<3	2	0
	Chlamydia	168	39	101	103	107	114	101	126	132	157	147
	Gonorrhea	47	17	55	25	37	51	27	34	26	29	15
	HIV	<3	0	<3	<3	<3	<3	<3	<3	<3	0	0

Data Sources: Texas Department of State Health Services; HIV/STD.

The North Texas Corridor showed a steady increase in the number of chlamydia cases, more than doubling between 2002 and 2011. Gonorrhea cases also increased, but not as dramatically, and actually declined in 2009 and 2011 when compared with the previous year.

Denton County also showed a sharp spike in HIV/AIDS, with 9 cases in 2011 representing the highest number of youth with HIV/AIDS over the past decade. There is substantial variability between individual counties and in incidence of sexually transmitted diseases across the years.

The Texas Department of State Health Services reported that between 2004 and 2011, in children under the age of 20, chlamydia cases increased at an average rate of 6 percent a year with a spike of almost 17 percent from 2006 to 2007. A similar trend is evident in gonorrhea cases for the same time period, with an average increase of almost 4 percent per year and a spike from 2005 to 2006.

Data collected by the Youth Risk Behavior Survey (YRBS) in 2011 indicates that almost 52 percent of teens have had sex at least once, and 7 percent indicate they had intercourse prior to the age of 13. Among students who

Denton County, with 9 cases in 2011, had the highest number of youth with HIV/AIDS over the past decade.

were sexually active, almost 46 percent reported not using a condom during their last intercourse.

Only 19 percent reported they had not been taught in school about HIV/AIDS. Yet almost 17 percent of all students, and 26.6 percent of high-school seniors, reported they had experienced sexual intercourse with four or more persons.

Emotional Disturbances and Addictive Disorders (including eating disorders)

Number of children under age 19 who have been diagnosed with a substance-abuse or mental-health disorder under MEDICAID or CHIP

		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	Mental Health					564	596	631	627	661	972	1085
	Substance Abuse	11	40	59	56	94	86	120	120	109	111	235
COOKE	Mental Health					40	34	31	25	32	35	52
	Substance Abuse	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
DENTON	Mental Health					484	499	493	476	419	475	530
	Substance Abuse	21	51	33	35	55	48	37	43	42	94	109
FANNIN	Mental Health					30	18	21	31	44	44	60
	Substance Abuse	<10	<10	<10	<10	14	12	13	15	18	<10	12
GRAYSON	Mental Health					83	92	75	67	87	73	85
	Substance Abuse	<10	12	14	24	24	24	33	25	33	20	22

Data Source: Texas Department of State Health Services.

In the five-county area in 2011, 1,812 children were diagnosed with a mental-health disorder under Medicaid or CHIP, representing a 13.3 increase from the prior year. However, the greatest number of diagnoses came in 2010, with almost a third more than in 2009. Additionally, substance-abuse diagnoses increased in 2011 by 68 percent from the prior year.

The number of substance-abuse diagnoses more than doubled in Collin County in a year, from 111 to 235.

Of particular interest may be the increase in substance-abuse diagnoses in Collin County from 2010 to 2011: The number more than doubled, from 111 to 235. At least one explanation may simply be the sub-

stantial increase in the youth population. Substance-abuse diagnoses under Medicaid and CHIP also may have lagged to some extent and were caught up with during 2011.

The National Dissemination Center for Children with Disabilities explains that mental disorders and emotional disturbances are umbrella terms for a broad spectrum of behavioral disorders that include anxiety disorders, eating disorders, conduct disorders and psychotic disorders, among others. Similarly, addictive disorders in children can represent a wide array of problems, including a substance-abuse disorder such as alcoholism, food addiction or even a gambling problem.¹

According to the National Alliance on Mental Illness (NAMI), approximately 12 percent of U.S. children aged 9 to

17 have a diagnosable mental-health problem or addictive disorder that causes at least some impairment in their function or day-to-day living. Moreover, even though the symptomatology for most disorders begin early in life, before age 14, there tend to be delays between the onset of symptoms and an official diagnosis and treatment.

Delays for seeking treatment can result in the exacerbation of symptoms as well as developing a co-occurring illness. NAMI estimates that only about 20 percent of children who have a mental disturbance or addictive disorder are identified and receive treatment and services.

¹ See Potenza, M. (2006). Should addictive disorders include non-substance-related conditions. *Addiction*, 101 (Suppl. 1): 142-151.

Prevalence of Children with Mental Illness

Number of children estimated to have a diagnosable mental illness

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	7,631	7,880	8,130	8,362	8,574	8,775	8,946	9,094	9,207	9,304	12,415
COOKE	523	514	510	508	507	505	505	503	503	503	559
DENTON	6,457	6,622	6,802	6,973	7,151	7,328	7,493	7,648	7,797	7,942	10,318
FANNIN	384	383	384	385	388	390	392	394	394	394	427
GRAYSON	1,474	1,466	1,463	1,462	1,459	1,457	1,461	1,462	1,462	1,457	1,679

Data Sources: U.S. Census Bureau, 2010 Beyond ABC.

In the North Texas Corridor in 2011, 25,398 children were estimated to have a diagnosable mental illness.

According to the National Alliance on Mental Illness (NAMI), “mental illness is a medical condition that disrupts a person’s thinking, feeling, mood, ability to relate to others, and daily functioning.”¹ Some of the mental illnesses included in this definition are depression, schizophrenia, bipolar disorder, post-traumatic stress disorder and obsessive-compulsive disorder. Such disorders can affect children from any background, of any race and of any socio-economic status. What is important is that mental illness is treatable.

Some mental-health resources suggest that diagnosing mental illness can be complicated and problematic.

The human brain continues to develop up until approximately age 25. As the brain develops, a young person also experiences a range of physical, mental, and emotional changes. These developmental changes are concomitant with learning to adapt to emerging situations and relating to other children and adults.

In the North Texas Corridor in 2011, 25,398 children were estimated to have a diagnosable mental illness.

Any diagnosis of a mental disorder should also consider the child’s functioning in familiar settings, such as within the home and family; at school; with peers; with adults, coaches, teachers, and mentors. A

child’s age and specific symptoms should also be considered.

Every diagnosable disorder has a unique prevalence rate. However, according to the National Institute of Mental Health (NIMH), the lifetime prevalence for any disorder of 13- to 18-year-olds is approximately 46.3 percent.² The Centers for Disease Control and Prevention (CDC) also estimates prevalence of mental illness. In the CDC’s National Health and Nutrition Examination Survey, the data indicate that approximately 13 percent of children aged 8 to 15 years had a diagnosable mental disorder within the prior year.

¹ See <http://www.nami.org/>
² See also Merikangas, KR, et al (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study-Adolescent Supplement. *Journal of the American Academy of Adolescent Psychiatry*, 49(10): 980-989.

Children Receiving Mental-Health Services

Children receiving publicly funded mental-health services through Northstar or Medicaid Managed Care

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	145	199	278	564	619	631	634	611	731	881	944
COOKE	43	29	45	51	39	31	32	33	51	36	NA
DENTON	468	608	666	632	652	560	559	559	533	576	NA
FANNIN	63	34	47	43	30	22	21	36	56	45	NA
GRAYSON	128	87	101	82	90	94	80	112	154	139	NA

Data Sources: Children's Beyond ABC 2010; Northstar; MHMR.

In Texas, the greatest challenge for obtaining mental-health services for children is getting access.

The Texas Department of State Health Services (TDSHS) is the proponent agency for mental-health services for children. TDSHS will serve Texas children aged 3 to 17 who have a mental-illness diagnosis and who exhibit a serious functional impairment; are at risk of disruption of a preferred living or child-care environment due to psychiatric symptoms; or are enrolled in a school system's special-education program due to a serious emotional disturbance.

Public mental-health services in the five-county area are distributed through NorthSTAR/Value Options for Collin County; a local mental-

health network in Denton County; and the Texoma Community Center for Grayson, Cooke and Fannin counties.

According to NorthSTAR, the number of children receiving services in Collin County increased by 50 percent between 2006 and 2011 (with a small decrease between 2007 and 2008). Inasmuch as the child population increased significantly in Collin County, it is difficult to speculate whether the increase in the number of children receiving services for a mental-health diagnosis is influenced by factors other than the marked increase in population.

According to the American Psychological Association (see www.apa.org), a child's mental health is interconnected with his or her

physical health, developmental progress, and general socialization. The APA also estimates that approximately 15 million of the nation's youth can be diagnosed with a mental-health disorder.

Although many more are at risk for having a diagnosable disorder, only about 7 percent will get the professional, clinical help they need. Additionally, the National Center for Children in Poverty report that "low-income children and youth...are disproportionately affected by mental health-challenges."

The number of children receiving services in Collin County increased by 50 percent between 2006 and 2011.

Child Mortality

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

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	76	62	96	102	86	84	91	100	81	89	105
COOKE	8	3	10	9	12	5	9	15	6	5	6
DENTON	72	73	89	80	78	87	80	75	84	82	64
FANNIN	10	5	7	9	5	6	3	7	8	3	5
GRAYSON	31	21	16	19	21	16	29	20	14	23	23

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

The number of children (ages 0 to 19) who died due to any cause in the North Texas Corridor has not trended with any consistency. Overall, numbers spiked in 2003 (218) and 2004 (219) but declined for the following two years.

There were 203 child deaths in the North Texas Corridor in 2011.

The year 2008 had the third-highest number of child deaths in the past decade, at 217. There were 203 child deaths in 2011. The average for the past decade is about 199 deaths for the five-county area.

The Centers for Disease Control and Prevention (CDC) report the national mortality rate for children ages 1 to 4 years at 26.1 (per 100,000) and the rate for ages 5 to 14 years at 13.9.¹ The CDC also report the leading cause of death for both age groups is accidents.

Congenital malformation, deformation and chromosomal abnormalities are also leading causes for children ages 1 to 4, and cancer is a leading cause for children ages 5 to 14.

According to the 2011 Annual Report by the Child Fatality Review Teams, 51.2 percent of all accidental deaths among children aged 0 to 17 were attributed to accidents in a motor vehicle or other transportation. Drowning was the second-leading cause of accidental death in children 1 to 14 years of age.

Accidental poisoning was relatively rare but was the second-leading cause of accidental death among adolescents aged 15 to 17 years. This bears mention because accidental poisoning includes "accidental poisoning by and exposure to narcotics and psychodysleptics" (e.g., cocaine, heroin, other opioids and LSD).²

In the State of Texas, most counties have a dedicated group of profes-

sionals called a Child Fatality Review Team (CFRT). Promulgated by statute, these teams:

- Provide assistance, direction and coordination of child death investigations;
- Promote cooperation, communication, and coordination among agencies involved in responding to child fatalities;
- Develop an understanding of the causes and incidence of child death in the county or geography in which the review team is located; and
- Advise the State Child Fatality Review Team Committee on changes to law policy or practice that will assist the team and represented agencies on local teams toward accomplishment of their duties.

¹ Kochanek et al (2009). Deaths: Final Data for 2009. *National Vital Statistics Reports*, 60(3).
² Child Fatality Review Team Annual Report (2011).

Alcohol-Related Deaths

Number of child deaths related to alcohol use

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	0	0	1	1	0	0	0	1	0	0	0
COOKE	0	0	0	0	0	0	0	0	0	0	0
DENTON	0	0	0	0	1	0	0	0	3	0	0
FANNIN	0	0	0	0	0	0	0	0	0	0	0
GRAYSON	2	0	0	0	0	0	0	0	1	0	0

Data Sources: Data provided by The Texas Department of State Health Services, Center for Health Statistics on 6/18/2012.

Since 2006, the North Texas Corridor has had five alcohol-related deaths of children and 43 alcohol-related motor vehicle deaths for individuals under the age of 21.

Between 2010 and 2011, both driver and non-driver fatalities are down, from 14 in 2010 to 3 in 2011. Trauma medicine and technology have evolved in such a way that the outcomes for motor-vehicle accidents, which may have been inevitably fatal 10 years ago, have improved significantly.

According to the Texas Alcoholic Beverage Commission (TABC), the prevalence of alcohol use among Texas youth exceeds the prevalence of use of any other substance, including marijuana.

Alcohol experimentation also begins at a younger age. In 2008, 23 percent of students in the 4th through 6th grades reported having ever consumed an alcoholic beverage, and 15 percent reported alcohol use within the prior year.

Since 2006, the North Texas Corridor has had 43 alcohol-related motor vehicle deaths for individuals under the age of 21.

Reported use escalates with age: Also in 2008, 63 percent of students in grades 7 through 12 reported ever having used alcohol, 30 percent reported consuming an alcoholic

beverage in the last month and 13 percent of those students reported binge drinking.

One of the most emblematic of all American “rites of passage” for youth is obtaining a driving license. For 2011, the Texas Department of Transportation reports 35 drivers under the age of 20 died due to driving under the influence of alcohol, down from 41 reported for 2010.

Although it is not known how many of the reported Texas fatalities were licensed drivers, the fact that young people are inexperienced drivers increases the risk for a driving-related accident and injury. The underage use of alcohol only exacerbates that risk.

Children Receiving Vision Care

Number of children receiving vision services through Medicaid or CHIP

	2008	2009	2010	2011
COLLIN	3,019	4,250	5,565	6,568
COOKE	486	611	641	768
DENTON	3,255	4,384	6,010	7,433
FANNIN	493	555	621	660
GRAYSON	1,669	1,889	2,374	2,413

Data Sources: Texas Health & Human Services Commission, Open Records Request, Custom Query.

The four years of data obtained from the Texas Health and Human Service Commission indicates that in the North Texas Corridor in 2011, there were 17,842 children under the age of 20 who received vision services through Medicaid or CHIP. Overall, between 2008 and 2011, participation has more than doubled for the five-county area. In fact, increases between 2 percent and 41 percent are seen between all years for each individual county.

In 2011, there were 17,842 children under the age of 20 who received vision services through Medicaid or CHIP.

On one hand, it seems that more children access the vision services provided by Medicaid and CHIP, meaning that there is a greater awareness of the accessibility to these services. On the other, greater use of these publicly funded services also indicates a greater need, reflecting the economic profile for these counties individual and the North Texas Corridor collectively.

The Texas Health and Safety Code mandates that any child enrolled for the first time in any private, public, parochial, or Texas Department of Family and Protective Services licensed childcare center or home in Texas must be screened or professionally examined for possible vision problems. A 2009 report by the National Commission on Vision and Health emphasizes the importance of vision screening, especially because undetected vision problems are associated with poor reading skills and poor grades.

A 2004 report by the Vision Council of America estimated that 25 percent of school-age children live with a correctable vision-related problem. Moreover, the prevalence rates for children and adolescents with blind-

ness and visual impairments did not change between 2002 and 2007, indicating that no improvements or progress had been made toward this important health imperative (see the 2010 Health People Progress Review).

A 2008 report entitled “Children’s Vision Care in the 21st Century and its Impact on Education, Education, Social Issues, and the Workplace” indicates that almost half of Texas children identified with vision problems did not receive suitable or adequate follow-up care. Uncorrected visual impairments in children can impede their academic progress as well as inhibit extracurricular activities such as sports. This can, in turn, lead to other developmental problems as well as a lack of confidence and a poor self-image.



economic security

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Children Living in Poverty

Percent of children in families with incomes below the federal poverty level

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	5.8	5.8	5.5	6.6	6.2	7.2	6.5	7.6	8	7.1	7.7
COOKE	19.5	19.6	17.9	19.3	19.7	21	22.1	20.6	18.7	19.9	19.9
DENTON	7.3	7.7	7.9	9.7	9.6	8.1	8.8	7.5	7.2	7.8	7.5
FANNIN	20.1	2.1	19.6	21.1	20.7	20.9	21.8	22.5	20.2	14.6	14.6
GRAYSON	17.2	17.4	17.6	19.5	19.3	18.6	20.2	18.3	18.8	19.7	16

Data Sources: Beyond ABC 2010; American Communities Survey (1-year estimates 2008, 2009, & 2010 for Collin, Denton, & Grayson). NOTE: Cooke & Fannin use 2010 3Y ACS.

American Community Survey estimates of the proportion of children living in poverty in the five counties contrast greatly by county population. (The 2012 federal poverty line is \$23,050 for a family of four.)

In Cooke County, one child out of every five lived in poverty in 2010.

For example, Collin and Denton County experienced surges in population growth over the last decade, but their proportion of children living in poverty has not spiked significantly. However, the smaller counties have experienced both increases (Cooke County, at 19.9 percent in 2010) and decreases (Fannin and Grayson County). As a

matter of fact, Fannin County experienced a notable decrease from 2008 to 2009. One possible explanation is that unemployed (but employable) residents may have left the county for an adjacent one with more opportunities for employment.

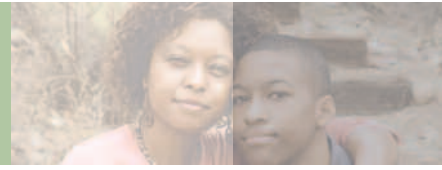
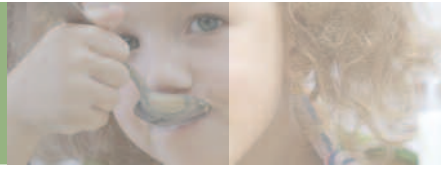
Cooke County’s child-poverty data has fluctuated over the past decade, but it has remained on the high side. Its highest point was 22.1 percent in 2006; its lowest was 17.9 in 2002.

According to a CBS/DFW-Channel 11 news story, a study conducted by the Corporation for Enterprise Development (CFED) indicated that more than one-fourth of Texas households have not adequately prepared in the event of a financial crisis.¹ Moreover, Texas ranks 41st in the nation when it comes to

personal financial security. The CFED conclusion underscores U.S. Census data indicating that approximately 18 percent of Texas residents live below the federal poverty standards and almost 26 percent of the State’s children live in poverty.

Of particular concern for Texas is a classification called the “working poor.” In a November 2011 report entitled “POVERTY 101,” the Center for Public Policy Priorities suggests that most households with children living in poverty are headed by an adult in the workforce. Despite the State’s large proportion of employed population, most are compensated a very low wage levels.

¹ Corporation for Enterprise Development. (2012). Assets and Opportunity Scorecard. www.scorecard.cfed.org.



Child Food Insecurity

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

For all five counties, the total number and proportion of food-insecure children decreased between 2009 and 2010. And, not unlike poverty rates, Collin and Denton County have proportionally fewer food-insecure children when compared with the smaller counties in the geography. Still, it is estimated that there were 40,130 such children in Collin County in 2010 and 33,440 in Denton County.

According to www.feedingamerica.org, food insecurity is defined as “the lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure children are those children living in households experiencing food insecurity.” Three prevailing measures of child food insecurity are found in the literature.¹ The figures provided are a measure of “children in food insecure households.”

		2009	2010
COLLIN	Number	43,120	40,130
	Percent	0.209	0.19
COOKE	Number	2,710	2,300
	Percent	0.27	0.239
DENTON	Number	36,120	33,440
	Percent	0.215	0.194
FANNIN	Number	2,080	1,840
	Percent	0.282	0.251
GRAYSON	Number	7,780	7,010
	Percent	0.268	0.245

Data Source: <http://www.feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>.

In 2010, 40,130 children in Collin County and 33,440 in Denton County were living in food-insecure households.

Feeding America provides estimates of the number and proportion of children who reside in a given geography who are food-insecure. The estimates are computed using a number of metrics associated with food insecurity as defined by the USDA. The metrics include poverty rates, unemployment

rates and income at the state level, as well as various demographic characteristics and a standardizing variable.

The standardizing variable used in these measures is population. The quantified relationships among these variables are then applied to the same variables at the county level. Two years of computations have been released, 2009 and 2010.

¹ See Coleman-Jensen, A., et al (2010). *Household Food Insecurity in the United States*. USDA ERS.

Children Living in Single-Parent Families

Number of children living in families headed by one parent in residence

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	20,907	22,968	16,687	26,340	28,604	30,113	29,976	33,477	36,280	34,687	39,176
COOKE	NA	NA	NA	NA	NA	NA	NA	NA	NA	2,174	2,174
DENTON	17,795	18,891	18,235	18,546	30,896	27,062	28,689	29,426	29,679	31,541	35,209
FANNIN	NA	NA	NA	NA	NA	NA	NA	NA	NA	1,483	1,483
GRAYSON	NA	NA	NA	NA	NA	6,349	7,564	6,350	7,758	10,480	8,248

Data Sources: U.S. Census American Communities Survey, 1Y Estimates (Collin, Denton, & Grayson 2008, 2009, & 2010); 2010 3Y Estimates (Cooke & Fannin).

In 2010, the U.S. Census/American Communities Survey determined that approximately 86,290 children in the five counties were living in single-parent homes. (One-year estimates were available for the three larger counties, three-year estimates for the two smaller counties.) As the North Texas population continues to grow, these five counties undoubtedly will have even larger numbers of children living in single-parent households.

In 2007, the U.S. Census Bureau released a report entitled “Custodial Mothers and Fathers and Their Child Support: 2007.” The report suggests

that approximately 13.7 million single parents reside in the United States. In fact, approximately 26 percent of all children under the age of 21 live in a single-parent household.

About 86,290 children in the five counties live in single-parent homes.

Most of these households, about 84 percent, are headed by a female. Forty-five percent of single mothers are divorced or separated, and 34 percent have never been married.

Research conducted by the Population Reference Bureau (see www.prb.org) in 2010 suggests that children raised in single-parent households face a variety of challenges when compared with two-parent households.

For example, children from one-parent households are more likely to be at an economic disadvantage, to drop out of school and to become teen parents. Low-income, single-parent households are at the greatest risk for negative outcomes, especially regarding access to regular healthcare.



Child Support: Court-Ordered Compliance

Percent of parents who paid any of their court-ordered child support

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	60	76	62	96	102	86	84	91	100	81	89	105
COOKE	10	8	3	10	9	12	5	9	15	6	5	6
DENTON	65	72	73	89	80	78	87	80	75	84	82	64
FANNIN	8	10	5	7	9	5	6	3	7	8	3	5
GRAYSON	19	31	21	16	19	21	16	29	20	14	23	23

Data Source: Texas Attorney General, Child Support Division.

The Texas Attorney General’s Office (OAG) is the agency entrusted with the responsibility of child support enforcement. The agency enforces the payment of child support at no cost to the custodial parent.

Since 2004, the OAG compliance rate has remained relatively stable at approximately 80 percent. Although not ideal, these compliance rates are considerably higher than the rates for the turn of the century. In fact, in 2000, the compliance rate was less than 50 percent. The current numbers, therefore, can be interpreted as a significant improvement.

The OAG promotes other services, including:

- Determination of paternity;
- Generating and enforcing child support orders;
- Generating and enforcing medical support orders; and
- Collecting and distributing child support payments

The stated mission of the Attorney General’s Child Support Division is to “obtain the financial support necessary for children to grow up and succeed in life.”

Since 2004, the OAG compliance rate has remained relatively stable at approximately 80 percent.

Children Receiving TANF

Average monthly number of children receiving basic and state program benefits under the Temporary Assistance to Needy Families (TANF) program

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	708	621	843	1180	975	858	679	630	544	502	532
COOKE	275	198	216	188	133	86	65	71	77	63	63
DENTON	627	647	726	940	735	646	453	313	296	249	314
FANNIN	261	248	304	252	183	142	93	77	83	95	85
GRAYSON	781	872	888	872	607	424	291	254	234	186	234

Data Sources: 2010 Beyond ABC Report; Texas Department of Health and Human Services as reported by KidsCount, Center for Public Policy Priorities.

The Temporary Assistance to Needy Families or TANF is a financial assistance program administered by the Texas Health and Human Services Commission (HHSC). The purpose of the program is to provide minimal financial assistance to children, parents and/or relatives. The cash payments can be used for anything including utility bills, transportation, housing, clothing and food. Payments are usually made for a period of 6 months but can be renewed for a maximum lifetime benefit of 60 months.

Since the 2003 peak of 3,432, the number of children on TANF has dropped to 1,228 in 2010.

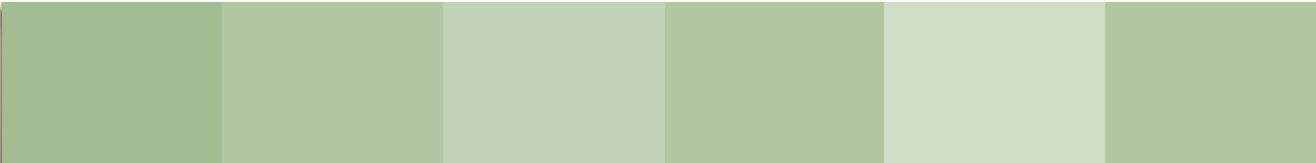
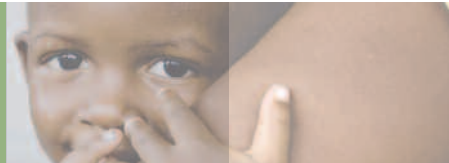
In the North Texas Corridor, the average monthly number of children receiving benefits under TANF generally has trended downward. Since the 2003 peak of 3,432, the total number of children on TANF dropped to 1,228 in 2010.

However, from 2009 to 2010, Collin, Denton and Grayson counties had increases, with Grayson and Denton having the sharpest increases at approximately 26 percent.

The year 2009 had the lowest level of participation overall. The average monthly participation increased by 12 percent for the five counties from 2009 to 2010, and 2010 had lower monthly average participation than 2008.

The recent lower average monthly participation for the five counties may seem like a positive trend, especially when compared with prior years. However, a guarded interpretation is warranted. The TANF program is inherently a temporary benefit, and the downward trend may actually reflect many participants having maxed out their 60 months of benefits.

Moreover, average participation subsumes new participants into the value for a given county and given year. Generally, overall participation is down, at about 36 percent of what it was in 2003. The reasons contributing to the decline in participation remain unclear.



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

Number of eligible infants, children and women who received services in local WIC program offices

The special supplemental nutrition program for women, infants, and children (WIC) is a state and federal collaborative nutrition program that aims to teach pregnant women, new mothers and young children about nutrition and how to stay healthy. The number of eligible WIC recipients is defined as the number of eligible infants, children and women who receive services in local WIC program offices.

Despite increases in population, the five-county area experienced overall declines in WIC program participation.

Total WIC participation in 2011 for Texas was 993,498, down from

	2007	2008	2009	2010	2011
COLLIN	8,467	9,612	10,769	11,422	11,117
COOKE	988	1,029	1,135	1,126	1,071
DENTON	9,535	9,926	12,101	12,906	12,389
FANNIN	938	1,000	1,036	1,080	1,047
GRAYSON	3,589	3,827	3,933	3,813	3,848

Data Sources: Texas Department of State Health Services (Texas WIC Program Potential Eligible Estimates).

1,036,220 in 2010. Despite increases in population, the five-county area experienced overall declines in WIC program participation.

Taken individually, between 2010 and 2011, eligibility declined in all the counties except for Grayson, which remained steady. Over the five-year period for which data are available,

the greatest increase, 22 percent, took place in Denton County between 2008 and 2009.

In Cooke County, eligibility dropped by approximately 4 percent between 2010 and 2011. Grayson County experienced a steep decline from 2009 to 2010 but increased 7 percent between 2007 and 2011.

School Meals Program Eligibility

Number of children eligible to receive free or reduced-price meals

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
COLLIN	12,740	15,921	18,138	20,769	25,608	27,050	28,939	30,373	35,493	37,684	39,595
COOKE	2,349	2,402	2,479	2,698	2,953	2,814	2,930	2,891	3,225	3,318	3,376
DENTON	13,663	16,146	16,590	21,527	23,487	26,423	27,936	29,805	33,031	35,404	37,284
FANNIN	2,120	2,266	2,362	2,600	2,602	2,729	2,680	2,657	2,824	3,011	3,015
GRAYSON	7,076	7,751	8,269	8,690	9,001	9,374	9,509	9,629	10,477	10,879	11,111

Data Sources: TEA, Economically Disadvantaged Status Report NOTE: Years correspond with graduation years; i.e., 2012 denotes the 2011-2012 school year.

The school meals program provides free or reduced-price meals for children who are economically disadvantaged. Children from households with an income below 130 percent of the federal poverty level (which was \$23,050 for a family of four in 2012) are eligible for free meals. Those from households with an income between 130 percent and 185

percent of the federal poverty level are eligible for reduced-priced meals.

Free and reduced-price lunch eligibility has almost doubled for all five counties in the North Texas Corridor over the past 11 years. In 2001, the proportion of eligible children represented only around 12 percent of the county's student population in Collin County and 38 percent in Fannin County.

Free and reduced-price meal eligibility has almost doubled for the North Texas Corridor.

In 2011, the proportion of eligible children escalated to almost one-quarter of the Collin County's students, almost one-third in Denton County and more than half in Cooke, Fannin and Grayson counties.



Homeless Children and Youth

Number of children and youth without a permanent residence

The State of Texas has not done well on the problem of child homelessness. In 2009, Dr. Ellen Bassuk, president of the National Center on Family Homelessness and associate professor of psychiatry at Harvard Medical School, ranked Texas 50th nationally in how homeless children fare.

According to the study, Texas had about 337,000 homeless children. Some factors that have contributed to the large number of homeless children include the economic downturn of 2008 and the associated problems with the housing market.

The five-county area experienced an increase in homeless children and youth in 2010, to a high of 7,116. However, 2011 data showed a decline to 4,077. Although these most recent numbers may appear to be welcome news, the interpretation of the trend should be approached with caution. Homelessness tends to have a certain stigma attached to its meaning and definition, which can ultimately result in underestimation of the number of homeless children.

	2008	2009	2010	2011
COLLIN	923	2,616	3,332	1,971
COOKE	40	42	50	19
DENTON	679	1,562	2,364	1,190
FANNIN	29	68	130	49
GRAYSON	433	1,154	1,240	848

Data Sources: Beyond ABC 2010; Texas Homeless Education Office.

In 2002, the McKinney-Vento Homeless Assistance Act was passed in an effort to provide assistance regarding homeless children. It specifically preserves the rights to an education, as well as safeguards protections for children and youth experiencing homelessness.

A national study in 2009 ranked Texas 50th in homeless children's welfare.

Pursuant to the Act, as well as Title I of the Elementary and Secondary Education Act of 1965 and No Child Left Behind of 2001, children who are

deemed or otherwise identified as homeless are to be afforded equivalent access to education services (including transportation and ancillary education programs) as any other student in the school they attend.

The Texas Homeless Education Office (THEO) at the University of Texas at Austin is funded by McKinney-Vento along with the U.S. Department of Education, Texas Education Agency and the Charles Dana Center. The principal objective of THEO is to ensure that all Texas children who are homeless can enroll and participate in school.

Availability of Section 8 Housing

Number of housing choice vouchers (Section 8) and public housing units provided through local housing authorities for low-to-moderate-income families with children

		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	Low Rent	341	343	343	343	343	343	343	343	247	324	324
	Section 8	832	1,087	1,087	1,087	1,087	1,087	1,087	1,087	1,161	1,261	1,261
COOKE	Low Rent	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Section 8	584	584	584	611	415	415	415	415	416	416	416
DENTON	Low Rent	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Section 8	1,240	1,468	1,468	1,328	1,497	1,497	1,497	1,497	1,505	1,505	1,505
FANNIN	Low Rent	318	318	318	318	318	318	318	318	526	302	302
	Section 8	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
GRAYSON	Low Rent	713	713	713	713	713	713	713	713	576	699	699
	Section 8	1,042	1,018	1,042	1,042	1,042	1,042	1,042	1,042	927	802	994

Data Sources: Beyond ABC 2010; Texas Housing Association.

According to the National Low Income Housing Coalition's "Out of Reach 2012" report, the monthly fair market rent (FMR) for a two-bedroom apartment is \$826. Comparatively, the FMR for Collin County is \$868; Cooke, \$762; Denton, \$868; Fannin, \$658; and Grayson, \$708.

In each county, a resident must earn more than minimum wage (in some cases, more than twice the minimum wage) in order to afford the fair market rent, using the standard that housing should not cost more than 30 percent of income.

The availability of public and subsidized housing in the five-county area marginally increased between 2010 and 2011 in Grayson County. The availability of similar housing in other counties remained the same.

Collin County had 1,585 low-rent and Section 8 housing units for its 60,337 residents living in poverty in 2010.

The percentage of the 2010 population living in poverty in Collin County was 7.7 percent; Cooke, 15.1 percent;

Denton, 8.1 percent; Fannin, 16.2 percent; and Grayson, 14.9 percent.

To put these figures into relief, for example: Collin County had approximately 60,337 residents living in poverty in 2010 and approximately 1,585 low-rent and Section 8 housing units to accommodate low-income families. Consequently, a substantial disparity exists between the actual need for low-income or public housing and the supply of low-income housing.



Eligible Children in Subsidized Childcare

Number of children receiving free or reduced-price childcare services

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	1,248	1,058	1,380	1,059	1,127	1,414	1,105	1,001	1,062	2,159	3,065
COOKE	68	52	63	57	62	36	9	9	0	N/A	1
DENTON	1,143	1,720	1,597	1,147	1,219	1,490	2,947	2,532	1,643	2,719	3,676
FANNIN	1,251	657	1,065	548	644	753	753	976	386	141	170
GRAYSON	24	491	107	96	79	156	125	159	72	864	1,061

Data Sources: Beyond ABC 2010; Texas Workforce Commission.

The Texas Workforce Commission (TWC) administers the Texas subsidized childcare program for low-income working families, defined as households that rely on subsistence and learning a trade.

Many Texas residents are classified as low-income earners because their wage level is near or below the 2012 federal poverty standard of \$23,050 for a family of four. Moreover, childcare assistance is a key component of welfare reform because it enables children under the age of 13, whose parents are transitioning off welfare, to be eligible for childcare.

The number of children receiving subsidized childcare tripled in Collin County between 2008 and 2011

The five-county area has experienced an overall increase in the number of children receiving free or reduced-price childcare services from the TWC. Since 2002, the number of children who received childcare more than doubled in Collin, Denton and Grayson counties.

It is also notable that between 2010 and 2011, every county except Cooke

experienced a precipitous increase, with Collin County having the greatest increase at almost 42 percent.

The variability between counties and years is of some interest. For example, Grayson County experienced a sharp decrease from 2008 to 2009. But in the years prior to 2008, from 2005 to 2006, the number almost doubled.

What may be of importance is that higher utilization of childcare services suggests parents are either in the workforce or working toward becoming employed.



education

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Head Start and Public School Pre-Kindergarten Enrollment

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

		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	Head Start					378	NA	NA	379	379	427	427
	Public Pre-K	966	1,063	1,656	1,840	1,957	2,206	2,239	2,487	2,539	2,826	2,957
COOKE	Head Start	100	106	NA	NA	70	NA	NA	70	70	70	70
	Public Pre-K	147	188	190	191	213	216	202	238	232	246	226
DENTON	Head Start	150	175	NA	NA	193	NA	NA	193	193	193	193
	Public Pre-K	639	616	1,059	1,224	1,295	1,651	1,835	1,910	1,995	2,173	2,676
FANNIN	Head Start	139	139	NA	NA	139	NA	NA	139	139	139	139
	Public Pre-K	229	193	186	197	227	256	258	262	299	279	303
GRAYSON	Head Start	255	249	NA	NA	263	NA	NA	237	253	253	253
	Public Pre-K	437	502	588	639	691	674	673	684	747	811	828

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

The Texas Education Agency (TEA) is committed to providing quality early childhood education that encourages kindergarten school readiness. This includes, but is not limited to, Head Start programs and pre-kindergarten (Pre-K) programs.

Since 2005, Pre-K enrollment in Denton County increased 106.6 percent.

The state has also adopted the Texas Pre-Kindergarten Guidelines (PKG), which focuses on evidence-based instructional strategies and aims to support students while also assisting teachers to ensure they address the needs of their students.

Head Start encourages school readiness while providing low-income

preschool-age children with a wide range of services. These services include health, social and emotional development, language, literacy and other issues related to learning. In addition, Head Start acknowledges the importance of parents' involvement in the learning process of their children.

Head Start enrollment in the North Texas Corridor has remained steady since 2005, although Collin County did experience just under a 13 percent increase in enrollment between 2005 and 2011. Grayson County, on the other hand, displayed a 3.8 percent decrease during the same time period.

According to the Center for Public Education, students who attend both Pre-K and half-day kindergarten are

more likely to have higher reading skills by the third grade when compared to those students who are enrolled only in a full-day kindergarten program

Texas Pre-K student enrollment during the 2010-11 school year increased 4.6 percent from the previous year. Pre-K enrollment in the North Texas Corridor over the same time period saw an increase in most of the counties, most notably in Denton County with a 23 percent increase from the 2009-10 school year.

Since 2005, Pre-K enrollment has increased in every county in the North Texas Corridor. Denton County alone had an increase of 106.6 percent, which was higher than any other county during the same time period.

Third-Grade Reading Levels

Percent of third-graders who met standard criteria on the reading section of the Texas Assessment of Knowledge and Skills (TAKS)

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	95.3	95.3	95.7	97.5	96.3	97.4	96.2	96.2	96.3	97.3	95.4
COOKE	83.9	93.7	87.6	94.4	89.7	88.2	86.9	91.1	91.3	88.7	90
DENTON	92	90.9	92.6	93.7	93.6	94.3	93.5	94.3	95	95.8	94.3
FANNIN	87.4	85.4	85.4	89.8	91.1	91	91	91.6	92	93.8	90.7
GRAYSON	87.4	85.4	85.4	89.8	91.1	91	91	91.6	93.6	94.6	91.6

Data Sources: Texas Education Agency, Academic Excellence Indicator System.

Third-grade reading levels in Texas are calculated based on whether students met the standard criteria on the reading section of the Texas Assessment of Knowledge and Skills (TAKS). Every county located in the North Texas Corridor exceeded the state-wide levels of 92 percent and 90 percent, in both the 2009-10 and 2010-11 school years, respectively.

Although each county's results were higher than the state's average during the 2010-11 school year, reading levels in the North Texas Corridor decreased in four of the five counties

Only Cooke County showed an increase, from 88.7 percent to 90 percent, in 2011.

from the previous year. Only Cooke County showed an increase, from 88.7 percent to 90 percent, in 2011.

A student's third-grade reading level plays a vital role in long-term education. Although children still are learning to read up until the end of the third grade, they also are using their reading skills to learn and comprehend what is being taught in school.

According to a recent report, children who are not able to read proficiently by the end of third grade are less likely to graduate from high school. Low-income children may be at a disadvantage, being subject to what has been referred to as a "readiness gap." Being ready includes "being in good health; having the support of a strong family; feeling safe; and having positive social interaction skills, language skills, the motivation to learn, emotional and behavioral self-control, and physical skills and capacities."



Students Passing All TAKS/STAAR Tests

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

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	91.3	93.4	84.2	84.8	82.5	85.6	86.2	87.2	88.9	89.1	88.8
COOKE	85.8	88.3	68.6	71.6	63.7	68.1	70.9	71.8	75.7	75.2	73.9
DENTON	88.6	90.2	78	78.6	74.4	77.8	79.4	81.7	83.9	85.2	85.2
FANNIN	81.9	84.8	65.8	70.2	63.1	70.1	71.4	73.1	76.1	80	76.9
GRAYSON	88	91.1	73.8	76	71.8	76.7	77.9	77	81.4	77.2	80.3

Data Sources: Texas Education Agency, Academic Excellence Indicator System.

The Texas Assessment of Knowledge and Skills (TAKS) is a testing program administered each year that is required in most public schools. The goal of TAKS is to assess the students' mastery of the state curriculum, the Texas Essential Knowledge and Skills (TEKS). The 2002-03 school year was the first year that the TAKS test was used.

Since 2003, TAKS passage rates for the North Texas Corridor have fluctuated.

TAKS passage rates in the state of Texas have been at 76 percent in both reading and math for the 2009-

10 and 2010-11 school years. With the exception of Cooke County, the North Texas Corridor has managed to exceed the state's passage rates for the past two school years. Since 2003, TAKS passage rates for the North Texas Corridor have fluctuated, with each county experiencing some significant lows from 2003-2008.

Texas will move entirely to a more rigorous testing method which is intended to be a better measure of academic performance in 2013. Students will be tested in the following areas: reading, writing, mathematics, science, and social studies. Students will take between

two and four tests each year, depending on their grade level.

Although this new test, the State of Texas Assessments of Academic Readiness (STAAR), will not be universally administered until 2013, some Texas students have already taken the STAAR. Initial findings indicate that passing rates ranged from 87 percent on the biology test to 55 percent on the English I writing test. The Texas Education Agency (TEA) has announced that it will phase in the passing requirements slowly, increasing the number of questions that students must answer correctly until 2016.

Students with Limited English Proficiency

Percent of students enrolled in public school districts who receive bilingual education or English as a Second Language (ESL) instruction

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	6	6.8	7.3	8.1	8.6	8.8	8.9	8.9	8.9	8.8	8.6
COOKE	5.8	6.8	7.3	7.6	7.4	7.8	8.8	9.4	10.5	10.1	9.2
DENTON	6.7	7.6	8.4	9.2	9.6	10.4	10.8	11.3	11.5	11.4	11.5
FANNIN	2.4	2.6	3.1	2.7	2.9	3.6	3.8	4.2	4.2	3.7	4.1
GRAYSON	3.2	3.6	4.2	4.5	5.2	5.5	6	6.3	6.6	6.8	7.1

Data Sources: Texas Education Agency, Academic Excellence Indicator System.

According to the Texas Education Agency (TEA), students with Limited English Proficiency (LEP) are those students whose primary language is other than English and whose English-language skills are such that the student has difficulty performing ordinary classwork in English. In Texas, they also are also referred to as English Language Learners (ELL).

These students receive bilingual education or English as a Second Language (ESL) instruction, depending on the school's LEP enrollment. If a school district has 20 or more students with LEP enrolled in any grade

level in the district, that district will offer bilingual education. If the district is not required to offer bilingual education, it offers an ESL program.

In Texas, the LEP Student Success Initiative is in place to provide programs for students and to provide teachers with the resources they need to assist LEP students in reaching the performance standards set forth by the state.

The percentage of students receiving bilingual education or ESL instruction in the North Texas Corridor steadily increased each year until 2010, when

the numbers slightly decreased in all counties except for Grayson. In 2011, each county in the North Texas Corridor was well below the state average of 17 percent LEP students. Denton County came the closest to the state average, with 11.5 percent of its students being classified as LEP in 2011. Fannin County had the lowest percentage of LEP students, with 4.1 percent.

In 2011, each county in the North Texas Corridor was below the state average of 17 percent LEP students.



Students Receiving Special Education in Public Schools

Number of students receiving special education in public schools

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	10,597	11,137	11,881	12,591	13,452	13,477	13,867	14,389	14,887	15,544	15,720
COOKE	811	869	859	841	923	865	772	719	651	623	563
DENTON	8,999	9,331	9,655	10,010	10,328	10,662	9,047	10,599	10,556	10,829	11,021
FANNIN	815	799	816	838	858	896	836	718	718	642	618
GRAYSON	3,097	3,207	3,315	3,430	3,400	3,443	3,204	2,895	2,802	2,744	2,574

Data Sources: Snapshot, Texas Education Agency.

In Texas, special education involves instruction specially designed, at no cost to parents, to meet the unique needs of a child with a disability. This includes instruction in the classroom, home, hospitals and institutions.

Although national special-education levels have remained steady over the past decade, the same cannot be said for Texas. The percentage of students receiving special education in Texas public schools appears to be shrinking.

While 12 percent of Texas public school students were diagnosed as having special needs in 2000, only 8.8 percent were diagnosed in 2011.

Experts have struggled to explain why this decrease in enrollment has taken place, and differing reasons have emerged. Some choose to see the decline in numbers as encouraging, while others argue that these numbers have decreased due to the under-diagnosis of children who actually need these services.¹

The percentage of students receiving special education in Texas public schools appears to be shrinking.

In spite of the fact that the percentage of students receiving special education in the North Texas Corridor

exceeds the state average in each county, these counties all have seen a decrease between 2000 and 2011. Every county in the North Texas Corridor also has seen a decrease in the percentage of its students receiving special education.

From 2000 to 2011, Collin and Denton counties did see an increase in the enrollment numbers for students receiving special education. But, due to the increases in overall enrollment in these counties, the percentage of students receiving special education actually decreased.

¹ <http://www.chron.com/news/houston-texas/article/Experts-can-t-explain-drop-in-state-s-special-3684502.php#src=fb>

College Readiness

Percent of public school graduates who scored at or above the college-ready criterion score on the TAKS, SAT or ACT

In 2008, the Texas Education Agency (TEA) began measuring college readiness by specific testing criteria. In order for a student to be considered ready for college, a graduate must meet or exceed the college-ready criteria score for both mathematics and English language arts on the TAKS exit-level test, the SAT or the ACT.

This new measurement differs from the previously used college-ready indicator because it considers students' performance on the SAT and ACT, provides a combined measure of English language arts and mathematics and is tied to the campus and district in which the student graduated.

In 2010, 52 percent of Texas graduates were deemed college-ready. All of the counties in the North Texas Corridor were above the state levels of college-ready graduates, although Cooke County barely met the threshold at 52.2 percent. From the 2008-09 and 2009-10 school years, each of the five counties experienced an increase in the percentage of students graduating college-ready.

Since this measure of college readiness considers the state standardized

	2009	2010
COLLIN	165.4	57
COOKE	44.3	52.2
DENTON	59.2	66.2
FANNIN	44	57.6
GRAYSON	52.5	59.6

Data Sources: Texas Education Agency, Academic Excellence Indicator System.

test taken by all students (TAKS or STAAR), it does not penalize students who do not take either the SAT or the ACT. However, it remains unclear that the three tests are equally effective predictors of college success.

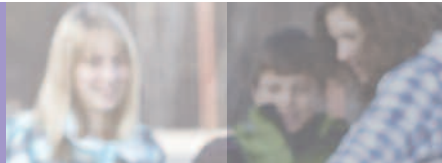
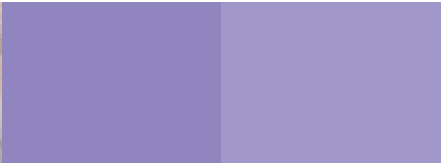
All counties in the North Texas Corridor were at or above state levels of college-ready graduates.

According to recent results released by ACT officials, almost one-third of Texas high school graduates who took the ACT failed to meet any of the college-readiness criteria in English, math, reading and science. Although these numbers reflect only those students who took the ACT,

they still signal potential issues for Texas high-school graduates once they reach college.¹ Moreover, it remains unclear how the TEA plans to measure college readiness during the transition to the STAAR standardized test.

It is also worth noting that, while the SAT and ACT are used as admissions qualifications for many four year colleges and universities, many community colleges with open enrollment use placement exams such as Accuplacer to identify students who require remediation and place them in appropriate courses.

¹ Stutz, Terrance (August 22, 2012). One in three Texas students from Class of 2012 not ready for any college courses. *Dallas Morning News*. Downloaded from <http://www.dallasnews.com/news/education/headlines/20120822-one-in-three-texas-students-from-class-of-2012-not-ready-for-any-college-courses.ece>.



Truancy

Number of truancy (failure to attend school) filings in the Justice of the Peace and specialty courts

	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	1,626	1,687	1,648	2,344	3,289	2,988	2,374	2,622
COOKE	15	27	15	23	11	10	12	17
DENTON	697	1,090	1,516	1,057	1,474	1,396	1,463	1,327
FANNIN	36	2	0	29	1	29	2	4
GRAYSON	337	404	398	430	289	367	254	270

Data Sources: Texas Office of Court Administration, Court Activity Reporting and Directory System, 2003-2011.

In Texas, truancy is identified in the Texas Education Code as a “failure to attend school.” Juveniles violate the law when they fail to attend school on 10 or more days or parts of days within a six-month period in the same school year, or on three or more days or parts of days within a four-week period. Parents of truant students may also face charges of being a “parent contributing to truancy or thwarting.”

These cases are usually initiated based on a filing against a student, parent or both from the truant student’s school district. Due to the fact that these matters initiate with the school district, truancy filings may be handled differently based on the district which may account for the

differences in filings identified in the table above. Once filed, these offenses are often heard by a Justice of the Peace or in a municipal court.

In the North Texas Corridor, truancy filings fluctuated between 2004 and 2011. By 2011, each of the counties reflected a number of filings below its peak.

The largest decrease took place in Grayson County, which experienced a 37.2 percent decrease in 2011 compared to its peak of 430 filings in

The largest decrease took place in Grayson County, which experienced a 37.2 percent decrease in 2011.

2007. Cooke and Fannin counties tend to have few filings each school year, which may be indicative of its student population or of the way in which truancy is handled in these counties.

Addressing truancy is necessary because it has been linked to dropping out of school and high-risk behavior, including delinquency, substance use, engaging in early sexual behavior and experiencing suicidal thoughts. According to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), truancy prevention involves a number of programs, including court-based programs, school-based programs, community-based programs and addressing school policies.

Middle School and High School Dropout Rates

Percent of students who dropped out of grades 7-12 during the academic year.

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	.3	.3	.3	.3	.1	.6	.6	.5	.4	.4	1.3
COOKE	.3	.3	.3	.3	.1	.6	.6	.5	.4	.4	1.3
DENTON	.3	.4	.4	.3	(-)	.8	.8	.8	.8	.6	3.5
FANNIN	.4	.5	.5	.2	(-)	.5	.6	.5	.9	.5	1.6
GRAYSON	.5	.6	.6	.6	(-)	1.1	1.4	1.1	.6	.6	1.7

Data Sources: Texas Education Agency-Secondary School Completion and Dropouts in Texas Public Schools, County Supplement Report.

In Texas, a dropout is defined as a student who attends Grade 7-12 in a public high school in a particular school year and does not return the following fall, is not expelled, and does not either graduate, receive a General Educational Development certificate (GED), continue school outside the public school system, begin college, or die.

The North Texas Corridor saw dropout rates rise, most notably in Denton County, where the rate increased almost six-fold.

Each county in the North Texas Corridor experienced an increase in dropout rates between 2010 and 2011, most notably in Denton County, where the dropout rate increased almost six-fold. The dropout rates for Texas public school students in Grades 7-12 during the 2010-11 school year was 1.6 percent, which was a slight decrease from the overall dropout rate for the previous school year.

Notably, African-American and Hispanic students’ dropout rates are consistently higher than the county

rate, while Caucasian students tend to be below the county dropout rate.

Research has shown that failing to complete high school may negatively influence a number of aspects of an individual’s life. Those who do not complete high school earn less over their lifetime, tend to be in worse health than those who graduate and are more likely to be institutionalized.¹

¹ Chapman, C., Laird, J., Ifill, N., and KewalRamani, A. (2011). Trends in High School Dropout and Completion Rates in the United States, 1972-2009. U.S. Department of Education. Downloaded from <http://nces.ed.gov/pubs2012/2012006.pdf> on 8/27/12.



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

Number of public school students disciplined for possession of illicit substances

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	405	303	372	408	363	445	462	453	506	539	404
COOKE	29	35	14	32	37	30	13	22	6	0	8
DENTON	315	302	360	328	289	394	358	357	356	409	357
FANNIN	33	22	21	14	33	31	5	34	32	24	13
GRAYSON	116	107	117	142	132	72	93	96	88	101	73

Data Sources: TEA, Disciplinary Report (PEIMS).

During the 2010-11 school year, 855 students in the five-county sample were disciplined for possessing illicit substances at school, which marks a 20 percent decrease from the previous school year. The biggest decrease was seen in Fannin County, with a decrease of 45.8 percent from the prior year, followed by Grayson County's decrease of 27.7 percent.

Although the data from the Texas Education Agency (TEA) depicts a decrease in the number of students disciplined, the numbers suggest that the use of illicit substances is still a concern, particularly in the larger counties located in the North Texas Corridor.

In 2010, the Department of State Health Services (DSHS) surveyed

96,271 students in grade 7-12 on their self-reported use of alcohol, drugs, and tobacco for its biennial Texas School Survey of Substance Use.

Fannin County saw a decrease of 45.8 percent from the prior year.

According to the survey, alcohol continued to be the most widely used substance among Texas secondary-school students, with 62 percent of the students surveyed in 2010 reporting they had used alcohol at some point in their lives, down about 1 percent from 2008.

Marijuana was still the most commonly used illegal drug among Texas youth, with about 26.2 percent report-

ing use of marijuana, which was a slight increase from the 2008 survey. In addition, 5.4 percent of Texas middle- and high-schoolers reported they had tried cocaine or crack, with 1.7 percent reporting past-month use.¹

According to the National Institute of Drug Abuse, parental monitoring, academic competence, anti-drug use policies and strong neighborhood attachment are among the protective factors that may be utilized as a means of early intervention to prevent adolescent drug use.²

¹ Texas Drug Facts among Youth 2010. Texas Department of State Health Services (DSHS). Downloaded from <http://www.dshs.state.tx.us/sa/recentresearchstudies.shtm>

² Preventing drug use among children and adolescents (In Brief). Downloaded from <http://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-risk-factors>

Licensed Childcare Slots

Number of childcare slots available in state-licensed or state-registered facilities

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	27,378	29,729	29,638	31,730	33,842	37,395	39,892	43,149	43,488	43,413	47,358
COOKE	539	551	551	687	695	697	712	700	503	528	635
DENTON	19,019	20,363	22,865	22,023	22,737	23,274	23,726	25,294	26,525	29,702	31,147
FANNIN	503	522	483	516	519	531	572	696	701	582	548
GRAYSON	3,008	3,121	3,386	3,108	3,144	3,024	2,970	3,004	2,894	2,871	3,093

Data Sources: Texas Department of Family and Protective Services, Data Book.

The larger counties, Collin and Denton, have both seen steady increases in the availability of licensed childcare. Since 2005, childcare slots in Collin County have increased by 40 percent, while those in Denton County have increased by 37 percent. The increase seen in these counties may be indicative of their high population growth.

Since 2005, childcare slots in Collin County have increased by 40 percent; Denton County's have increased by 37 percent.

Three smaller counties in the North Texas Corridor have had varied changes in the availability of licensed

childcare. Cooke County saw a peak in 2007 with 712 slots, but began to decrease after that before seeing a 20 percent increase from 2010 to 2011. Fannin County experienced its peak in 2009, but then declined by just below 22 percent between 2009 and 2011. Grayson County has seen its licensed childcare availability fluctuate over the years, with an increase of close to 8 percent between 2010 and 2011.

According to the National Institutes of Health, quality childcare can have important long-term effects. For younger children, research has shown that children in high-quality childcare have better development cognitively and in terms of language skills by age 5.¹ In addition, research has

shown that young children in high-quality childcare have slightly higher scores in terms of academic and cognitive achievement as teenagers, compared to those that received lower quality childcare.²

The Child Care Licensing Division of the Texas Department of Family and Protective Services (DFPS) is tasked with the responsibility of protecting the health, safety, and well-being of children in child care. They do so by regulating the actions of child-placing agencies and keeping parents and the public informed about childcare.

¹ The NICHD study of early child care and youth development: Findings for children up to age 4 ½ years. U.S. Department of Health and Human Services, National Institutes of Health. (2006).

² See <http://www.nichd.nih.gov/news/releases/051410-early-child-care.cfm>



Licensed, Registered or Listed Childcare Facilities

Number of facilities that meet standards and are state-licensed or state-listed under the Child Care Licensing Division within the Texas Department of Family and Protective Services

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	689	747	800	823	940	889	919	974	819	820	853
COOKE	57	52	43	46	50	49	49	52	41	45	47
DENTON	638	652	675	708	728	712	730	786	670	706	740
FANNIN	36	40	33	26	29	28	32	31	31	22	25
GRAYSON	110	112	109	106	109	108	98	100	127	97	105

Data Sources: Texas Department of Family and Protective Services, Data Book; National Association for the Education of Young Children (NAEYC); National Accreditation.

Ensuring that children receive safe and high-quality childcare is essential to their health and overall well-being. The Child Care Licensing Division of the Texas Department of Family and Protective Services (DFPS) creates and enforces minimum standards related to childcare and child-placing activities in Texas.

In 2011, there were 1,770 state-licensed or registered childcare facilities in the North Texas Corridor.

The number of licensed or registered facilities in the North Texas Corridor has fluctuated over the past decade, with counties experiencing peaks in

various years. In 2011, there were 1,770 DFPS-licensed or registered childcare facilities, which represents a 15.7 percent rise from 2001, but an increase of less than 5 percent from 2005. This suggests that state-approved facilities are not keeping pace with the growth of the child population.

In addition to DFPS, Texas also has childcare facilities accredited through the National Association for the Education of Young Children (NAEYC), as well as facilities affiliated with the National Accreditation Commission for Early Care and Education Programs and monitored by the National Association of Child Care Professionals (NACCP). These organizations outline

specific requirements that facilities must meet in order to be accredited, including issues related to how instructors interact with children, the health and safety of children, curriculum standards and collaboration with families.

In 2012, there currently are 7 NAC-accredited facilities and 15 NAEYC-accredited facilities in the North Texas Corridor. Although 2012 DFPS data is not currently available, when compared to the 1,770 DFPS licensed or registered facilities from 2011, it becomes clear that NAC and NAEYC accreditation standards are significantly higher than the minimum standards set by DFPS.



safety

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Confirmed Victims of Child Abuse and Neglect

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

		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	Number	561	798	989	1,032	925	1,090	1,203	1,246	1,220	1,260	1,097
	Rate	3.8	5.3	6.4	5.8	4.9	5.8	6.2	6.2	5.9	6.3	5.4
COOKE	Number	121	141	96	142	163	157	179	122	105	58	100
	Rate	12.4	14.6	10	14.4	16.5	16	18.2	12.4	10.6	5.9	10.2
DENTON	Number	321	574	576	700	963	952	1,040	1,000	858	976	909
	Rate	2.6	4.5	4.5	5	6.6	6.1	6.4	5.9	4.9	6.2	5.6
FANNIN	Number	50	76	104	79	101	99	119	116	47	53	56
	Rate	6.9	10.4	14.2	10.4	13.2	12.5	14.7	14.2	5.7	7	7.4
GRAYSON	Number	315	195	274	309	371	340	413	340	285	305	289
	Rate	11.3	7	9.9	11	13.2	12	14.6	12	10	10.9	10.2

Data Sources: Texas Department of Family and Protective Services, Legislative Data Books.

Texas Child Protective Services (CPS) is responsible for investigating reports of child abuse and neglect, and for providing living arrangements for children when it is no longer safe for them to remain at home. These investigations involve interviewing children, parents, and others familiar with the family situation. When necessary, CPS caseworkers refer families for community-based services that will provide assistance through therapy or help with financial and medical issues. In some situations, caseworkers make the decision to remove children from their homes for their protection. Once an investigation is

complete, alleged victims are considered confirmed when based on the preponderance of the evidence the investigator concludes that abuse or neglect occurred.

Between 2001 and 2011, the number of confirmed abuse and neglect victims in Collin County increased by 95.5 percent.

In Region 3, which contains the North Texas Corridor, 22.8 percent of alleged victims were confirmed in 2011. The percentage of confirmed victims for each county in the North

Texas Corridor ranged from 16.3 percent in Grayson County to 22.3 percent in Collin County.

The numbers and rates of confirmed victims of child abuse and neglect fluctuated by county from 2010-11, with Collin, Denton, and Grayson counties experiencing a decrease. Although Collin and Denton counties displayed a decrease from 2010-11, the same cannot be said when looking at these counties over a 10-year time period. Between 2001 and 2011, the number of confirmed victims in Collin County increased by 95.5 percent, while Denton County saw an increase of 64.7 percent.

Deaths from Child Abuse and Neglect

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

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	0	2	3	4	2	10	2	2	6	3	2
COOKE	0	1	1	0	0	0	0	0	0	1	0
DENTON	2	2	0	2	4	3	6	2	4	2	1
FANNIN	0	0	0	0	1	2	1	2	0	0	0
GRAYSON	0	0	0	2	1	0	2	0	0	0	3

Data Source: Texas Department of Family and Protective Service Legislative Data Books.

There were 86 deaths from child abuse or neglect in the North Texas Corridor from 2000-11, the majority of which involved victims from Collin and Denton Counties. In 2010, Cooke County had its first death since 2003, while Grayson County's three deaths in 2011 represent its first deaths since 2007.

In 2011, there were 231 deaths attributed to child abuse and neglect in Texas, representing a slight increase from the 227 deaths statewide in

2010. According to Texas Department of Family and Protective Services, parents and other family members make up the majority of perpetrators in confirmed instances of child abuse and neglect.

Texas Child Protective Services works diligently to pinpoint the causes of child fatalities. In addition, CPS works to identify strategies and programs to reduce child deaths in the future.

This involves having a number of teams and committees review child deaths. Those that review these deaths include citizen review teams, CPS specialists and death review committees and the state's Child Safety Review Committee.

Six children died of abuse and neglect in the North Texas Corridor in 2011.

Child-Related Sex Crimes

Number of cases filed by indictment or information for the offenses of indecency with a child or sexual assault of a child

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	105	118	101	180	122	151	106	99	115	107	122
COOKE	3	11	0	6	11	3	7	5	18	7	11
DENTON	84	97	83	84	97	96	98	108	98	82	67
FANNIN	26	20	28	23	25	37	22	22	26	12	19
GRAYSON	24	42	62	66	59	60	49	34	18	26	30

Data Source: Texas Department of Public Safety Sex Offender Registry.

The data in this indicator reflect cases filed against defendants via indictment or information for the offenses of indecency with a child or sexual assault of a child. The number of cases filed each year has fluctuated over the past decade. In 2011, 249 cases were filed in the five-county sample, representing a 31 percent decrease from the peak of 359 cases filed in 2004. As may be expected, the majority of cases are filed in the larger counties of Collin and Denton.

In 2011, 249 cases were filed, a 31 percent decrease from the peak of 359 filed in 2004.

In Texas, Child Advocacy Centers (CACs) assist law-enforcement offi-

cial in investigating claims of sexual abuse or misconduct involving child victims. CACs conduct forensic interviews, medical assessments and provide treatment, and collect other evidence as needed.

Case review is also coordinated among law enforcement, a prosecution representative, medical and mental-health professionals, the forensic interviewer and a family advocate, in order to evaluate the case.

The numbers included in the indicator table do not include those cases in which law enforcement or other officials are not notified. It is difficult to pinpoint exactly how often these offenses occur due to under-reporting issues, but it is believed that this is a serious problem.

According to the American Psychological Association (APA), victims of child and adolescent sexual abuse may go on to display serious behavior problems both short- and long-term, including separation anxiety and post-traumatic stress disorder.¹ In the long term, studies show, male victims in particular may be at a somewhat higher risk for eventually becoming perpetrators of the abuse they experienced as children. As such, it is vital that victims of these offenses are provided with the proper treatment and resources aimed at helping with their recovery and affording them the chance to establish normal, stable relationships as adolescents and adults.

¹ <http://www.apa.org/pubs/info/brochures/sex-abuse.aspx>

CPS Caseload

Average number of CPS cases per caseworker each month

	2006	2007	2008	2009	2010	2011
COLLIN	28.9	28.3	26.4	22	25.3	26.1
COOKE	26.3	29.3	17.5	17.3	20.8	21
DENTON	28.1	27.2	23.3	18.2	23.7	26.3
FANNIN	25.1	24.1	24	25.1	23.1	22.1
GRAYSON	30.4	36.4	33.6	21.1	23.4	24.8

Data Source: Texas Department of Family and Protective Services (DFPS).

Texas Child Protective Services (CPS) investigates reports of abuse and neglect, places children in foster care and adoptive homes and provides services to children and families in their own homes. Unless they receive an extension, CPS caseworkers are expected to complete their investigations within 30 days.

The CPS caseload increased slightly in 2011 for most of the counties in the North Texas Corridor. The caseloads for caseworkers in the five counties range from an average of 21 to 26 cases per month, or roughly double the 12 caseloads per month recommended by the Child Welfare League of America (CWLA).

Because the numbers provided in the table are an average, it is possi-

Overburdened caseworkers in the five counties carry much more than the recommended 12 caseloads per month.

ble that some caseworkers are handling more than 26 cases. Other counties in Texas have noted that in the past year, some CPS caseworkers have been investigating as many as 70 cases at a given time.¹

This suggests that even though the Texas Legislature approved a \$323 million infusion back in 2005, more funding is needed to alleviate the pressure being felt by CPS caseworkers.

¹ <http://www.chron.com/news/houston-texas/article/Some-CPS-workers-handle-40-or-more-cases-a-month-3791685.php>



Children in Conservatorship

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

		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	Number	338	433	539	532	574	656	737	663	465	416	465
	Rate	2.3	2.9	3.5	3	3.1	3.5	3.8	3.3	2.3	2.1	2.3
COOKE	Number	66	73	75	87	90	107	104	90	76	72	89
	Rate	6.8	7.6	7.9	8.8	9.1	10.9	10.6	9.2	7.7	7.4	9
DENTON	Number	173	213	243	297	438	564	650	588	451	540	596
	Rate	1.4	1.7	1.9	2.1	3	3.6	4	3.5	2.6	3.4	3.7
FANNIN	Number	36	42	49	50	67	76	69	80	71	49	41
	Rate	5	5.8	6.7	6.6	8.8	9.6	8.6	9.8	8.7	6.5	5.4
GRAYSON	Number	140	151	173	150	152	185	253	279	204	190	163
	Rate	5	5.5	6.3	5.4	5.4	6.6	9	9.9	7.2	6.8	5.8

Data Sources: Texas Department of Family and Protective Services, Legislative Data Books.

Although Child Protective Services (CPS) works hard to provide families with the resources they need to ensure children are safe and to keep families together if possible, there are instances in which children need to be removed from the home for their safety and well-being.

Since 2008, the number of children under the legal responsibility of DFPS has decreased in most of the counties of the North Texas Corridor. The most drastic change took place in Fannin County, with a 49 percent decrease in numbers from 2008 to 2011.

The experience of Denton County appears to be unique as numbers have fluctuated up and down between 2008 and 2011. The 596 children in DFPS' legal responsibility in Denton County in 2011 represent the second highest number in Denton County in the past decade.

The number of Fannin County children in conservatorship decreased by half since 2008.

According to the Center for Public Policy Priorities (CPPP), CPS has been

able to reduce the caseload of its conservatorship caseworkers since 2006. CPPP also notes that CPS has managed to provide more in-home services, thereby safely keeping more children in their homes.

In addition, CPS has been able to place more children in "kinship care" with other family members,¹ which may account for the reduced number of children in conservatorship that is reflected in this table.

¹ Burstain, Jane (2009). The 2010-2011 Budget and Child Protective Services: Testimony. Center for Public Policy Priorities.

Approved Foster Care Homes

Number of Department of Family and Protective Services (DFPS)-approved and Child Placing Agency (CPA)-approved homes

	2009	2010	2011
COLLIN	183	199	239
COOKE	0	2	4
DENTON	159	169	198
FANNIN	8	9	10
GRAYSON	26	30	30

Data Sources: Texas Department of Family & Protective Services (DFPS), Data Book.

In 2010, Texas Department of Family and Protective Services (DFPS) began working to improve the experiences of children living in foster care. Often referred to as Foster Care Redesign, this project aims to establish continuing, community-based placements that are able to satisfy the needs of children in the least restrictive situations.

The numbers in the table reflect foster homes that have been approved by DFPS or private child-placing agencies (CPAs). It also includes what DFPS refers to as "Foster/ Adoptive" homes, which are homes verified to either foster or adopt children.

The number of approved foster homes has increased in the North Texas Corridor between 2009 and 2011, with the exception of Grayson County. Collin County alone displayed an increase of just over 23 percent

during the three-year period, while Denton County's increase was just below 20 percent. As expected, the smaller counties have fewer homes available in which to place children.

Due to being victims of abuse and neglect, there are thousands of children in the legal custody of DFPS in Texas. DFPS is involved in a close collaborative relationship with foster parents and CPAs in an effort to adequately support the needs of these children.

According to DFPS, if there are no foster homes available in the child's home county, the search will be expanded in an effort to locate a home in a nearby county, usually one within the same region as the child's county. If there are no available homes in a nearby county, then DFPS may secure a shelter for the child until an appropriate placement is located.

Collin County gained 23 percent more approved foster homes in recent years.



Trauma: Sports Injuries

Number of children with sports-related traumatic injuries resulting in hospitalizations at Children’s

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	1	2	3	2	8	14	4	8	10	9	9
COOKE	0	0	0	0	0	1	1	0	0	0	0
DENTON	1	5	4	2	3	5	2	6	7	11	8
FANNIN	0	0	1	0	0	0	1	0	1	2	0
GRAYSON	0	0	1	1	2	1	1	2	3	4	1

Data Source: Children’s Medical Center Dallas.

Sports play a significant role in the lives of Texans. Although playing sports can be beneficial to the health and well-being of children, there also are risks associated with participation in these activities. According to Children’s, almost one-third of all injuries incurred in childhood are sports-related.

The majority of sports-related injuries treated by Children’s from 2000 to 2011 were from Collin and Denton counties, with 75 and 55 children treated, respectively. As may be expected, Children’s treated far fewer

sports-related injuries of children from the smaller counties. In fact, Children’s rarely treated sports-related injuries from Cooke County during the same time period, with only two children receiving treatment.

Almost one-third of all injuries incurred in childhood are sports-related.

One sports-related injury that garners a significant amount of attention is concussion. It is important to minimize the chances for concussion to

occur and to treat concussions properly, because not doing so could lead to serious, long-term effects such as premature dementia.

Being knowledgeable about concussions is essential to protecting young athletes from future injuries. As such, the Centers for Disease Control and Prevention (CDC) provide resources and information directed at coaches, parents, and athletes that are aimed at preventing, recognizing, and responding to concussions.

Traumatic Injuries: Hospitalizations at Children’s

Number of children treated at Children’s for non-sports-related traumatic injuries

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	61	65	93	94	111	119	100	128	114	97	107
COOKE	0	1	2	4	6	3	11	2	3	6	0
DENTON	36	39	49	30	48	45	60	68	84	65	80
FANNIN	6	11	7	16	12	11	12	8	6	8	6
GRAYSON	15	15	22	27	29	21	18	16	29	19	30

Data Source: Children’s Medical Center Dallas.

In 2011, 223 children from the five counties in the North Texas Corridor were admitted to Children’s for a traumatic injury. This represents an increase of slightly over 14 percent of the 195 admissions from 2010, and an increase of slightly over 134 percent from 2000.

According to Children’s, approximately 14,000 children are seen in the Emergency Department annually, and an estimated 1,300 children are

admitted to Children’s Trauma Center each year. Children’s had the first designated pediatric Level I Trauma Center in Texas.

According to Safe Kids USA Coalition, unintentional childhood injury is the leading cause of death and disability for children ages 1 to 14, suggesting that prevention of these traumatic injuries is crucial to the safety and well-being of children.

Safe Kids suggests increasing educational efforts at those that are high risk for injury and minimizing or eliminating altogether the financial barriers to acquiring safety devices are important to the prevention of these types of injuries.

About 1,300 children are admitted to Children’s Trauma Center each year.

Unintentional Deaths of Children

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

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	20	13	21	30	13	21	21	20	17	13	14
COOKE	1	2	4	4	4	1	3	3	1	1	0
DENTON	17	19	26	12	16	16	21	14	18	17	10
FANNIN	7	1	3	3	4	2	2	4	5	0	3
GRAYSON	12	6	5	5	11	9	13	6	4	11	6

Data Source: Texas Department of State Health Services.

According to the Centers for Disease Control and Prevention (CDC), death rates from unintentional injury among children (under age 20) dropped by nearly 30 percent from 2000 to 2009.

In 2007, there were 60 accidental deaths of children in the five counties; in 2011, there were 33.

In spite of this fact, it appears that children may not be using the proper car safety restraints appropriate to

their age. The most common cause of death from unintentional injury for children is motor vehicle accidents.

Further, children also are exposed to risk by improperly being placed in the front seat.¹ Other leading causes of death from unintentional injury include accidental suffocation, drowning, poisoning, fires and falls.

With the exception of Grayson County, where accidental-death numbers fluctuated widely over the decade, each county in the North Texas Corridor experienced a general decrease in unintentional deaths

from 2000 to 2011. In 2007, there were 60 such deaths in the five counties; in 2011, there were 33.

Although unintentional deaths have decreased in this country and the North Texas Corridor, the CDC notes that child injury is still a serious issue that deserves attention. In addition, they suggest that this should be a collaborative effort that includes parents, state health officials, healthcare providers, and governmental and community groups.

¹ <http://www.medicalnewstoday.com/articles/248737.php>

Unintentional Deaths of Children: Drowning

Number of children who died by drowning

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	1	1	1	3	4	4	2	4	3	5	4
COOKE	0	0	0	1	0	2	1	2	0	0	0
DENTON	5	2	3	3	0	2	3	0	0	6	0
FANNIN	1	0	0	0	0	2	1	1	0	0	0
GRAYSON	1	0	1	0	0	0	2	1	0	0	2

Data Source: Texas Department of State Health Services.

In 2010, the most recent year with complete data reported, 10 children drowned in the five counties. According to the Centers for Disease Control and Prevention (CDC), fatal drowning remains the second leading cause of accidental death among children under 15. Among children under age 5, only birth defects account for a greater number of deaths each year.

According to the Texas Department of Family and Protective Services, 68 Texas children drowned in the first nine months of 2012. Many of these deaths occur during recreational activities in area lakes, ponds and rivers, but there also are drowning hazards at home in the form of swimming pools, hot tubs and bathtubs.

Babies and small children can drown in a very small amount of water.

In the first nine months of 2012, 68 Texas children drowned.

Moreover, for every child who dies from drowning, another five require emergency care for nonfatal injuries related to submersion. More than half of such victims require hospitalization following initial emergency care, compared to only 6 percent for other unintentional injuries. Injuries from nonfatal submersions can cause

severe brain damage, sometimes resulting in long-term disabilities including memory problems, learning disabilities and even the permanent loss of certain brain functions.

Many factors contribute to drowning risk. Among them are lack of swimming ability, lack of supervision, inadequate safety barriers and failure to wear life jackets. The CDC's suggested measures to reduce drowning risk include providing swimming lessons for children, always wearing life jackets when in or on the water and provision of wider training in CPR. Private swimming pools need to be surrounded by safety fencing with a lockable gate, and it is advised that pool toys should be cleared from the surrounding area when not in use.



Child Homicide

Number of deaths from intentional injury of children younger than 20

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	4	2	3	4	5	2	2	3	2	1	2
COOKE	1	0	0	0	0	1	0	0	0	1	1
DENTON	2	4	1	3	4	5	5	3	4	1	0
FANNIN	0	0	0	0	0	1	0	0	0	0	0
GRAYSON	1	0	0	2	2	1	0	0	0	2	1

Data Source: Texas Department of State Health Services (DSHS).

Between 2000 and 2011, there were 80 child homicides in the five counties in the North Texas Corridor.

Child homicides in Collin County peaked back in 2005, while Denton County's peaked in 2006-07. Fannin County has had no child homicides since 2007.

According to the Texas Child Fatality Review Team, a homicide requires that a death result from an injury or

There were four homicides of children in the North Texas Corridor in 2011.

poisoning or from a voluntary act committed by another person to cause fear, harm, or death. Child homicide deaths include fatalities among children who were suffocated, drowned, burned, killed with a firearm or otherwise murdered.¹

In 2009, firearms were the leading means of child homicide among all age groups, accounting for 62.7 percent of child homicides. At 64 percent, the majority of 2009 child homicides reviewed by the Child Fatality Review Team took place in the child's home.

¹ Texas Child Fatality Review Team. Annual Report 2011. Downloaded from http://www.childdeathreview.org/reports/TX_CFRAnnualReport2011.pdf

Runaway Reports

Number of juveniles referred to juvenile probation departments for runaway offense

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
COLLIN	166	78	89	151	149	200	127	150	116	95	92
COOKE	NA	6	3	4	0	0	0	0	0	0	0
DENTON	NA	190	247	262	192	173	160	157	112	119	98
FANNIN	NA	12	14	9	4	5	2	0	5	7	8
GRAYSON	NA	1	4	2	4	0	1	0	0	0	0

Data Source: Texas Juvenile Justice Department (TJJD).

According to the Texas Department of Family and Protective Services (DFPS), more than 100,000 youths ages 7 to 17 run away from home each year in Texas. The Texas Juvenile Justice Department (TJJD) defines a runaway as a child under the juvenile jurisdictional age established by the state, who has run away from his home without the consent of the parent, guardian, person or agency entitled to his/her legal custody or supervision. Some of the reasons that young people cite for running away include physical and sexual

Referrals to the state juvenile justice system are on a steady decline in the larger counties.

abuse, issues with parents, alcoholism, drugs and peer pressure.

In the North Texas Corridor, the larger counties are far more likely to refer juveniles to TJJD. The number of referrals in Collin County peaked in 2006 at 200, and its 92 referrals in 2011 represent a 54 percent decrease from 2006. Referrals in Denton County peaked in 2006 with 262 referrals but steadily decreased until 2011. The 98 Denton County referrals in 2011 reflect a decrease of 63 percent since its peak in 2006.

Although the numbers reflected in the table may be smaller than expected, it is important to note that they represent those juveniles that have been referred to the TJJD for a

runaway offense. There may be other instances of runaways in the North Texas Corridor that are handled at the local level by law-enforcement officers before it becomes necessary to refer these youth as chronic runaways to TJJD.

Before it reaches the level of a TJJD referral, there are resources available to assist youth and their families. DFPS is involved with the Texas Youth Hotline for youth and families in need, and a separate hotline (Texas Runaway Hotline) is dedicated specifically to runaway teens and their families. These hotlines are offered as part of DFPS' Prevention and Early Intervention (PEI).



Commitments to the Texas Juvenile Justice Department (formerly TYC)

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

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
COLLIN	10	15	17	17	18	17	14	13	14	11	8
COOKE	5	1	2	3	2	5	4	4	3	2	1
DENTON	40	31	26	38	29	28	30	17	13	16	16
FANNIN	2	4	1	3	0	3	1	0	2	1	1
GRAYSON	7	22	17	10	11	5	12	3	6	5	6

Data Source: Texas Juvenile Justice Department.

On December 1, 2011, the Texas Juvenile Justice Department (TJJD) was created, thereby abolishing the Texas Youth Commission (TYC) and the Texas Juvenile Probation Commission (TJPC). TJJD's goal is to enhance public safety while also working toward rehabilitating youth both in the community and in residential settings.

A commitment involves a juvenile being committed to the care, control and custody of TJJD. Unless the

juvenile is sentenced under the determinate sentencing act, a juvenile's commitment is for an indeterminate term that is not to extend beyond the juvenile's 21st birthday. In 2010, the majority of cases in Texas resulted in supervision for the juvenile, with only 2 percent of dispositions resulting in a commitment or in the juvenile being certified as an adult.

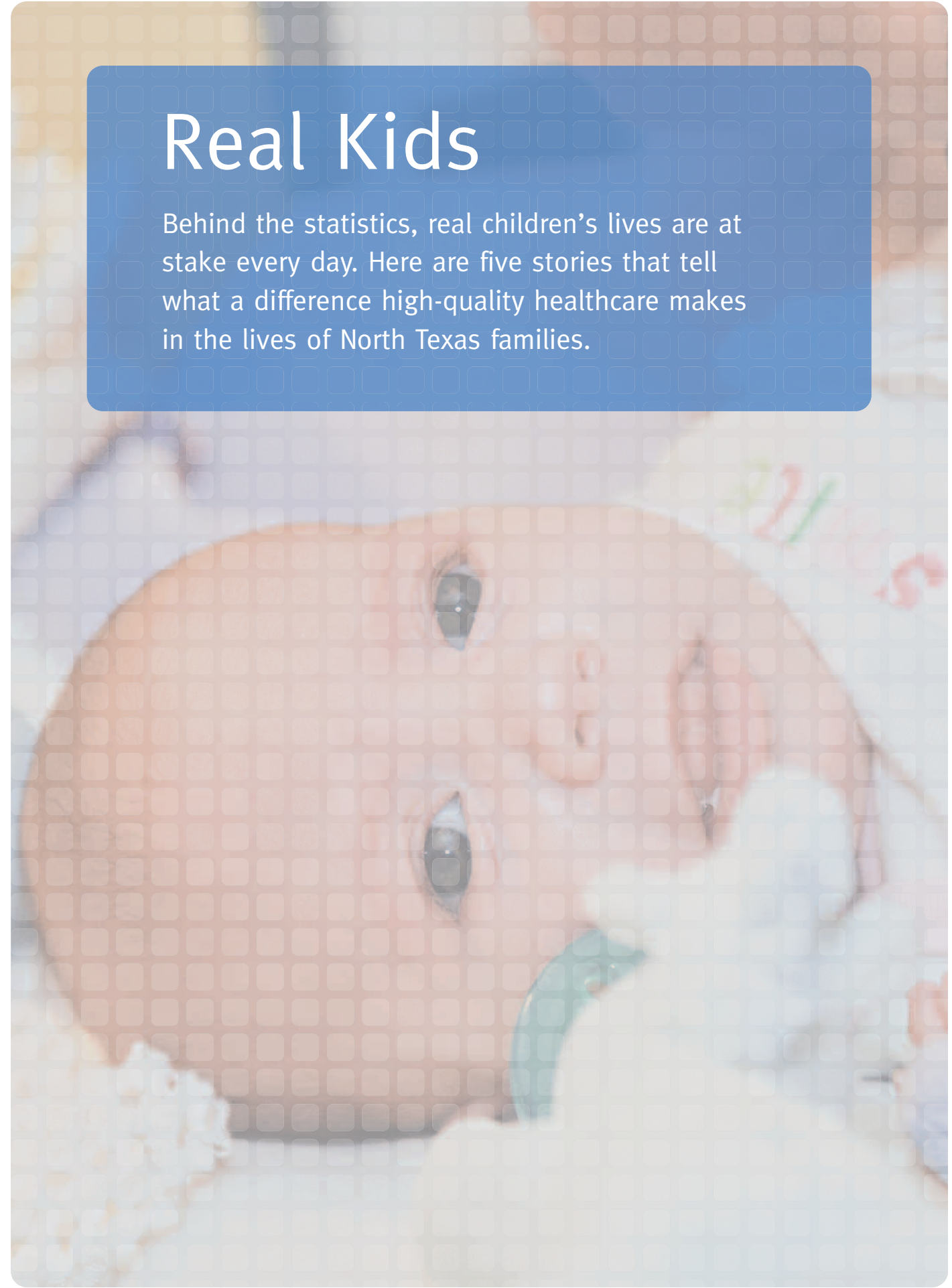
In 2010 and 2011, the majority of TJJD commitments in the state of Texas were for burglary and assault

offenses. With the exception of Collin County, which experienced a slight increase, most of the North Texas Corridor displayed a decrease in commitments from 2000 to 2011. The most dramatic change was in Denton County, in which the number of commitments decreased by 57 percent.

In Denton County, the number of TJJD commitments decreased by 57 percent over the past decade.

Real Kids

Behind the statistics, real children's lives are at stake every day. Here are five stories that tell what a difference high-quality healthcare makes in the lives of North Texas families.



Morgen and Meadow Rhynes PROVIDENCE VILLAGE, TEXAS (DENTON COUNTY)



On Christmas Eve of 2009, sisters Morgen and Meadow Rhynes were headed home with their father, Daniel, and baby brother, J.J., after visiting their paternal grandparents in Ada, Oklahoma. Their mother, Myleah, had stayed home in Providence Village to wrap gifts and work on preparing the family's Christmas Day feast.

But then a snowstorm, blowing across the plains and into North Texas, changed everything.

The Rhynes' car was on US Highway 377, near Madill, Oklahoma, when a truck skidded on ice, crossed into oncoming traffic and barreled into them. The girls were strapped in, but the violent force of the collision caused their seat belts to slice into their abdomens and crush their lungs. At the small Oklahoma hospital where Morgen and Meadow first were taken, the medical staff said that only a Level 1 pediatric Trauma Center could give them a chance to live.

Unfortunately, the snowstorm that caused the wreck also meant that CareFlite helicopters could not safely transport the girls. So the Rhynes sisters came to Children's Medical Center in Dallas in an ambulance, a slow, surreal 14-hour journey over ice and snow. Upon arrival, the girls immediately went into surgery, and no one knew for a time if they would survive, much less walk again. Morgen's arm was broken, Meadow had traumatic brain injury, and both girls had to have six inches of damaged colon removed. Meanwhile, J.J. (now 3) and Daniel, a teacher, also had been injured in the wreck, though not nearly as seriously. For Myleah, "It was the scariest 24 hours of my life."

But what began as a nightmare turned into a Christmas miracle for the North Texas family, as the girls made it through their first surgeries. Children's Child Life staff even made sure that the three Rhynes children had Christmas gifts to wake up to. As the new year arrived, bringing multiple surgeries by Dr. Stephen Megison and Dr. Bradley Weprin, Morgen and Meadow gradually improved and grew stronger, until they eventually were well enough to come home.

By the spring of 2010, the girls were back at Providence Elementary, and so was Daniel, who teaches there. By that December, they were riding with the Grinch through downtown Dallas in the Children's Holiday Parade. Today, Morgen is 12, Meadow is 8, and they are living proof that the Children's Level 1 Trauma Center not only saves lives – it saves lifetimes.

Anthony Vo

MURPHY, TEXAS (COLLIN COUNTY)

In October 2009, inside a local hospital, Think Vo paced back and forth, his mind flashing between memories of Anthony, his energetic 4-year-old son.

The early-morning high fives, the big smiles, the welcome-home hug just the other day after work – how could all of that be taken away from them, and by something as simple as an asthma attack? But that's what the doctors thought Anthony had, a life-threatening bout of asthma. He couldn't breathe on his own, and the doctors weren't sure that he would make it through the crisis. Anthony's father just couldn't believe that his lively little boy might be dying.

Just as Think feared that all hope was lost for his son, a doctor who had previously trained in pediatrics at Children's Medical Center had an idea. If they could get Anthony to Children's and on extracorporeal membrane oxygenation (ECMO) – a life-support machine that takes over the functions of the heart, lungs and kidneys – he would have a chance to live.

The physician kept Anthony alive in the ambulance all the way to Children's, where a pediatric ECMO team went to work. Children's has used this life-saving treatment since 1990, and in that time, more than 550 critical-care patients have been placed on ECMO for heart and/or pulmonary support. ECMO is a complex, multi-disciplinary therapy that requires surgery to connect the patient to a heart and lung machine. Afterward, a skilled team of ECMO specialists and ECMO-trained RNs take over 24-hour care of the patient. ECMO can be used for hours or, as in Anthony's case, for several days.

What the other hospital had diagnosed as severe asthma was revealed, through more thorough testing at Children's, to be a severe case of the H1N1 influenza virus, which can be a life-threatening illness for small children. Within a few hours of arriving at Children's and undergoing emergency treatment, Anthony began improving. A week later, he was taken off ECMO, with only a few small surgical scars remaining as evidence of his ordeal.

Three years later, Anthony is now 7 years old and in second grade. He may not remember much about his illness, but his parents never will forget that the ECMO team at Children's had the technology, the expertise and the commitment that gave their son a second chance at life.



Kamryn Studdard

MCKINNEY, TEXAS (COLLIN COUNTY)

Stephanie Studdard was 13 weeks pregnant when Dr. Michael Zaretsky, a maternal-fetal specialist at Children’s Medical Center at Legacy in Plano, discovered that one of the twin girls she carried had a serious birth defect.

Baby Kamryn Hope would be born in June 2009 with a left-side congenital diaphragmatic hernia (CDH), a potentially fatal malformation where part of the diaphragm is missing. This hole allows the abdominal organs to migrate into the chest cavity and crowd the lungs as they are forming in utero, causing them to be small and underdeveloped, resulting in severe respiratory distress at birth. Depending on the type and number of pulmonary and other complications involved, about half of children born with CDH do not survive past infancy.

So Dr. Zaretsky monitored Stephanie’s pregnancy closely for the remaining months. When the Studdard twins were delivered at the 37-week mark (the norm for twins) in June 2009, Dr. Zaretsky was there in the operating room with 27 other specialists, ready to work on saving Kamryn. But for weeks, no one could say for sure that the tiny girl would make it.

The twins’ father, Shawn Studdard, remembers the hardest question that their older daughter Hollie, then 7, ever asked him: “Daddy, is Kamryn going to die?” Shawn had no ready answer for her.

At the time that Hollie asked her sobering question, three-week-old Kamryn was in the Neonatal Intensive Care Unit, fighting for her life. She had made it through a surgery to rearrange her organs and close a hole in her diaphragm; a ventilator controlled her underdeveloped lungs. She had a 50-50 chance of survival.

Kamryn’s condition remained touch-and-go for six weeks. But at last, 48 days after Kamryn and her twin, Brooke Ashlyn, were born, Shawn finally could answer Hollie’s question – with a smile. Her baby sister, he assured her, was going to be just fine.

Today, the Studdard twins are three years old, and Kamryn has made a full recovery. It’s no coincidence, really, that her middle name is “Hope.”



Taylor Bockemehl

LEWISVILLE, TEXAS (DENTON COUNTY)



When she was 10 years old, Taylor Bockemehl was diagnosed with bone cancer in the femur (the large bone between the knee and hip) of her left leg. In February 2010, Children’s Dr. Jorge Casas-Ganem performed a radical surgery called rotationplasty, an alternative to full amputation, on Taylor’s leg.

Rotationplasty is a type of autograft: A cancerous portion of a limb is removed, while the remaining limb below is rotated 180 degrees and reattached. Typically, the ankle joint is rotated and becomes the knee joint.

The major benefit to patients is that they still have a functioning knee joint, allowing them to run and jump more easily with lower-leg prostheses. Although it has been used for decades, rotationplasty remains a fairly unusual procedure and one most often used in children’s cases. The rotationplasty increased Taylor’s stability with her prosthetic leg, improving her mobility and independence, and it also spared her having to have multiple subsequent surgeries.

Her grade school, Creekside Elementary, supported Taylor with a mass “Locks of Love” hair-cutting event while she was undergoing chemotherapy, and her classmates kept in contact with her through a journal and Skype video chats.

During 2010, Taylor represented Wipe Out Kids Cancer as an ambassador, and she became active in many community and cancer fundraising events. Taylor also was named an honorary firefighter by the Lewisville Fire Department,

She’s now 13, and her mother, Christine, says that Taylor is an active eighth-grader who runs, loves to swim and enjoys playing Nintendo Wii games with her dad, Jason.

Caydence Barrett

LEWISVILLE, TEXAS (DENTON COUNTY)

Twenty-two weeks into her pregnancy, Stephanie Barrett was in a minor car accident and went to the emergency room for a checkup. She was OK, but an echocardiogram revealed that the baby she carried would have serious cardiac issues.

Caydence Barrett was born in February 2008 with hypoplastic left-heart syndrome (HLHS), a rare congenital cardiac defect in which the left ventricle of the heart is severely underdeveloped, thus sharply diminishing the supply of oxygen to the lungs.

Correcting HLHS in newborns is a daunting, three-step procedure that plays out over many months. Caydence's first heart surgery, the Norwood procedure, was performed when she was just four days old. Her second, the bi-directional Glenn procedure, came at five months, and her third, the Fontan procedure, at age 3.

Dr. Joseph Forbess, Caydence's heart surgeon at Children's, says that until the 1980s, HLHS was "uniformly fatal" for babies. The use of a pediatric heart-lung machine made it possible for children like Caydence to survive this surgery: The cardio-pulmonary bypass stops the heartbeat, diverts blood flow and allows the surgeon to work on an empty, motionless heart.

"Nerve-wracking," was how Stephanie described the thought of her daughter being on bypass. She and her husband, Joseph, knew that the surgeons' speed and precision were essential at that juncture.

But by the time she was ready for the Fontan surgery, Dr. Forbess said, Caydence already had survived "what I call a flaming hoop of fire," since her first procedure, the Norwood, statistically had the highest risk factors for newborn HLHS patients.

On May 26, 2011, Caydence successfully underwent her Fontan procedure, the third and final step to reroute blood vessels to the right side of her heart. The surgery and the Barrett family's story became part of Season One of Children's Med Dallas, a documentary series that is available on YouTube: <http://youtu.be/J4A4FO0DIHw>



Research Methodology

Beyond ABC: Assessing Children's Health in the North Texas Corridor represents the latest information available about the issues affecting children in five North Texas counties. What follows is a brief description of the methodology employed, data sources 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 60 indicators to be included with this year's document. Research associates with the University of Texas at Dallas Institute for Urban Policy Research then worked to identify the most recent and historical data available for each of the five counties in the reporting area. For some indicators, this data is as recent as 2011 and as far back as 2000.

The inclusion of five counties in the North Texas Corridor report requires special consideration when choosing data sources. To ensure continuity of data across counties, data sources were sometimes chosen based on the ability to provide similarly derived figures for each of the five counties.

Additionally, in revisiting some sources to collect current and historical data, the research team found that source data had been updated since production of the 2010 report. Again, in an effort to ensure continuity in the computation of numbers across counties and years, the research team asked for all indicator data to be reported by the source agencies for 2012 and all prior years.

What this means for the reader is that, on occasion, data presented in the 2012 report may differ from data pre-

sented in the 2010 report. 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 2012 report is calculated consistently across counties and 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 Office of Court Administration, Texas Department of State Health Services Center for Health Statistics and others.

In limited cases where county-level data was not provided by the official agency, the need to summarize data to the county level necessitated some additional manipulation of data.

Finally, for a very small number of indicators, the shift to a five-county area forced the research team to engage in original data collection. In those cases, additional safeguards were in place to ensure adequate and accurate transcription of the data.

We gratefully acknowledge Children at Risk for allowing the use of the original methodology of its Growing Up in Houston report.

Recent Studies Regarding Children's Issues

2012 Kids Count Data Book: State Trends in Child Well-Being; The Annie E. Casey Foundation. datacenter.kidscount.org/databook/2012

A Check-Up on Children's Mental Health in Texas; Texans Care for Children, May 2012. <http://txchildren.org/WhitePapers/WhitePapersDisplay.asp?p1=2237>

America's Children in Brief: Key National Indicators of Well-Being 2012; Federal Interagency Forum on Child and Family Statistics. www.childstats.gov

America's Youth: Transitions to Adulthood; National Center for Education Statistics, 2011. <http://nces.ed.gov/pubsearch/pubinfo.asp?pubid=2012026>

Children in Immigrant Families: Essential to America's Future; Foundation for Child Development, 2011. <http://fcd-us.org/node/1232>

Code Red: The Critical Condition of Health in Texas; Task Force on Access to Health Care in Texas, 2012. www.coderedtx.org/files/Code-Red-2012.pdf

Comprehensive Obesity Prevention in Early Childhood; Banghart, Patti. National Center for Children in Poverty, Mailman School of Public Health, Columbia University, 2012. www.nccp.org/publications/pub_1058.html

Findings: North Texas Research; Volume 1, Issue 1. DFWHC Foundation, 2012. www.dfwhcfoundation.org/wp-content/uploads/2012/06/Findings.pdf

Five Numbers to Remember About Early Child Development; Center on the Developing Child, Harvard University. http://developingchild.harvard.edu/resources/multimedia/interactive_features/five-numbers/

Freeze Frame 2012: A Snapshot of America's Teens; Stewart, A. and Kaye, K. National Campaign to Prevent Teen and Unplanned Pregnancy, 2012. www.thenationalcampaign.org/resources/pdf/pubs/freeze-frame.pdf

Gains for Children: Increased Participation in Medicaid and CHIP in 2009; Urban Institute, 2011. www.rwjf.org/files/research/20110816coveragegainsforkidsfull.pdf

Improving the Odds for Adolescents: State Policies that Support Adolescent Health and Well-being; Schwarz, Susan Wile and Aratani, Yumiko. National Center for Children in Poverty, Mailman School of Public Health, Columbia University, 2011. www.nccp.org/publications/pdf/text_1034.pdf

Out of Reach Report; National Low Income Housing Coalition, 2012. <http://nlihc.org/sites/default/files/orr/2012-OOR.pdf>

Parents and the High Cost of Child Care: 2012 Report; Child Care Aware of America, 2012. www.naccrra.org/sites/default/files/default_site_pages/2012/cost_report_2012_final_081012_o.pdf

Policies and Practices to Improve Health and Prevent Obesity: National Secondary School Survey Results: School Years 2006–07 through 2009–10; Bridging the Gap Program, Survey Research Center, Institute for Social Research, Ann Arbor, MI, 2012. www.bridgingthegapresearch.org/_asset/dqzf6p/SS_2012_report.pdf

Secondary School Completion and Dropouts in Texas Public Schools, 2010–11; Texas Education Agency, 2012. www.tea.state.tx.us/index2.aspx?id=2147508357

Snapshot 2011: School District Profiles; Texas Education Agency <http://ritter.tea.state.tx.us/perfreport/snapshot/2011/index.html>

Stepping Up for Kids: What Government and Communities Should Do to Support Kinship Families; The Annie E. Casey Foundation, 2012. www.aecf.org/KnowledgeCenter/~media/Pubs/Initiatives/KIDS%20COUNT/S/SteppingUpforKids2012PolicyReport/SteppingUpForKidsPolicyReport2012.pdf

The Economic Burden of Child Maltreatment in the United States and Implications for Prevention; National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2012. <http://dx.doi.org/10.1016/j.chiabu.2011.10.006>

The Facts Hurt: A State-By-State Injury Prevention Policy Report; Trust for America's Health, 2012. <http://healthyamericans.org/reports/injury12/>

The Prevalence, Severity and Distribution of Childhood Food Allergy in the United States; Gupta et al. Pediatrics, Official Journal of the American Academy of Pediatrics, 2011. <http://pediatrics.aappublications.org/content/128/1/e9.full.html>

The State of the Nation's Housing; Joint Center for Housing Studies of Harvard University, 2012. www.jchs.harvard.edu/sites/jchs.harvard.edu/files/son2012.pdf

The Surgeon General's Call to Action to Support Breastfeeding; U.S. Department of Health and Human Services, Office of the Surgeon General; 2011. www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupport-breastfeeding.pdf

Youth Risk Behavior Surveillance – United States, 2011; Centers for Disease Control and Prevention, 2012. www.cdc.gov/mmwr/pdf/ss/ss6104.pdf

How You Can Help

To get involved as a volunteer, or for more information on a specific issue, please contact the following organizations and/or the local organizations listed on the Key Websites page.

CHILD ABUSE/NEGLECT

Child Abuse Hotline, 1-800-252-5400 or 911

TexProtects: The Texas Association for the Protection of Children, 214-422-1672, www.texprotects.org

CHILDREN AND YOUTH

Collin County Social Services Association, www.ccssa.net

Ready for Life (KERA), 214-740-9209 www.readyforlife.org

Volunteer Center of North Texas, 866-797-8268 www.volunteernorthtexas.org

CRIME PREVENTION

North Texas Crime Prevention Association, www.ntcpa.us

EDUCATION

Collin County Association for the Education of Young Children, www.ccaeyc-tx.org

FAMILY VIOLENCE

Collin County Council on Family Violence, 972-769-0557, www.ccc-fv.org

Denton County Friends of the Family, 940-302-7273, www.dcfof.org

Foster and Adoptive Parents of Collin County, www.fapcc.org

Grayson County Foster and Adoptive Parent Association, www.gcfapa.org

National Domestic Violence Hotline, 1-800-799-SAFE

HEALTH

Children's Medical Center at Legacy, 469-303-3763, www.childrens.com/volunteer

Healthcare Committee of Collin County, www.healthcareccc.org

National Alliance on Mental Illness Texas, www.nami-texas.org

North Texas Asthma Consortium, www.northtexas-asthma.org

HOMELESSNESS/DISPLACED TEENS

Collin County Homeless Coalition, www.collincountyhomelesscoalition.com

Denton County Homeless Coalition, 940-349-7726, www.cityofdenton.com/index.aspx?page=1254

North Texas Youth Connection, www.ntxyouthconnection.org

SAFETY

SAFEKIDS Dallas Area Coalition, 214-456-7397, www.safekids.org

SUBSTANCE ABUSE

Al-Anon/Alateen, 214-363-0461, www.al-anon.alateen.org

MADD North Texas, 214-637-0372 www.madd.org/tx/north

Texas Alliance for Drug Endangered Children, 214-522-8600, <http://www.texasdec.org/>

The Council on Alcohol and Drug Abuse, 214-522-8600, www.gdcada.org



Children need primary healthcare when they are sick — and when they are well. We provide both at MyChildren's, which accepts CHIP, Medicaid and private insurance. And because we have locations throughout the North Texas area, your child's medical home can be close to where you live.

Our practice is dedicated exclusively to children. Each of our nine offices is staffed by physicians who are board-certified in pediatrics. Our clinical and administrative staffs are multi-lingual. We are affiliated with Children's Medical Center, one of the nation's top 10 pediatric hospitals.



McKinney (at University Drive)
 Phone: 972-542-2800
 1720 N. Central Expy., Suite 150
 McKinney 75070
 Hours: 8 a.m. to 5 p.m. Monday-Friday



Plano (at Hedgcoxe Road)
 Phone: 972-608-3800
 7800 Preston Road, Suite 300
 Plano 75024
 Hours: 8 a.m. to 5 p.m. Monday-Friday and 8 a.m. to noon Saturday (sick visits only on Saturdays)



Carrollton (at Furneaux Creek)
 Phone: 972-245-0007
 3044 Old Denton Road, Suite 138
 Carrollton 75007
 Hours: 8 a.m. to 5 a.m. Monday-Friday and 8 a.m. to noon Saturday (sick visits only on Saturdays)



Cedar Hill (at Uptown)
 Phone: 972-293-6300
 294 Uptown Boulevard, Suite 120
 Cedar Hill 75104
 Hours: 8 a.m. to 5 p.m. Monday-Friday



Lake Highlands (at Town Creek)
 Phone: 214-342-4400
 8330 Abrams, Suite 112
 Dallas 75243
 Hours: 8 a.m. to 5 p.m. Monday-Friday



Oak Cliff (at Sierra Vista Plaza)
 Phone: 214-623-1900
 3434 W. Illinois Ave., Suite 306-3
 Dallas 75211
 Hours: 8 a.m. to 5 p.m. Monday-Friday



Dallas (at Bachman Lake)
 Phone: 214-654-0007
 2750 W. Northwest Hwy., Suite 170
 Dallas 75220
 Hours: 8 a.m. to 5 p.m. Monday-Friday and 8 a.m. to noon Saturday (sick visits only on Saturdays)



Grapevine (at Grapevine Mills Mall)
 Phone: 972-691-0200
 2805 E. Grapevine Mills Circle, Suite 120
 Grapevine 76051
 Hours: 8 a.m. to 5 a.m. Monday-Friday



East Plano (at Collin County Government Building)
 Phone: 972-943-6540
 900 E. Park Blvd. Suite 100
 Plano 75074
 Hours: 8 a.m. to 5 p.m. Monday-Friday

Key Websites

REGIONAL

Children's Medical Center
www.childrens.com

North Texas Food Bank (Collin, Denton, Fannin and Grayson)
www.ntfb.org

Texoma Council of Governments (Cooke, Fannin and Grayson)
www.texoma.cog.tx.us

COOKE COUNTY

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

Cooke County United Way
www.cookeuw.org

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

COLLIN COUNTY

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

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

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

United Way of Metropolitan Dallas
www.unitedwaydallas.org

DENTON COUNTY

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

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

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

United Way of Denton County
www.unitedwaydenton.org

FANNIN COUNTY

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

Fannin County Children's Center (CASA and Children's Advocacy Center)
www.fanninccc.org

GRAYSON COUNTY

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

Grayson County Children's Advocacy Center
www.cacgc.org

Court Appointed Special Advocates (CASA) of Grayson County
www.casagrayson.org

United Way of Grayson County
www.unitedwaygrayson.org

TEXAS

211 Texas
www.211texas.org/211

Center for Public Policy Priorities
www.cppp.org

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 Department of State Health Services
www.dshs.state.tx.us

Texas Kids Count
www.cppp.org/kidscount

NATIONAL

American Academy of Child and Adolescent Psychiatry
www.aacap.org

American Heart Association
www.heart.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

FamiliesUSA
www.familiesusa.org

Kaiser Family Foundation
www.kff.org

March of Dimes
www.marchofdimes.com

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

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

National Center for Children in Poverty
www.nccp.org

Prevent Child Abuse America
www.preventchildabuse.org

Safe Kids USA
www.safekids.org

The Future of Children
www.futureofchildren.org

Voices for America's Children
www.voices.org

National Recognition for Children's Medical Center



Cancer

The largest program of its kind in North Texas and across most of the middle United States, the Center for Cancer and Blood Disorders at Children's is part of a National Cancer Institute-designated facility. The center

carries out numerous clinical, translational and laboratory research studies and missions related to education and advocacy.



Cardiology & Heart Surgery

The Heart Center at Children's offers comprehensive, specialized care for children with congenital and acquired heart diseases and disorders.



Diabetes & Endocrinology

The Endocrinology Center at Children's offers comprehensive evaluation, treatment, management and education for infants, children and adolescents in all areas of pediatric endocrinology, including diabetes, obesity and other endocrine disorders.



Gastroenterology

The Gastroenterology (GI) program at Children's treats a variety of common and complex gastrointestinal and hepatobiliary disorders. The program works to provide advanced treatment and research using state-of-the-art

diagnostic and therapeutic gastrointestinal procedures to the more than 600 patients per month.



Neonatology

The 36-bed, Level IIIC Neonatal Intensive Care Unit (NICU) at Children's combines advanced technology with highly trained healthcare professionals to provide comprehensive care for approximately 325 critically ill newborns annually.



Nephrology

Nephrology at Children's, ranked eighth nationally, provides a spectrum of services for patients from birth to 21 years of age with congenital and acquired kidney-related conditions and disorders.



Neurology & Neurosurgery

The Neurology service at Children's is one of the leading pediatric neurology divisions in the nation. The program provides care for children with conditions across the neurological and developmental spectrum, with

particular emphasis on muscular, physiologic and behavioral disorders.



Orthopaedics

The Orthopaedics program at Children's, ranked fifth nationally, is widely recognized as one of the best pediatric programs in the United States. The experts at Children's treat more children with bone fractures

than any other orthopaedic program in North Texas.



Pulmonology

The Respiratory Medicine Division at Children's offers consultative services for diagnosis and treatment of infants, children and adolescents with a variety of acute and chronic respiratory diseases.



Urology

Pediatric specialists affiliated with the University of Texas Southwestern Medical Center and Children's Medical Center comprise the North Texas area's most medically innovative program for children with urological needs.

Philanthropy

Giving to Children's Medical Center

GIVE THE GIFT OF HOPE

There is no greater cause than saving children's lives. As a not-for-profit healthcare system, Children's has invested in the children and families of our community for nearly 100 years — thanks to generous gifts that have allowed us to build state-of-the-art facilities and programs and recruit nationally acclaimed pediatric specialists. As we head into the next century of service, we need you.

Widespread philanthropic support from across the community is necessary for Children's to:

- Ensure world-class healthcare for all children, regardless of their families' ability to pay.
- Pursue bold scientific research initiatives that will change the way disease is treated in both children and adults.

- Provide medical homes for children who do not have access to care.

JOIN US IN MAKING LIFE BETTER FOR CHILDREN

Giving to Children's has never been easier. Choose from one of the options below.

- Go to childrens.com/give.
- Give our Office of Development a call at **214-456-8360** to talk with one of our team members about how you can make a difference in the lives of thousands who depend on Children's.

Children's Medical Center at Legacy

Children's Medical Center at Legacy — which has 72 beds, four state-of-the-art operating rooms and 24-7 emergency services — opened on September 25, 2008, in Plano, Texas. The 155-acre campus preserves wide-open green spaces for an environment of healing and tranquility. Children's at Legacy was designed with patients and families in mind, down to the sparkle in the floor and the large kinetic sculpture hanging in our main atrium. With breezes stirring a 90-year-old oak tree, horses grazing in an adjacent field and a stream bubbling through an outdoor patio, the spirit of nature is everywhere at Children's at Legacy. *For more information, see <http://www.childrens.com/locations/plano-campus/>*

